

4650 BRIGHT RD 10

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

6325

OR # 3519 $30.00 1/22/96 CK CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: CRISP (last) WILLIAM (first) F (mi)
ADDRESS: 112 S TOWER Rd PHONE: 704 825-3815
CITY: BELMONT STATE: NC ZIPCODE: 28012

Date:

PROPERTY OWNER:
NAME: _____ (last) _____ (first) _____ (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 112 22 123
STREET ADDRESS: ~~6550~~ BRIGHT Rd
lo
ZONING:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Crisp MHP.

LOT NUMBER: 10 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
[redacted]
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☒ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: William Crisp Date: 1-22-96

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transfecable.

...Use existing system for two bedroom mobile home.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☒ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Dan Liggins Bunny R.S. 2-1-96
Environmentalist Date

S Bateman for S Daniel Logan Chief 2-16-96
Director or Authorized Section Head Date

WATER : 122 (1)

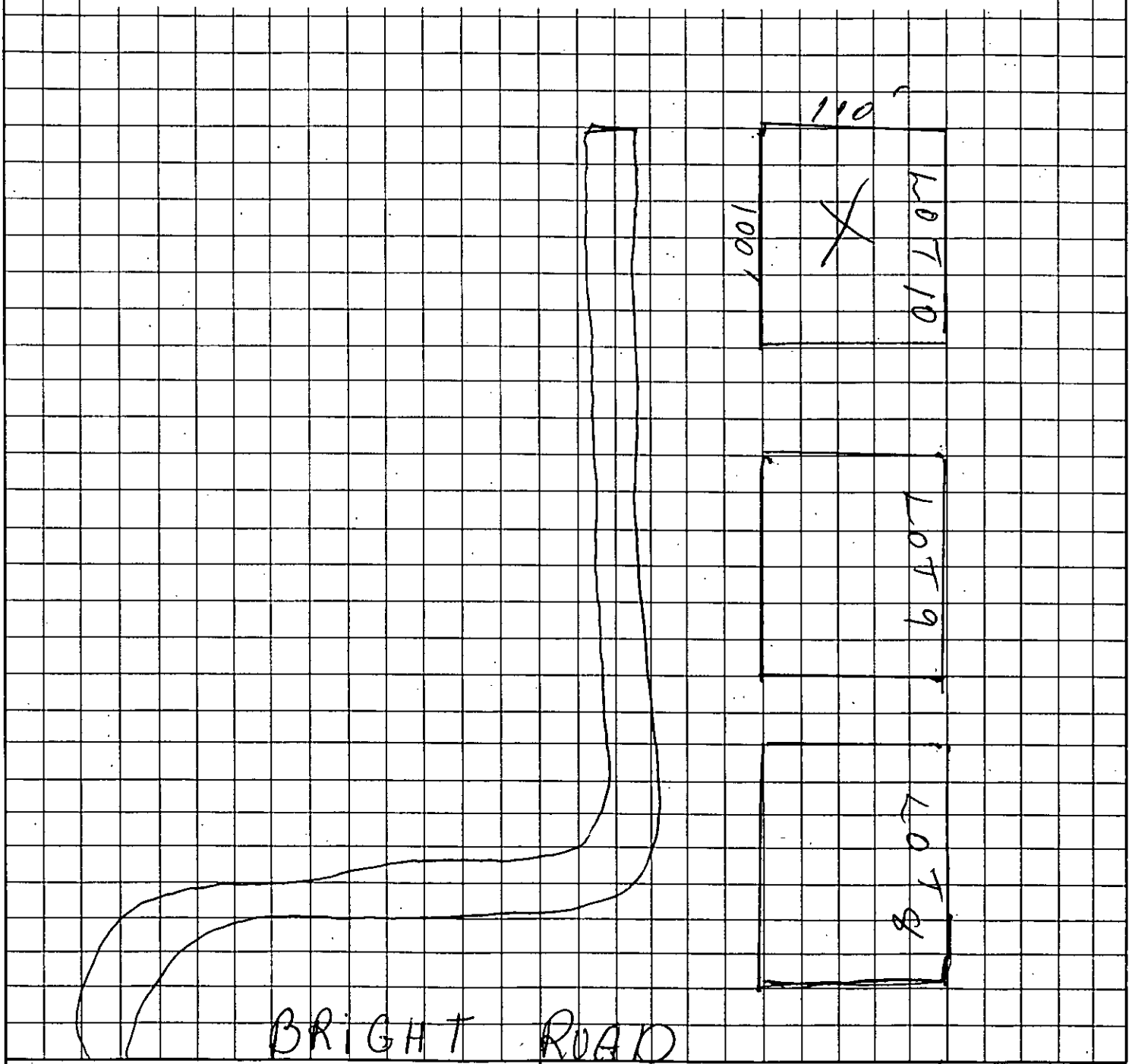
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6325

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE 2-1-96-JHB

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Date Issued 7/27/73 **Serial No. 4140** ICAR(S) Permit No. 6325

T. C. No. _____

Map Date _____

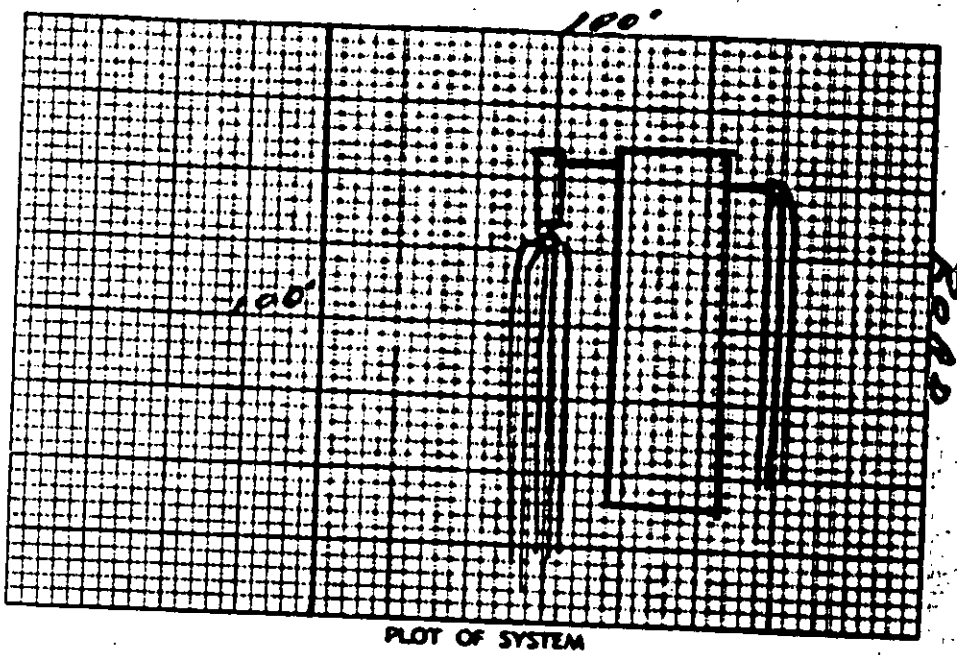
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to X Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 6325, dated 5-18-73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 7-15-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 30 mpi

Liquid Capacity of Tank 1000 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 300 ST 150 WH

Number of Lines 5 ST (12½' x 60' x 17") 3 WH (24' x 50' x 17")

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 50'+

NAME OF OWNER FRANK W. CRISP

LOCATION OF PROPERTY BRIGHT RD (LOT #3 - NEW ADD'N)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: R. Stiles

JA/KRB

Division or Section Head

L P Gunnemann

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8/8/73 Serial No. 3724 C of A (s) No. 6325

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner CRISP (LAST) FRANK (FIRST) W (MIDDLE)

Location of Property BRIGHT RD (LOT 3 NEW ROAD)

Application Number 6325 Permit Number 6325

Inspection Date:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile ST 300 WM 150 Number of Lines ST 5 WM 3

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source INDIVIDUAL Distance from Water Source 190'+

Excavation Inspected 8/3/73 (DATE) Tank Inspected 8/3/73 (DATE)

Nitrification Field Inspected 8/3/73 (DATE)

Washing Machine Line Inspected, If Applicable 8/6/73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been 1 installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: Insp. T. Atkinson

L P Bridgeman
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3224

LA No. [illegible] 0320
P.O.
T. C. No. 111-073-29

Date Issued July 25, 1973

Map Date 4-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Crisp (LAST) Frank (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 213 N. King St., Gastonia, N.C. ZIP _____

LOCATION OF LOT Bright Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. 3 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 35 min/in on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6325. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

F. P. Davis, Jr. N.R.S. — Environmentalist

John R. Atkisson — Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY