

1919 FALCONHURST DR

03517629

5/28/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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$50.00 CR# 8548 3-20-97 SO 6106 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: HERRING (last) HELEN (first) M (mi)
ADDRESS: 1919 FALCONHURST PHONE: (__) _____
CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 035-176-29
STREET ADDRESS: 1919 FALCONHURST
ZONING: R-

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT 13/B3 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]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE ROOM
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
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)
[X] 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: Helen M. Herring Date: 3-20-97

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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 transferable.

... Use existing system for storage building addition - building ~~Site has adjusted to retain~~ 5' off septic drainfield.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Larry B. Thompson Jr. R.S. 3-24-97
Environmentalist Date

WATER : 122791

Bored 1974

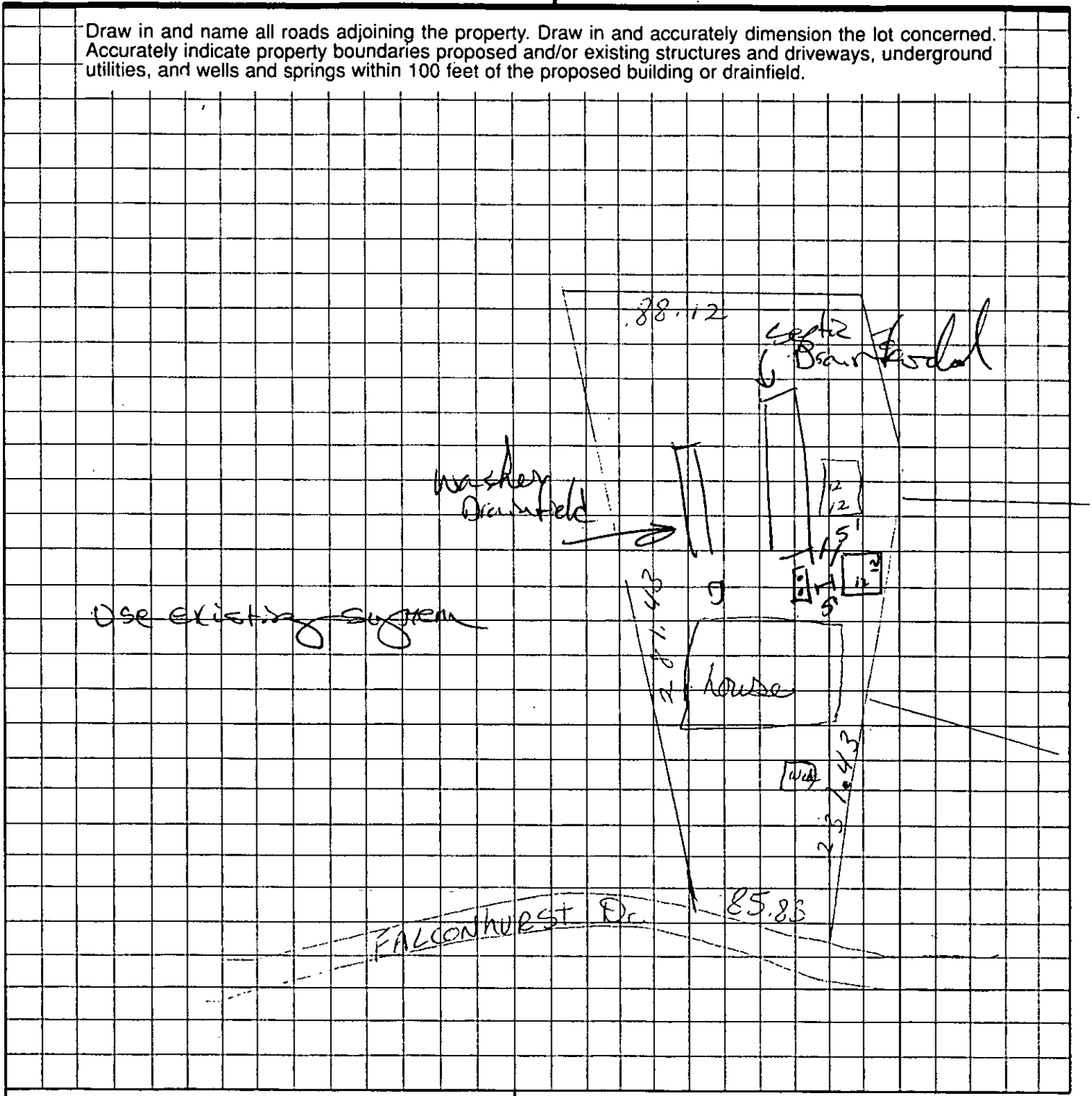
PROPOSED PLOT PLAN

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

FILE: 6106

TC: 035-176-29

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.



Helen M. Herring
OWNER/AGENT SIGNATURE

DATE 3-20-97

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

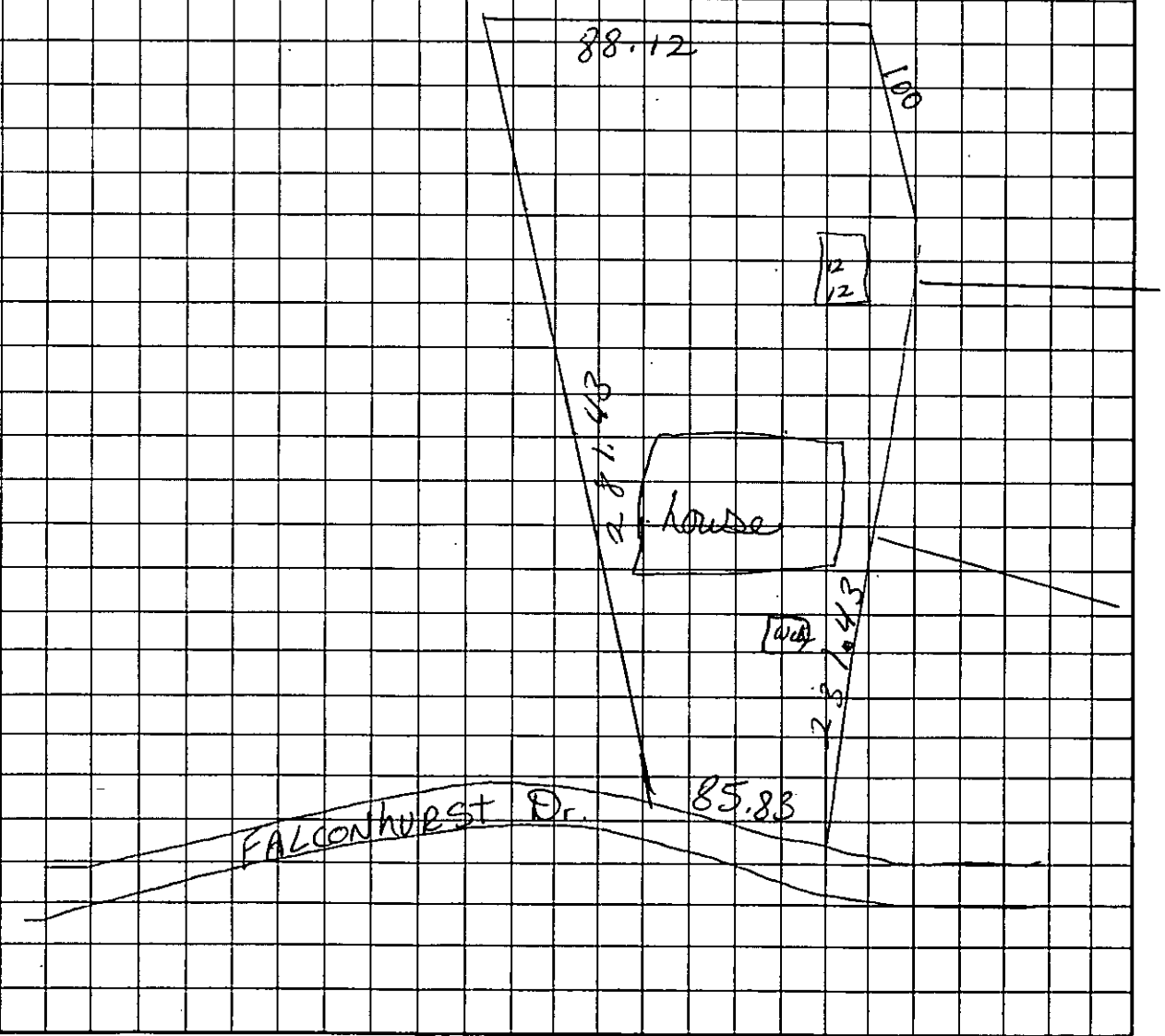
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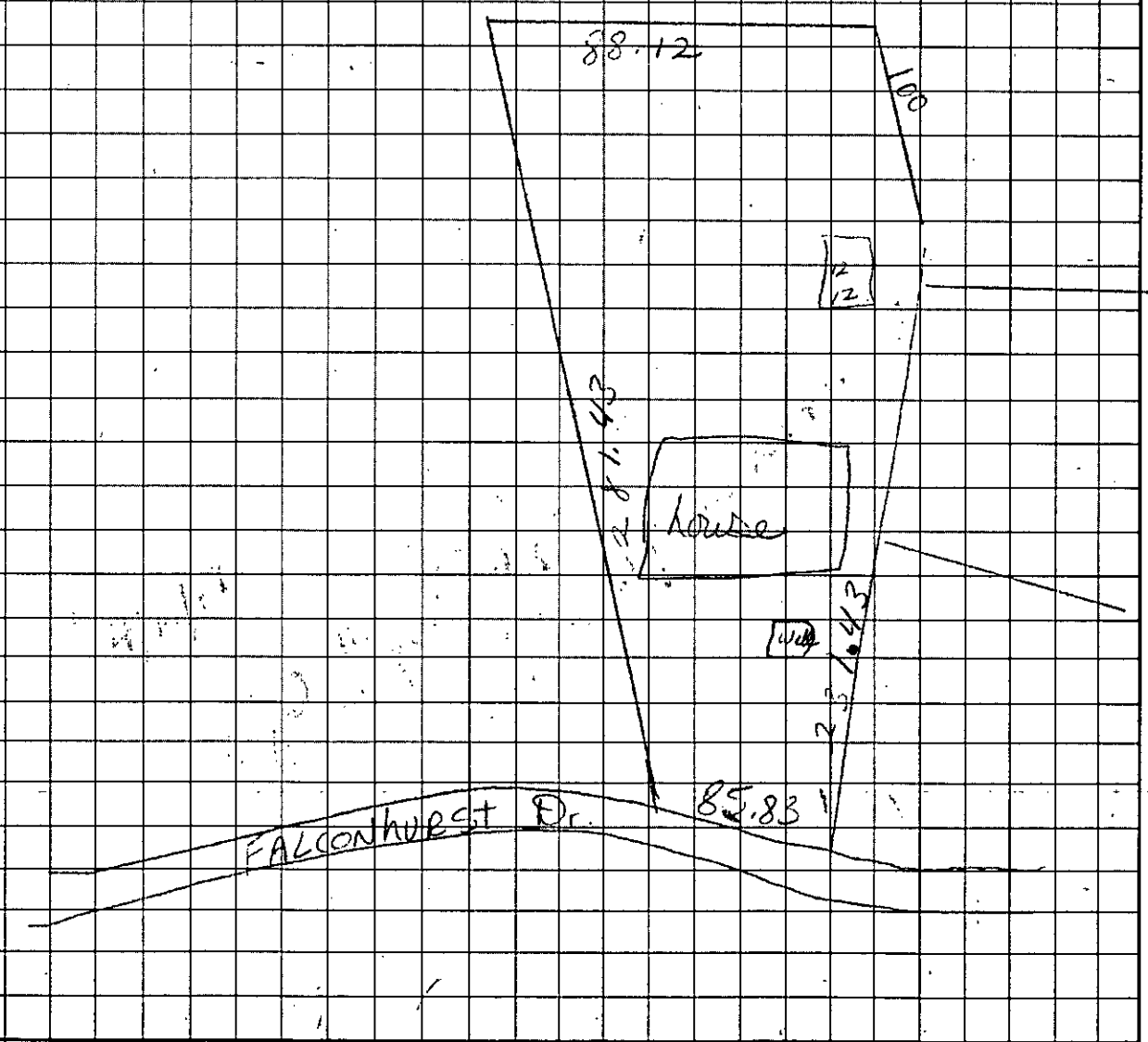
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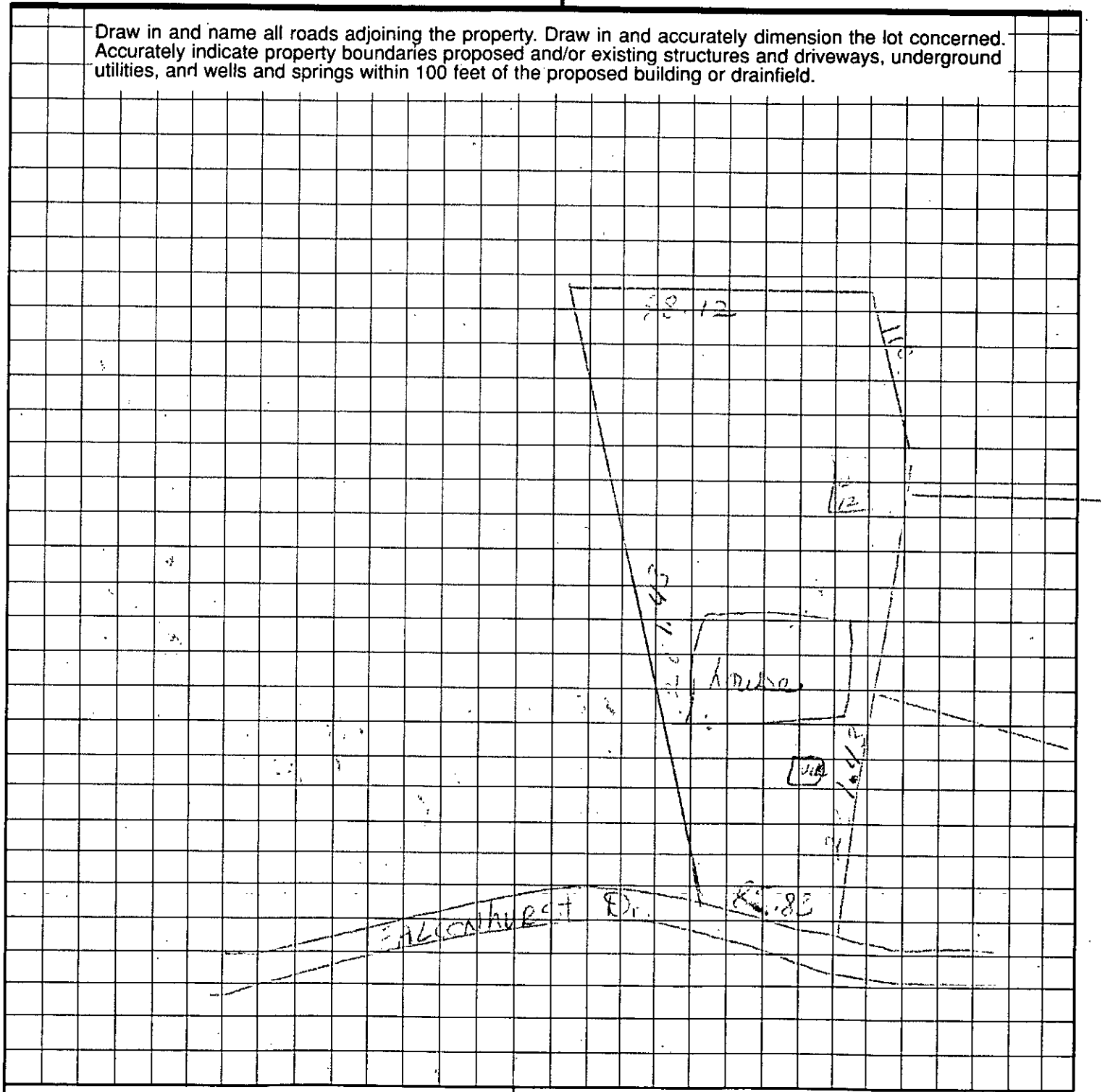
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Helen M. Hewson

OWNER/AGENT SIGNATURE

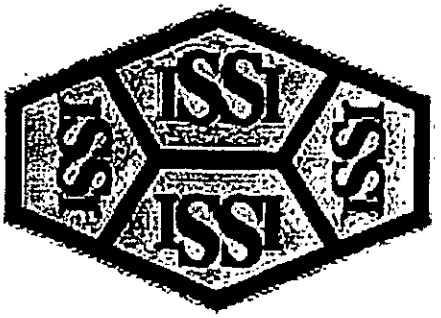
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ISSI Operations Center Staff

Date Issued 25 April 74 Serial No. 5126 ICAR (S) Permit No. 6106

T C No. 035-176-24

Map Date 1-22-73

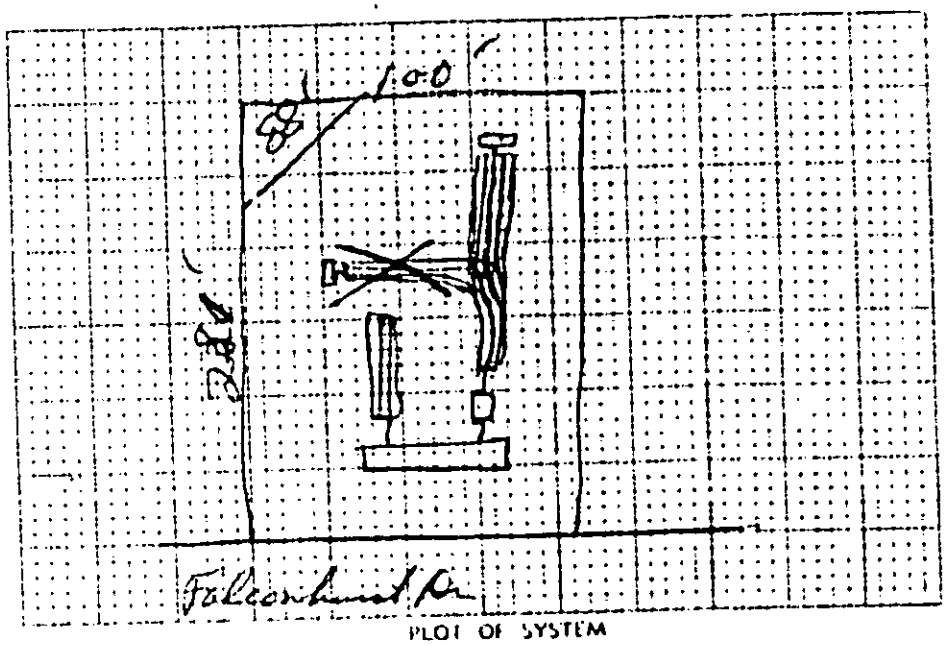
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ~~___~~ Install or Construct, __ Alter or Repair the individual septic tank wa te water treatment system with subsurface, soil absorption, effluent discharge as specified hereon at the de scribed location. This permit is granted based upon the information supplied in application 6106 dated 5-10-73 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 25 May 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 gal

Tank Construction Pc

Absorption and/or Nitrification Lines

Total Line Length 400' & 150' (445'x66⅔'x17") 3(74½'x50'x17")

Number of Lines

Distance from House 10'

Distance from Property Line 10'

Distance from Well 85'+

NAME OF OWNER Charlotte Development Co

LOCATION OF PROPERTY [redacted] Falconhurst Dr

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: Aeration pit 2½'x7'x4'g Stone

Richard Workman

Environmentalist

... the installation or construction of a new system it must be signed by the division or a ... mental Health Division in order to be valid. Only the signature of the Environmentalist ... an existing system is being altered or repaired.

Ex. 4-72 ... Health Dept. Co.

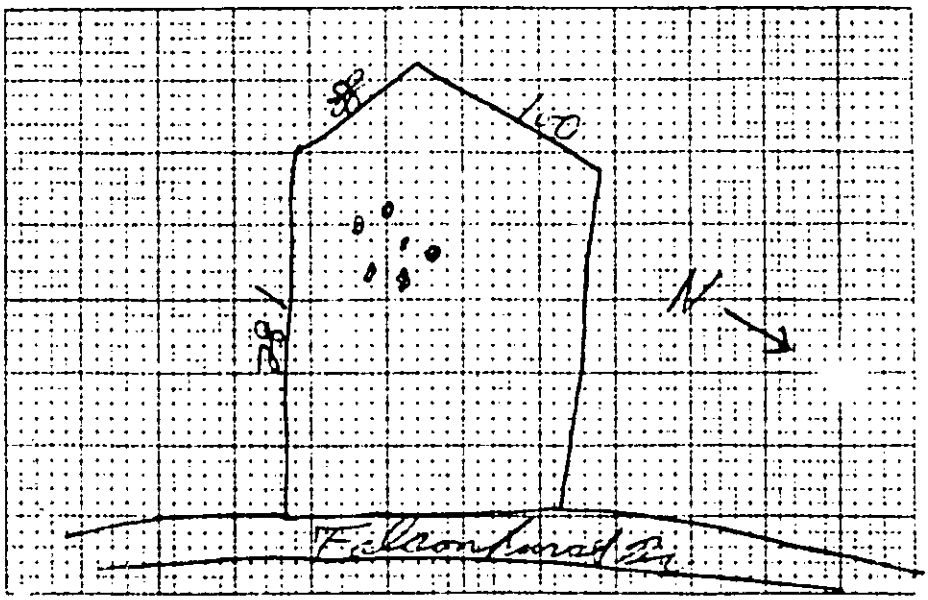
Date Received 5-10-93

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom 3
5) Business Use - Max No Employees ✓
6) Washing Machine Yes ✓ No
7) Garbage Disposal Yes ✓ No
8) Dishwasher Yes No
9) Water Supply
A) Individual Well ✓
B) Governmental System
C) Community System
1 Well source
2 Governmental
10) Sewage System
House located within 200 feet of public sewer Yes ✓ No
House located within 200 feet of community sewer Yes ✓ No
11) FHA Case No
12) VA Case No

13) NAME OF OWNER Charlotte Development Co (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 6725 Old Providence

15) PHONE NO. Home 525-4121 Office 366-2293

16) LOCATION OF SYSTEM Falconhurst Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Westbourne Lot No. 13 Block No. 3

Map Book No _____ Page No. _____

18) DEED REFERENCE -- DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 5-1-93 By GC

20) PTR NUMBER (See Instructions) 6166

The undersigned person hereby agrees that he has read the foregoing application and that the statements of same are true. It is understood that any permit applied for hereon shall be void and of no effect if any of the above facts are not true.

5-5-93
DATE OF APPLICATION

Charlotte Development Co
By: [illegible], V-P
OWNER

3-9-1-92

HEALTH DEPARTMENT'S COPY

Serial 4754

C of A (s) No 6106

T C No [illegible]

Map Date [illegible]

Date Issued 10 May 74

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner CHARLOTTE (LAST) DEVELOPMENT (FIRST) COMPANY (MIDDLE)

Location of Property FALCONHURST DRIVE

Application Number 6106 Permit Number 6106

Inspection Data:

Liquid Capacity of Tank 1000 gal. Tank Material PC

Total Length of Drain Tile 400' + 150' WM Number of Lines 6(15'x67'x17") 3(7½'x50'x17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Individual Well Distance from Water Source 100'

Excavation Inspected 8 May 74 (DATE) Tank Inspected 8 May 74 (DATE)

Nitrification Field Inspected 8 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 8 May 74 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ 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: Grade bands not used due to extreme hardness of underlying soil. Installation of system by contractor (Owner) was satisfactorily completed and approved, however in my opinion system will not work properly due to the poor condition of the sub-soil.

[signature] Environmentalist

HEALTH DEPARTMENT'S COPY