

22516 JOHN GAMBLE RD

00116131

7/8/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

FEE $100.00
DATE 8-22-05
APP
CR#

proj # 143074

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

AS LD

GWS – UES.APP 01/05

FILE # 1464

TYPE APPLCATION:

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

PERSON FILING APPLICATION:

NAME: Melvin Wayne Taylor
ADDRESS: P.O. 380
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 892-1370
ALTERNATE PHONE: 604-1356

PROPERTY OWNER:

NAME: Pat & Julie Brown
ADDRESS: 22516 John Gamble Rd.
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 895-0793
ALTERNATE PHONE: 533-1970

JOB LOCATION INFORMATION

TAX/PARCEL #: 001-161-31
STREET ADDRESS: 22516 John Gamble Rd
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 13 1978

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☑ 3-CORNELIUS ☐ 7-MINT HILL

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☒ SUNROOM ☒ PORCH ☐ DECK ☐ OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Julie Brown 8-22-2005
Owner's/Agent's Signature Date

*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 y this Department.
- This permit is not transferable.

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

O.K. to use existing system for a front porch and sunroom addition.

EHS Signature Date 8/23/05

Aug 22 2005 3:51PM LUESA NORTH 704 432 2523 p.1

FEE: $150.00
DATE: 8/22/05
CRT [illegible]

proj # 143074

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE # 10041

TYPE APPLCATION:

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

PERSON FILING APPLICATION:

NAME: Melvin Wayne Taylor
ADDRESS: P.O. 380-
CITY: Huntersville.
STATE: NC. ZIP: 28078
PHONE: 892-1370
ALTERNATE PHONE: 604-1356.

PROPERTY OWNER:

NAME: Pat & Julie Brown
ADDRESS: 22516 John Gamble Rd.
CITY: Cornelius
STATE: NC ZIP: 28031.
PHONE: 895-0993.
ALTERNATE PHONE: 533-1970

JOB LOCATION INFORMATION

TAX/PARCEL #: 001-161-37
STREET ADDRESS:
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☑ 3-CORNELIUS ☐ 7-MINT HILL

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ COMMUNITY (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

☑ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U)
☐ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D)
☐ OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 4

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? ☐ YES ☐ NO
UNDERGROUND STORAGE TANKS? ☐ YES ☐ NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☑ PORCH ☐ DECK ☐ OTHER

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☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

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Julie Brown — 8-22-2005
Owner's/Agent's Signature — Date

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- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted y this Department.
- This permit is not transferable.

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

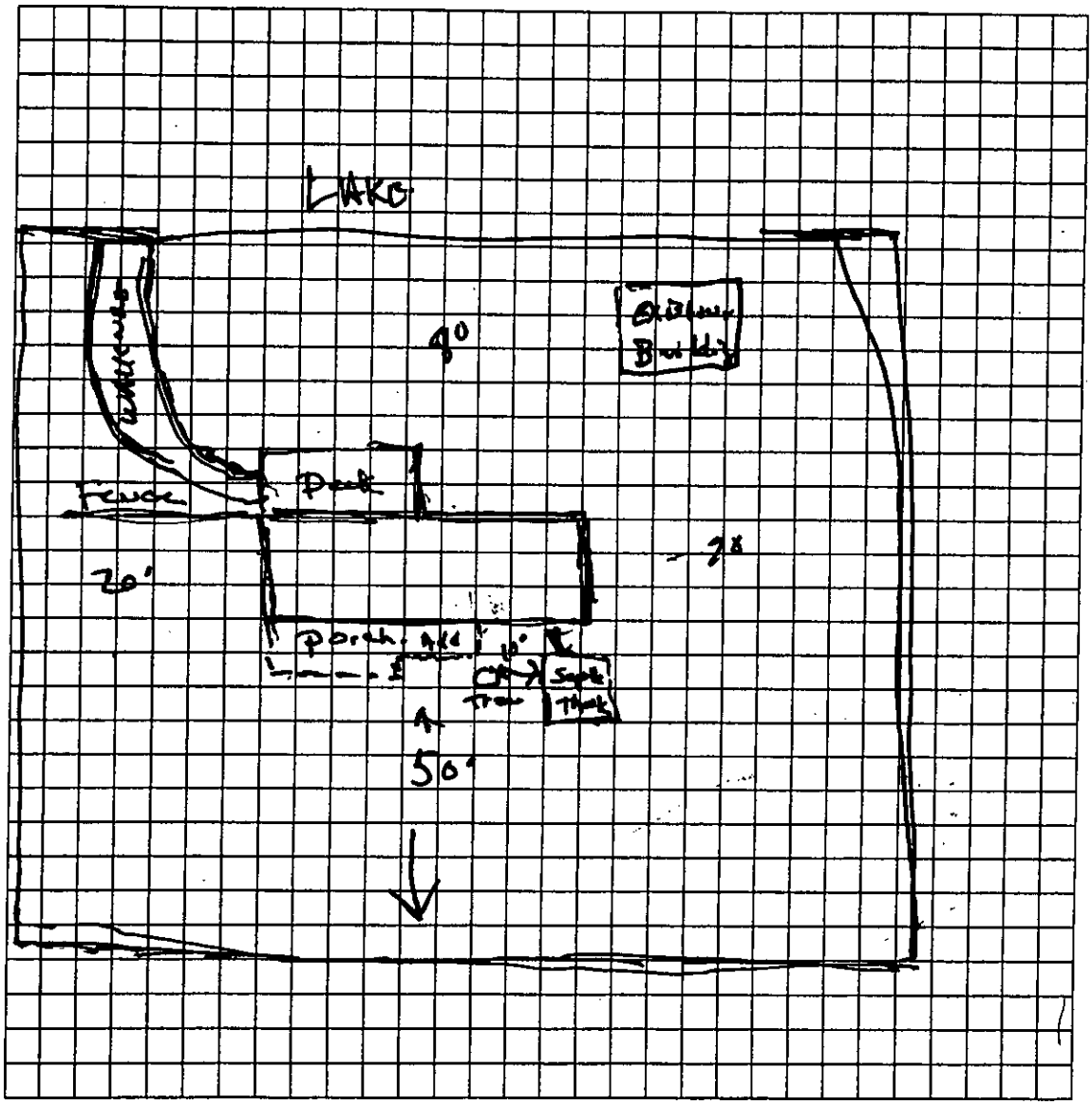
EHS Signature — Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # _____
Date 8-22-05

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Julie Brown
Date	8-22-2005

LBC 12/15/04

T.C. T.C Mr. Tritt 5/17/96 Ap-
Explained. That no exception
could be made re: rule .1950(c).
Peat gravel cannot be used
if vehicular traffic is present.
Mr. Tritt decided to wait until
sewer is available to continue
the project -

5/17/96

File 14047

4409

Mecklenburg County
Health Department

May 24, 1996

Dan Tritt
22516 John Gamble Road
Cornelius, NC 28031

Re: 22516 John Gamble Road
File: 14047
Parcel: 001-161-31

Dear Mr. Tritt:

Receipt of your application to build an attached garage to the residence at the above referenced location is hereby acknowledged.

Upon receipt of the application, a review was made of the material on file and a site evaluation was conducted on May 16, 1996. You and your builder, Mr. K. Bost, were present at this time. The submitted plan was then reviewed in conjunction with the provisions of 15 NCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems." My comments follow:

Our records indicated that the sewage disposal system nitrification field is located parallel to the front of the house and then turns to extend parallel to the right side of the house. Although I was only able to probe the portion of the nitrification field parallel to the front of the house, referring to our files, the remainder of the drainfield apparently has a cover depth that exceeds the length of my probe. With the review of our records on site it appears as though the proposed garage addition would be constructed over at least a portion of the drainfield. 15A, NCAC 18A .1950, Location of Sanitary Sewage Systems (a)(10) states: "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from...any building foundation, 5 feet."

In addition, even if the above set back could be met, the driveway would cross over the nitrification field. 15A, NCAC 18A .1950, Location of Sanitary Sewage Systems further states in (c): "Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic."

For these reasons, the request as submitted is denied. I will gladly accept for review a revised plan meeting the above requirements if you desire. I have enclosed copies of the applicable rules and a copy of our records on the sewage disposal system serving your residence.

If I may be of further assistance to you, I can be reached at 336-5573.

Sincerely,

Lisa B. Mialik, RS

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

Enclosures

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

14047

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: Truitt (last) Dan (first) (mi)

ADDRESS: 22516 John Gamble PHONE: (__) 892-4995 fax 892-7756

CITY: Cornelius STATE: NC ZIPCODE: 28031

Date: 5/14/96

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-161-31

STREET ADDRESS: 22516 John Gamble Cornelius, NC 28031

ZONING: R-2

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 13 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) attached

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:

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: Dan Truitt Date: 5/14/96

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.

...5/16/96 On-site visit. Mr. Truitt & his builder, Mr. Bost present. Disapproved - advised of reasons (See letter on file). 5/24/96 Denial Letter sent

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

1978

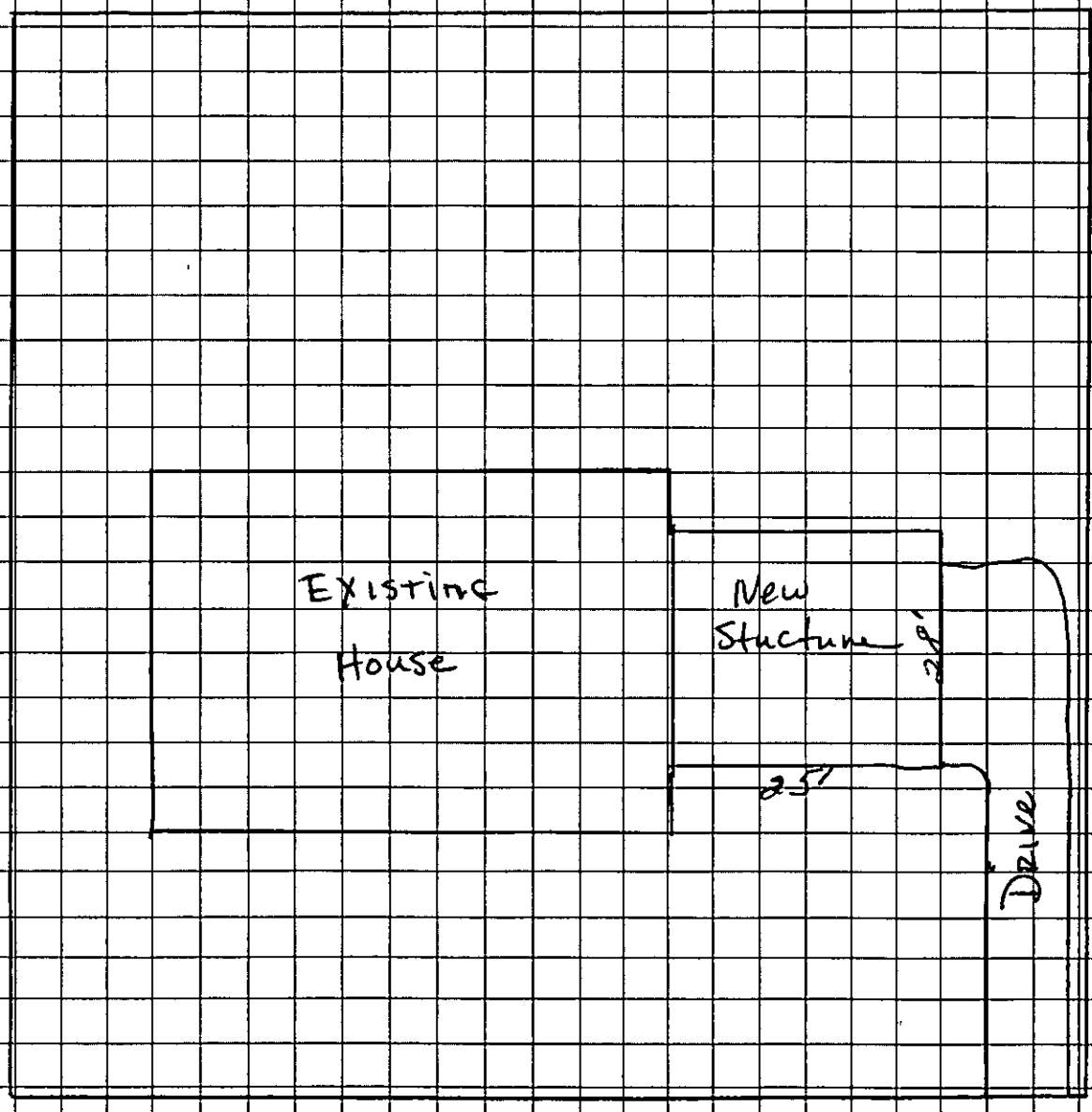
PROPOSED PLOT PLAN

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

FILE: 14047

TC: 001-161-31

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.



OWNER/AGENT SIGNATURE

DATE

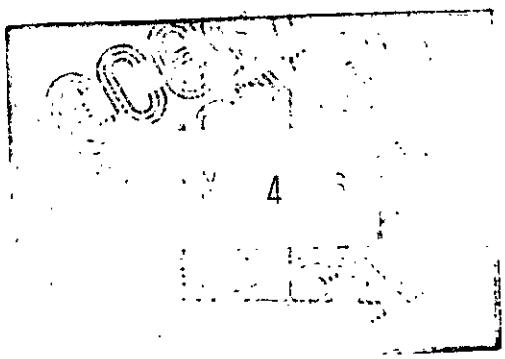
APPROVAL DATE 5/16/96

Disapproved - See letter on file.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy


4

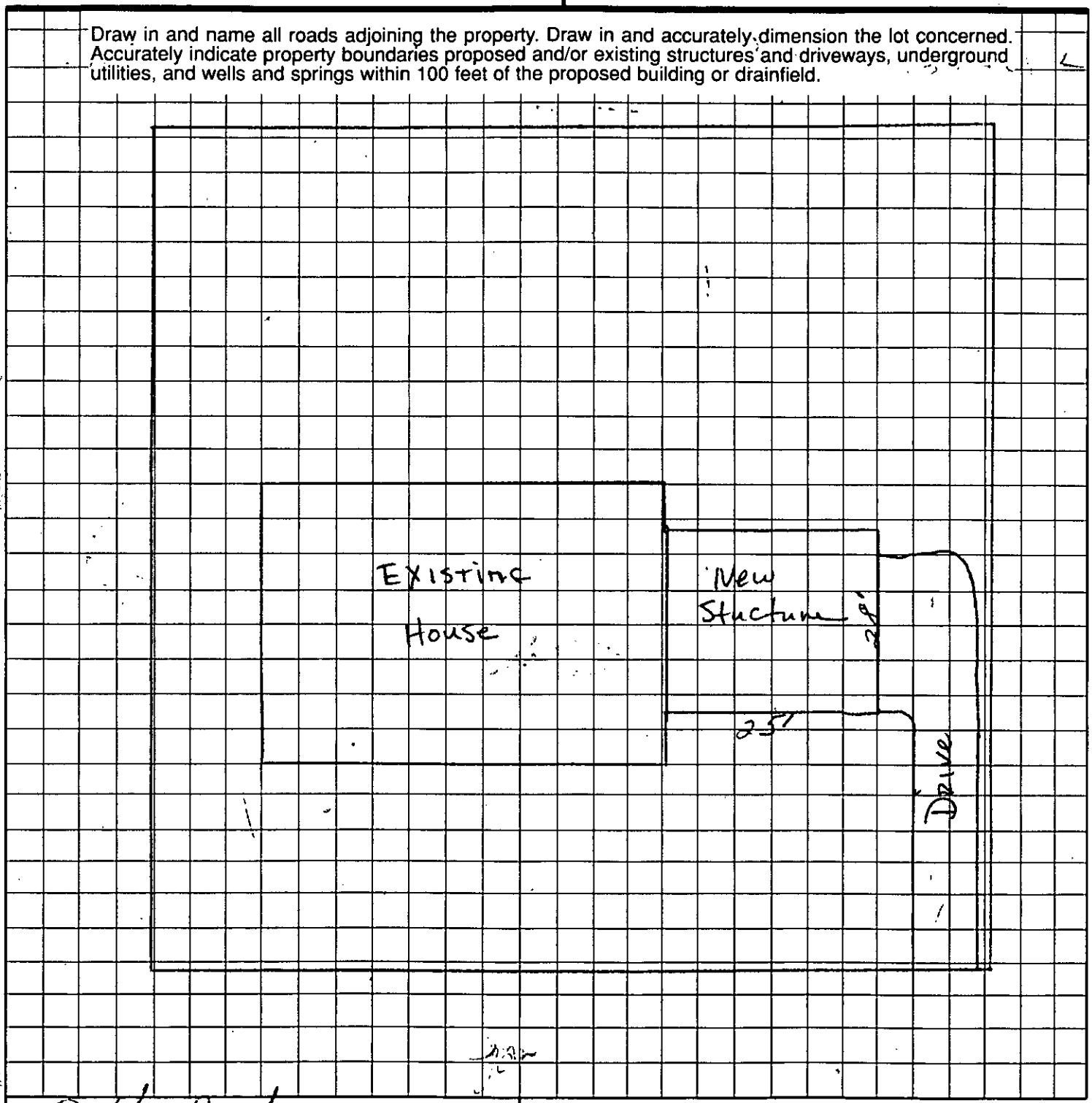
PROPOSED PLOT PLAN

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

FILE: 14/0852

TC: 001-116/-34

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 5/16/96

Disapproved - See letter on file.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

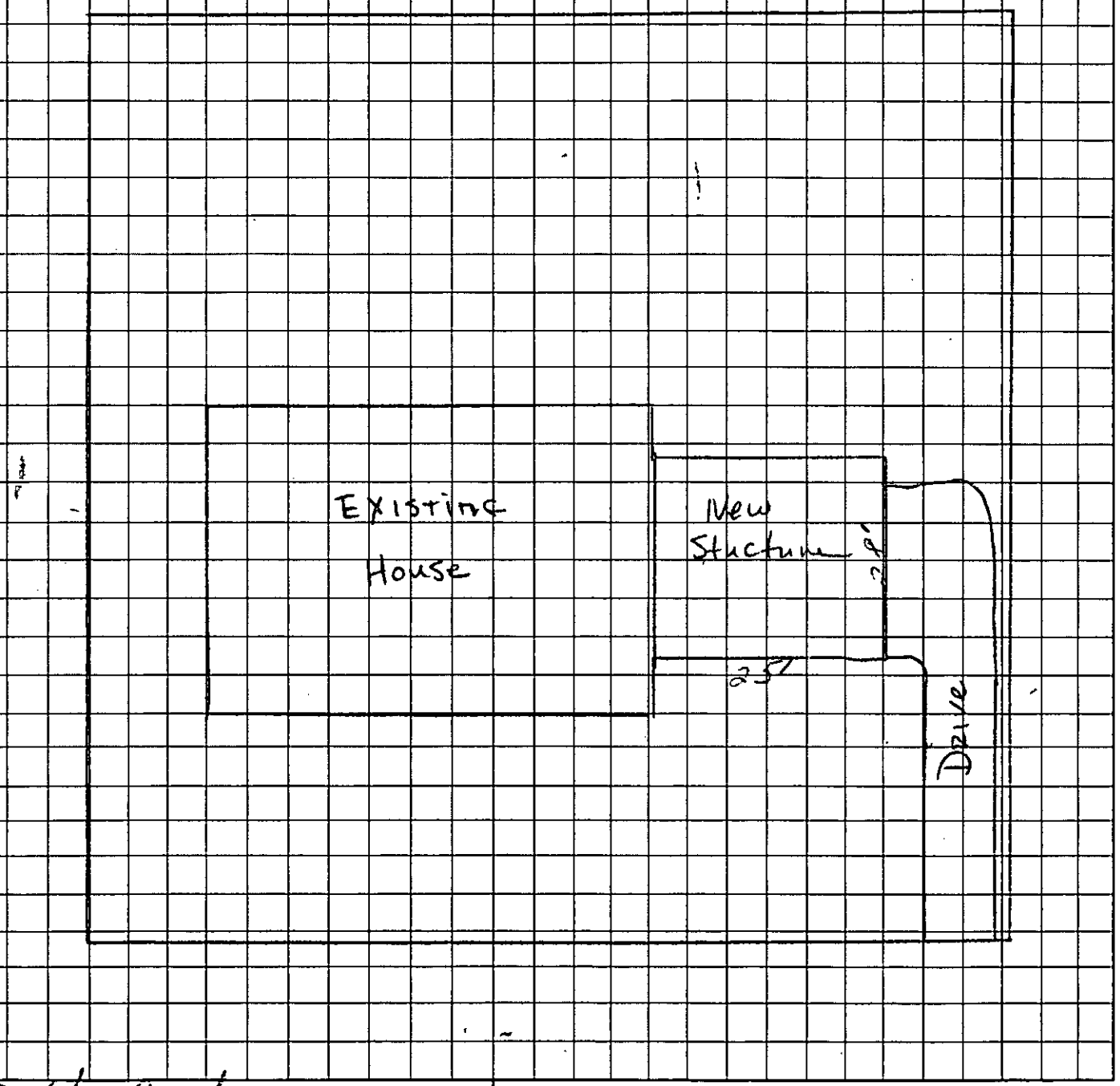
PROPOSED PLOT PLAN

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

FILE: _____

TC: 001-161-31

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.



J. Kirk Bratt
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

6/16/16
Disapproved - See letter for details.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy