

15921 SUNSET DR

00102336

5/29/08

marliwr

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

1/29/96 $50.00 CK CRT

6899

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: MORROW (last) HENRY (first) L (mi)
ADDRESS: 529 NECK-O-LAND PHONE: 704 229 3710
CITY: WILLIAMSBURG STATE: VA ZIPCODE: 23185

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-023-36
STREET ADDRESS: 15921 SUNSET DR
ZONING: HUNTERSVILLE NCC

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:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
~~[] 0011 TGOT - INDIVIDUAL LOT (S)~~
~~[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)~~
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
~~[] 0011 TGOT DEMOLISHING (P)~~
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
PORCH AND DECK
~~[] MODIFIED (ALTERNATIVE) OR RESIDENCE > 4 BEDROOMS (Z)~~
~~[] REPAIR TO SYSTEM (R)~~

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: Henry L Morrow Date: 1/29/96

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.

... Use existing system for screened porch, deck & garage. No change in sewage flows.

[] 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

Lisa B. Mialik, RS 2/1/96
Environmentalist Date

A. Bateman for J. Daniel Pergerson Chief 2-6-96
Director or Authorized Section Head Date

WATER : 122791

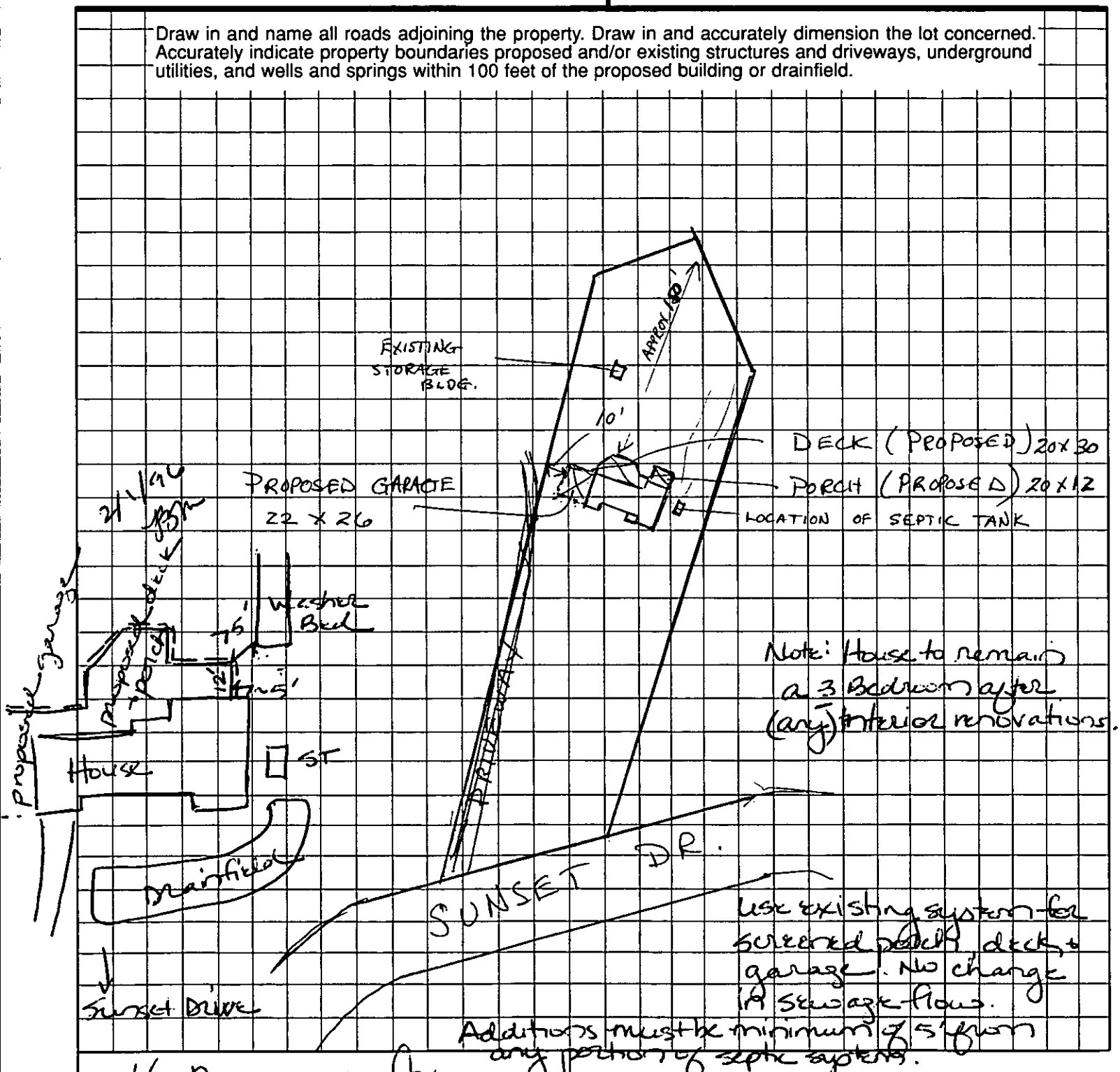
PROPOSED PLOT PLAN

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

FILE: 6899

TC: 001-023-36

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.



H. Marrow Jr.

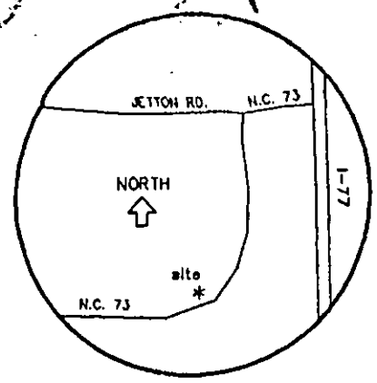
OWNER/AGENT SIGNATURE

DATE 2-1-96

APPROVAL DATE 2/1/96 Jose B. Malik

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

6899



VICINITY MAP
n.t.s.

BROKEN LINES NOT SURVEYED THIS DATE

8731 SF or 0.201 AC DB6465-054

E1"PIPE

N 54°49'00" W 75.54'

PP

N 04°30'26" E 83.54' (TIE)

S 89°51'51" E 102.72' (TIE)

E#5b

OLD PROPERTY LINES

NORTH

DB3558-250

LAKE NORMAN
FULL POND ELEVATION=760'

LINE	DIRECTION	DISTANCE
L1	N 26°07'50" E	10.35'
L2	N 17°15'22" E	72.20'
L3	N 01°28'37" E	17.76'
L4	N 57°16'40" E	3.61'
L5	S 76°20'58" E	15.38'
L6	S 66°55'15" E	8.88'
L7	S 58°45'23" E	19.86'
L8	S 69°42'14" E	26.65'
L9	S 73°46'26" E	23.68'
L10	S 86°04'48" E	25.23'
L11	S 50°24'54" E	36.67'

13.0'x 9.5' STORAGE SHED

OHU

160.79'

489.35'

106.38'

S 50°24'03" E

27.18'

inquire for "as-built"

DECK

ONE STORY BRICK HOUSE F.F.E.=774.1'

28.64'

33.46'

34.25'

15'0" +-

wood garage

M.P. BURGESS
5671-748

B.H. PHILLIPS
4819-862

N 54°49'00" W

328.56'

388.34'

248.50'

63,661 SF or 1.461 AC (TOTAL)

J.D. CALDWELL
3559-250

S 77°02 20.0 0.000 T.L. Rd

E CM

S 04°10'07" W 117.77'

E1/2"PIPE

SUNSET DRIVE
60' R/W

FLOOD STATEMENT

THIS IS TO CERTIFY THAT THE LOCATION OF THE SUBJECT PROPERTY HAS BEEN CHECKED AGAINST AREA HUD/FIRM MAPS AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT A PORTION OF THE SUBJECT PROPERTY IS LOCATED IN A SPECIAL FLOOD HAZARD AREA A OR V; NO PORTION OF THE DWELLING STRUCTURE IS LOCATED IN A SPECIAL FLOOD HAZARD AREA.

Exhibit A

LEGEND

O	PROPERTY CORNER
E	EXISTING
R	REPLACED
X	EVIDENCE
#4b	No. 4 REBAR
#5b	No. 5 REBAR
R/W	RIGHT OF WAY
b/c	BACK OF CURB
—x—	FENCE LINE
● PP	POWER POLE
OHU	OVERHEAD UTILITY
CM	CONTROL MONUMENT

SCALE: 1" = 60'

THE LUCAS COMPANY
CIVIL ENGINEERING / LAND SURVEYING
545 PRESSLEY ROAD, SUITE N

BOUNDARY & PHYSICAL SURVEY
of
15921 SUNSET DRIVE
LEMLEY TOWNSHIP, MECKLENBURG COUNTY, N.C.

LOT ____ BLOCK ____ MAPBOOK ____ PAGE ____
SUBDIVISION KNOWN AS SUNSET COVE
DEED REFERENCE 1538-439, 6465-054
surveyed for
HENRY I. MORROW and wife, MABEL W. MORROW

SEAL
NORTH CAROLINA REGISTERED SEAL L-3141 SURVEYOR

SEE INSTRUCTIONS ON BACK

Date Received 8-23-23

ICAR(S) Application No 6293

T C No

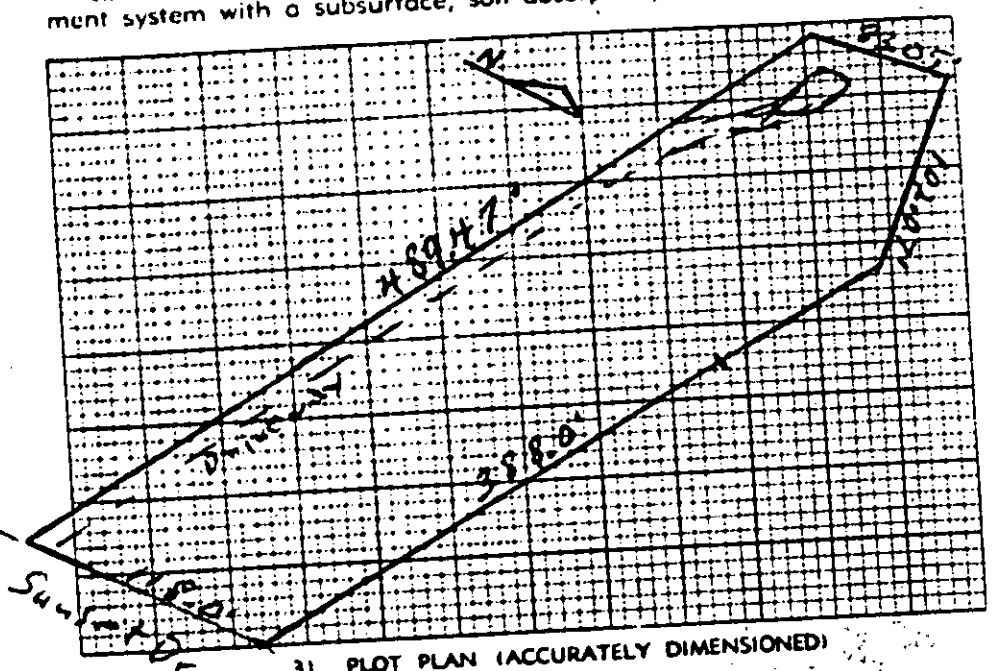
Map Date

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 Depart-
ment for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treat-
ment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 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 Yes
   B) Governmental System —
   C) Community System:
      1. Well source —
      2. Governmental source —

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 Hubbard (LAST) Benjamin (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER 3409 Colebrook Rd Charlotte N.C.

15) PHONE NO. Home 5362310 Office _____

16) LOCATION OF SYSTEM Sunset Dr (County) Hy. 73 (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 1538 AT PAGE 434

19) HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

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

Ben F. Hubbard
OWNER

_____
DATE OF APPLICATION

HEALTH DEPARTMENT'S COPY

FORM NO E-4-8-1-72

Serial No. 5681

Date Issued 30 Aug 74

ICAR (S) Permit No. 6899

T C. No. CC1-0-3-74

Map Date 17 Feb 72

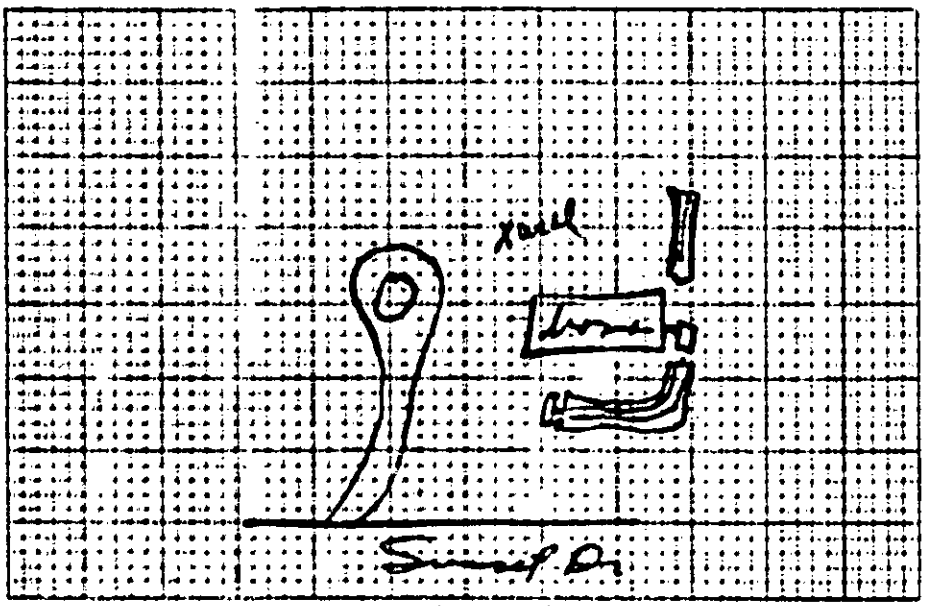
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water 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 6899, dated 8-23-73 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 30 Sept 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1500

Tank Construction RC

Absorption and/or Nitrification Lines

Total Line Lenght 400' & 150 on 5 (12½" x 50' x 17")

Number of Lines 9 & 8 (12½" x 50' x 17")

Distance from House 20'

Distance from Property Line 10'

Distance from Well 85'

NAME OF OWNER Hubbard, B. F.

LOCATION OF PROPERTY Sunset Dr (Lake)

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' x 7' x 1' 9 for (Morrison)

Division or Section Head

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.

REV. 5-1 E-5-9-1-72

HEALTH DEPARTMENT'S COPY

001-023-36

Serial No. 5210

Cot A (s) No. 65-2

T C No 001-C-3

Map Date 17 [illegible]

Date Issued 10 Sept 74

John Atkinson

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 Hubbard, S. F. (LAST, FIRST, MIDDLE)

Location of Property Sunset Dr.

Application Number 6899 Permit Number 6899

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PC

Total Length of Drain Tile 400' 4" Line Number of Lines 5(12 1/2' x 80' x 12") 4(10' x 39 1/3" x 12"

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 85'

Excavation Inspected 10 Sept 74 (DATE) Tank Inspected 10 Sept 74 (DATE)

Nitrification Field Inspected 10 Sept 74 (DATE)

Washing Machine Line Inspected, If Applicable 10 Sept 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: Aeration pit 2½ x 9' x 4' stone

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY