

12119 MASCOT LN

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Groundwater and Wastewater Services File Imaging Project
May 2007
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7/30/03 JKA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AS

MD 46762

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
Jeremy
(704)336-5102 file # 998

PERSON FILING APPLICATION:
NAME: Combs (last) Donald (first) Lee (mi)
ADDRESS: 12119 Mascot Rd PHONE: (704) 605-1509
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Combs (last) Donald (first) Lee (mi)
ADDRESS: 12119 Mascot Rd PHONE: (704) 605-1509
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-294-12
STREET ADDRESS:
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 143 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]
[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: 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)
[] 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: Donald Lee Combs Jr Date: 7-30-03

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.

... O.K. to use the exsting system for the addition of a bedroom. Three bedrooms total.

[] 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

Environmentalist 8/1/03 Date

WATER : 122791

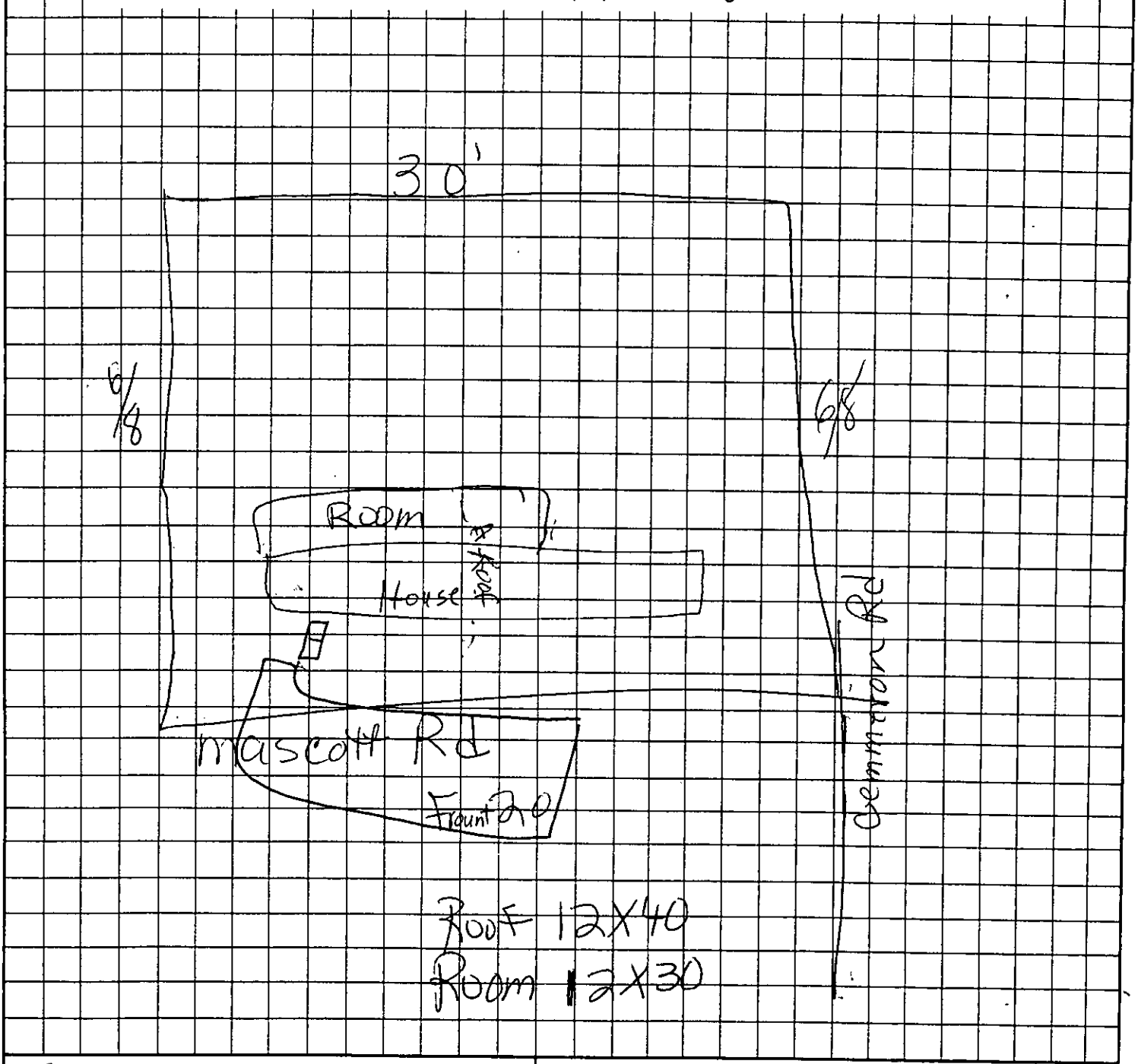
PROPOSED PLOT PLAN

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

FILE: 998

TC: 017-294-12

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.



Donald Lee Combs Jr
OWNER/AGENT SIGNATURE

DATE 7-30-03

APPROVAL DATE _____

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

Date Issued 9/14/71 Serial No. 1108

C of A (s) No. 998

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 Gaulin (LAST) Lloyd (FIRST) _____ (MIDDLE)

Location of Property Mascot Lane Lot #143

Application Number 998 Permit Number 1292

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material P.C.

Total Length of Drain Tile 640' Number of Lines 7 (17½ x 61 x 17")

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source Comm. Supply Distance from Water Source —

Excavation Inspected 9/14/71 (DATE) Tank Inspected 9/14/71 (DATE)

Nitrification Field Inspected 9/14/71 (DATE)

Washing Machine Line Inspected, If Applicable _____ (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: _____

Charles H. Williams
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 9/13/71

Serial No. 1292

ICAR(S) Permit No. 998

T. C. No. _____

Map Date _____

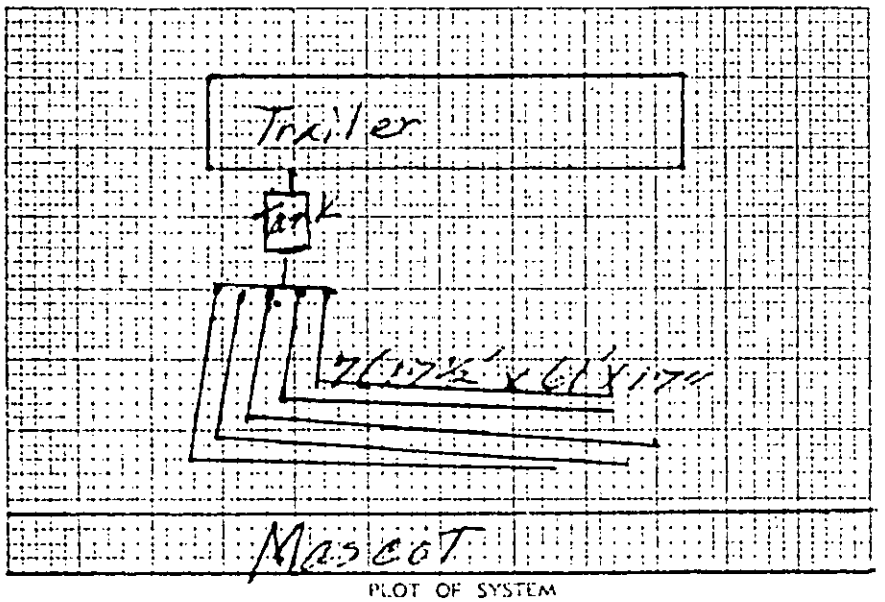
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 998, dated 9/5/71 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 9/30/71 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 69

Liquid Capacity of Tank 1500

Tank Construction P. C.

Absorption and/or Nitrification Lines:

Total Line Lenght 640'

Number of Lines 7@17½ x 6' x 17"

Distance from House 10'

Distance from Property Line 10'

Distance from Well —

NAME OF OWNER Gaulin, Lloyd

LOCATION OF PROPERTY Mascot Lane #143

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: _____

_____

_____

L. A. Wilkinson
Division or Section Head

Charles H. Williams
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

SEE INSTRUCTIONS ON BACK

Date Received 1-8-71

ICAR(S) Application No. 998

T. C. No.

Map Date

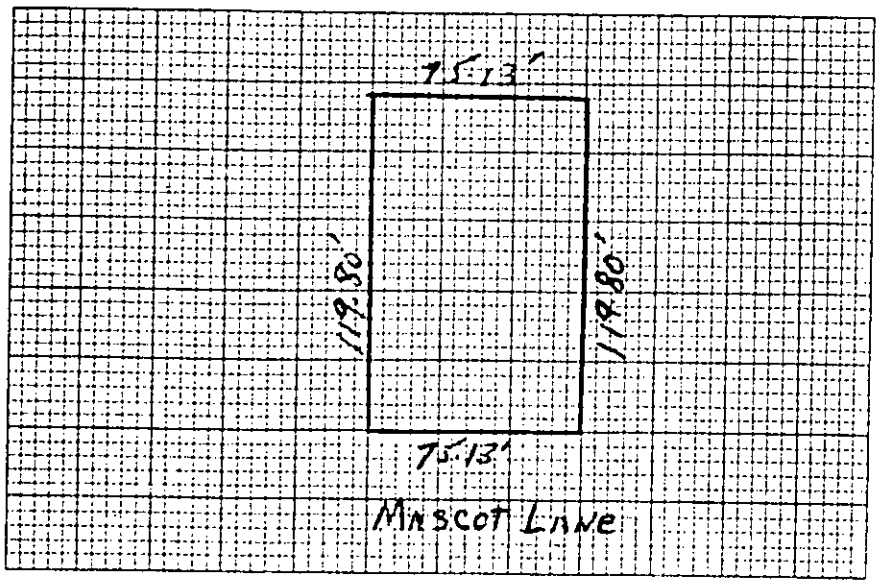
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 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 _____
   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 Hambright-McCoy, Inc.
(LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 1710 S. Independence Blvd., Charlotte, N. C. 28205

15) PHONE NO Home _____ Office 333-5492

16) LOCATION OF SYSTEM Lot 113, ~~XXXXXXXXXXXX~~ Mascot Lane
(STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Green Lot No. 113 Block No. -

Map Book No. 15 Page No. 55

1500
640

18) DEED REFERENCE — DEED BOOK 2851 AT PAGE 334

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN 1970

20) PTR NUMBER (See Instructions) _____

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

January 6, 1971
DATE OF APPLICATION

Hambright-McCoy, Inc.
OWNER Julian Hayes Ass't/ Secretary

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY