

7157 SIGNER RD

19940126

4/14/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 919A DATE: 9/10/03

TC: 199-401-26 ☑ L ☐ CRT

SERIAL 19312

Name of Owner EARL JAMES SIGNER Juris.: _____

Address of Property 7157 ~~SIGNA~~ RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield (2) 40'X9' BED

Number of Lines _____ @ _____

Cover Depth 24"

Water Supply Source >50'

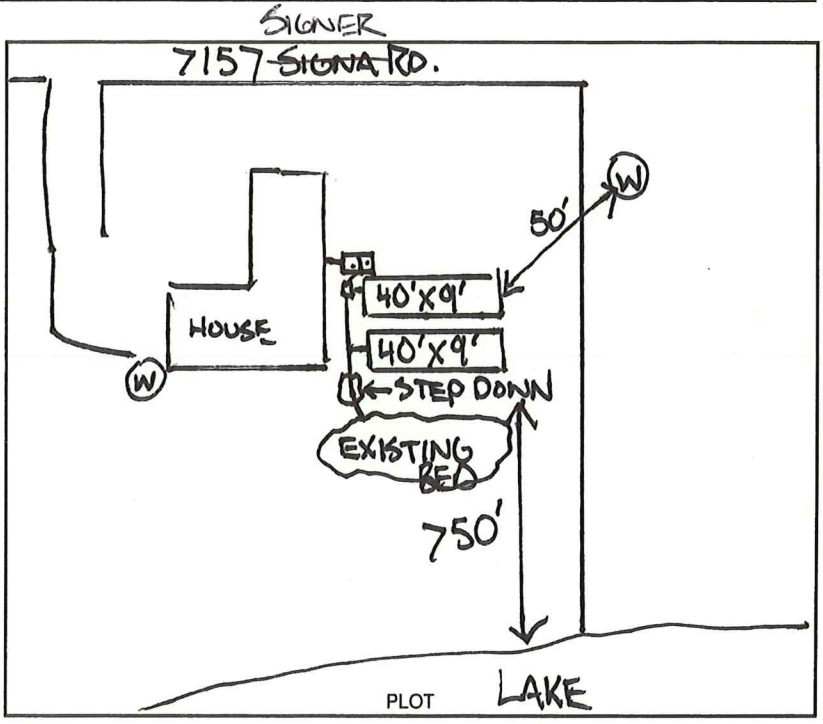
Distance to Water Source >50'

Excavation Inspected 9/10/03

Tank(s) Inspected 9/10/03

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2003 REPAIR, 1500ST, CON., 720SF, B, 24G CTR# AUTRY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II REPAIR, NEW 1500ST, (2) 40'X9' BEDS), STEP DOWN FROM LOWER BED FEEDS OVERFLOW TO EXISTING BED. 50' SEPARATION FROM LAKE AND WELLS.

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

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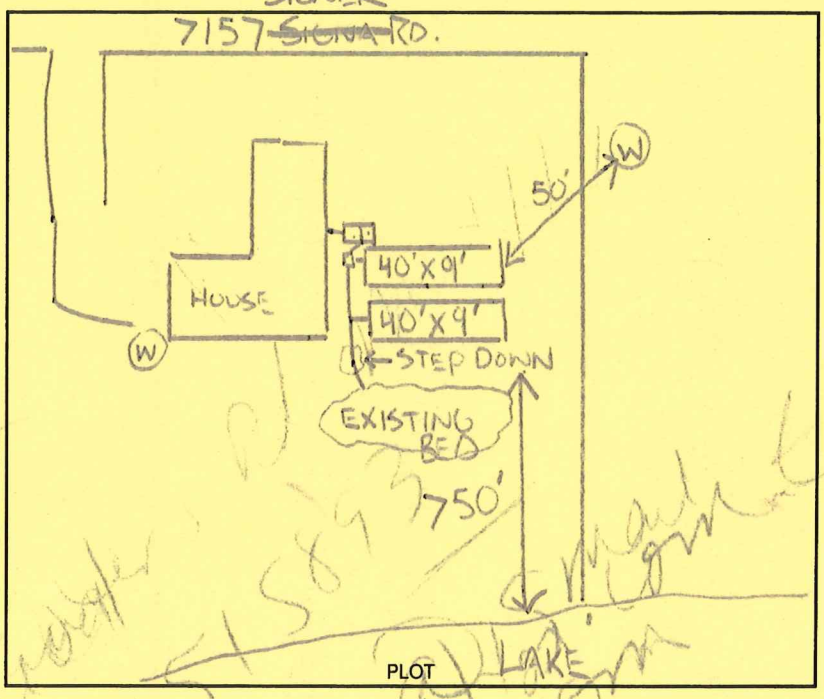
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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

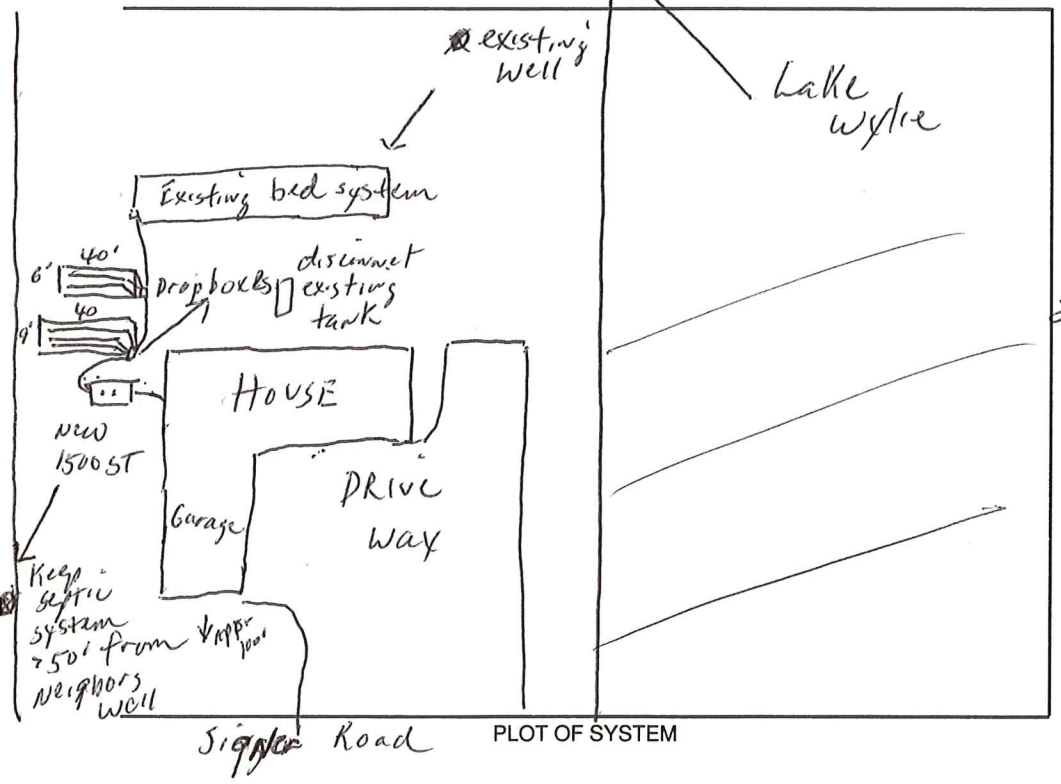
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 919A DATE: 9/2/03

TC: 199 401 26 ☐ L

SERIAL 19438

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 the application dated 9/2/03. All work shall be completed on or before 10/2/03, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCL

Trench Depth 36"

Absorption and/or Nitrification Lines:

2 beds

Trench Width 6'wd & 9'wd feet

Trench Walls Scored and Porous Yes

Bed

Total Line Length 40' + 40' feet

Number of Lines 2(40') 3(40') 200' Total

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 50 feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Earl James

LOCATION OF PROPERTY 7157 Singer Road

Comments: Install NEW 1500ST, 2 Drop boxes & 1 D-Box, 2 beds 6'wd x 40'long x 18"Stone, 9'wd x 40'long x 18"Stone, Keep the septic system >50' from the neighbors well & 5' from property line + house

Philo S. Walker RS

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

REPAIR

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 7194

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-401-26

STREET ADDRESS: 7157 Signer Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1986

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: (LAST) JAMES (FIRST) EARL (MI) J

ADDRESS: 7157 Signer Rd

CITY: CLT STATE: NC ZIP: 28278

DAYTIME PHONE: (704) 588-3742

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: [signature] DATE: 9-2-03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102



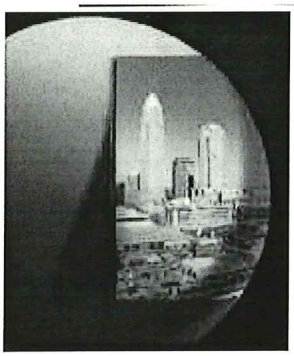
Tax Bills Photo Directions

Search By: Address
Filtered By: No Filter
Home No. Dir. 7157
Street Name signer
St. Type Suffix RD
Jurisdiction ALL

Search

Parcel	Owner	Location
19940126	JAMES EARL JACKSON JR	7157 SIGNER RD UNINC
19940126	PAMELA DAVIS	7157 SIGNER RD UNINC
Page 1		

2 records



Market Analysis Link
Property Assessments and Land Records Management
Business Personal Property
Individual Personal Property
Street Name Lookup
Tax Collections Homepage
Tax Bill Lookup
Street Assessment Lookup
Street Lighting Lookup
Pay Taxes

Parcel Information

Parcel ID	Account
19940126	INDIVIDUAL

Owner(s) **January 1st Owner**

Owner Name	Mailing Address
JAMES EARL JACKSON JR	7157 SIGNER RD
PAMELA DAVIS WIFE	7157 SIGNER RD

Legal Information

Legal	Municipality	D A
L7SEC38M18-54 7157 SIGNER RD	MECKLENBURG COUNTY-UNINCORPORATED	

Total Parcel Assessment

Building	Land	Features	Total
182100	142400	5400	329900

Exe
Exe

Sales Information

Sale	Price	Stamps	Qualify	V/I	Typ
Jul 2 1984	52000			VAC	DEE

Land Use

Use	Units	Type	Neighborhood
R122	0.89	WF	T901

Building Information

Bldg	Description	Type	Year Built
1	Single-Fam	RES	1986

Bldg	Story	Units	Total SqFt	Heated SqFt	Foundation
1	1 STORY	1	3209	2425	CRAWL SPAC

Bldg	Heat	Fuel	FirePlace	AC	Fixtur
1	AIR-DUCTED	ELECTRIC	1 - FP3	AC-CENTRAL	

Sub Area

Bldg	Description
1	BASE (FIRST FLOOR)
1	GARAGE - FINISHED
1	PORCH - OPEN - FINISHED

Depreciation

Bldg	Physical	Functional	Econor
1	AV - 16%		

Special Features & Yard Items

Bldg	Built	Type	Quar
1	1986	PIER	1
1	1986	BOAT RAMP	1
1	1986	BOATHOUSE	1
1	1986	DOCK	1

Value Changes

Notice Date	Tax Year	Reason
Jan 17 2003	2003	Countywide Revaluatior
Jan 5 1998	1998	Countywide Revaluatior
Jan 2 1991	1991	Countywide Revaluatior

APPLICATION FOR AN IMPROVEMENT PERM

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 919-A

TC: 199-401-26 L

MECK COUNTY DEPARTMENT
RECEIVED
SEP 26 1985
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 7157 (STREET NO.) Signer (STREET) Road ② FILE:

③ CITY: Charlotte ④ TAX PARCEL NO.: 1

⑤ SUBDIVISION: Withers Cove ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Earl (FIRST) Jackson (MIDDLE) James (JR) (LAST)

⑨ MAILING ADDRESS: 7157 Signer Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28210-9

⑬ PHONE: (WORK) 588-1586 ⑭ (HOME) 558-3742

REQUEST

This request is for a(n):

⑮ ☐ New installation permit

⑯ ☒ Repair or alteration permit

Ext. Home will be moved upon completion of new house

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) Use existing syste

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? 3

㉓ Maximum occupancy? 4

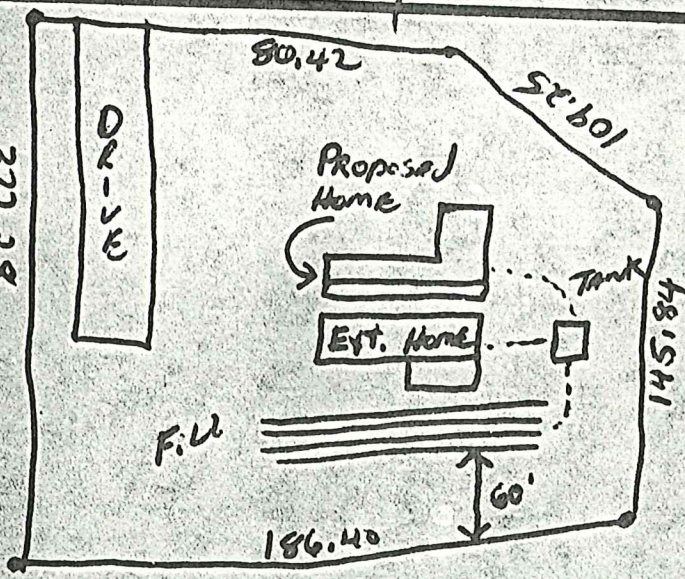
㉔ Basement? ☐ yes ☒ no

㉑ ☐ Business or place of public assembly

㉓ Type?

㉔ Maximum number of employees?

㉗ Maximum number of seats?



㉘ Accurately dimensioned plot

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: E J James

Date: 9-23-85

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY