


16928 TULLOCH RD

21723206

8/22/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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$50.00
VIO
3-12-99
CK # 31660

400

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

[ ] CRT

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

(704)336-5102 19082

PERSON FILING APPLICATION: Horizon Home Improv. Inc.
NAME: WEBER Lou (last) (first) (mi)
ADDRESS: 4242 Huntington Rd PHONE: (704) 365.2526
CITY: Clt STATE: NC ZIPCODE: 28226

Date: 3.12.99

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-232-06
STREET ADDRESS: 16928 Tullock Rd
ZONING:

PROPERTY OWNER:
NAME: BICKETT GARY (last) (first) (mi)
ADDRESS: 16928 Tullock Rd PHONE: 704 587 9271
CITY: Clt STATE: NC ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 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)
Garage, Den, Bath, Dark Room, Storage

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 [X] Workshop [ ] None
[X] 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: _____ Date: 3.12.99

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.

...Approval granted for a garage, den, Bath, Dark Room & Storage

use existing System

[ ] 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

Phillip S. Walker RS. 3/18/99
Environmentalist Date

WATER : 122791

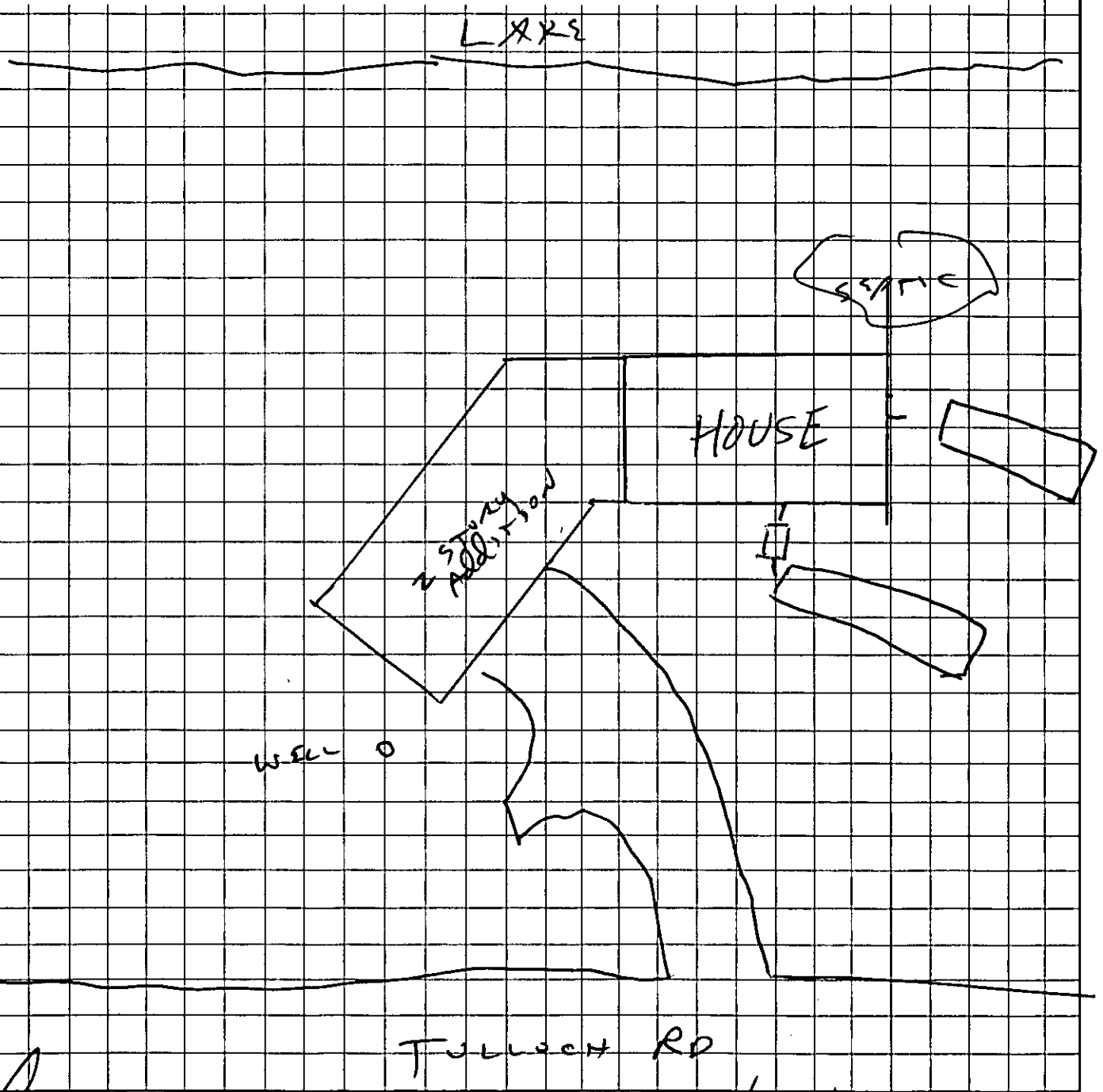
# PROPOSED PLOT PLAN

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

FILE: 1904/2

TC: 217-232-06

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 3.12.99

APPROVAL DATE DSW 3/18/99

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Serial No. 5792

CARES Permit No 19042

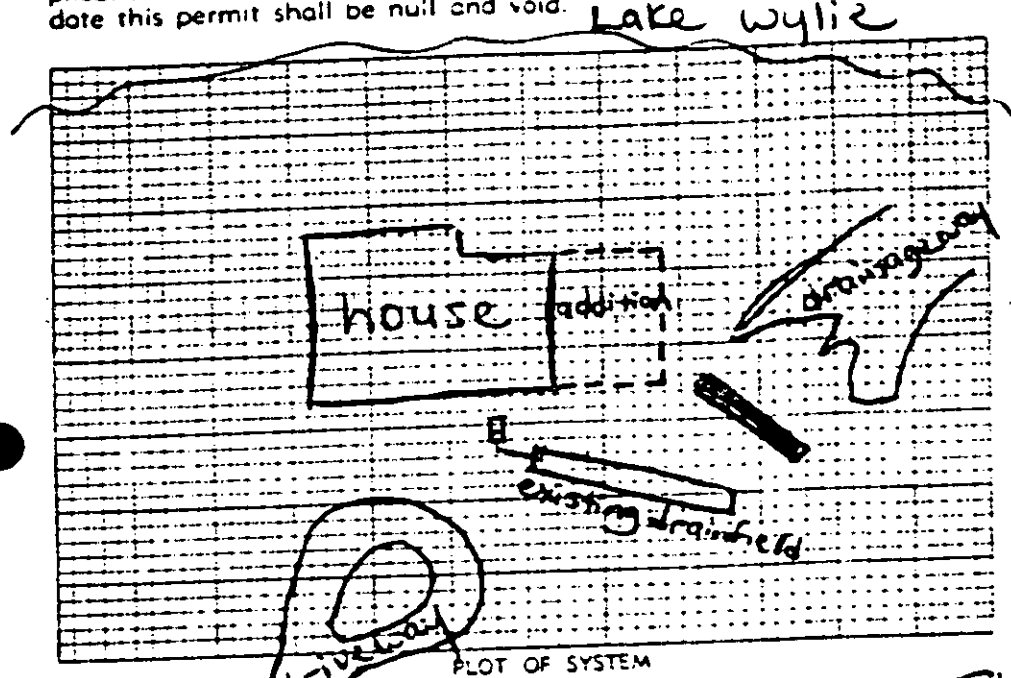
Date Issued 10-13-82

T. C. No 217-232

Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## 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 19042 dated 10-12-82 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 11-13-82, after which date this permit shall be null and void.




PLOT OF SYSTEM

REPAIR

Permeability Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Length 200'

Number of Lines 2

Distance from House >10'

Distance from Property Line >10'

Distance from Well >100'

NAME OF OWNER Burns, Stanley Sherman

LOCATION OF PROPERTY 16928 Tulloch Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Install a drainfield 6' wide * 34' long * 53" of stone 1' cover

Comments: hay or straw over stone Keep 15' away from top of bank

Mike Sutton
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the environmentalist is required where an existing system is being altered or repaired.

EHD-3-76

Serial 5460

T C No 27:32

Date Issued 18 Oct 82

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF APPROVAL

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

Name of Owner Brown / Stanley Thomas (LAST / FIRST / MIDDLE)

Location of Property 16928 Tuckaseegee Rd.

Application Number 19042

Permit Number 19042

**Inspection Data:**

Liquid Capacity of Tank —

Tank Material —

Total Length of Drain Tile 200'

Number of Lines 2

Depth of Filter Material 7.5'

Cover Depth 18"

Water Supply Source Well

Distance from Water Source >100'

Excavation Inspected 18 Oct 82 (DATE)

Tank Inspected — (DATE)

Nitrification Field Inspected 18 Oct 82 (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 Health Commission 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 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 addition is made to the property which would increase the requirements for said system.

Comments: System was altered in order to meet set back due to property line.

6'x50' x 7.5' stone

To accomodate washing machine and a 12' x 12' therapy tub proposed.

Environmental Health

EHO-S-70

ENVIRONMENTAL HEALTH DEPARTMENT

Date Received 10-12-82

T. C. No. 21-2502-06

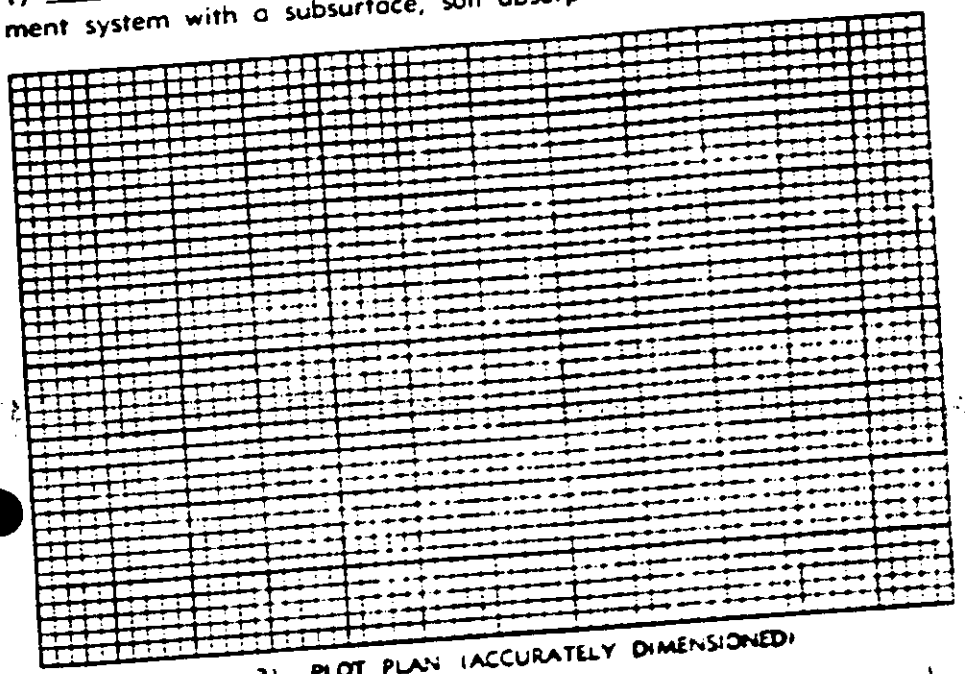
Map Date _____

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**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 Department of Environmental Health 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) Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No

4) No. of Bedrooms 4

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 Evans Stanley Sherman
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible] Office [illegible]

15) PHONE NO. Home [illegible]

16) LOCATION OF SYSTEM [illegible]
STREET OR COUNTY ROAD

Lot No. [illegible] Block No. 42

17) SUBDIVISION _____

Map Book No. [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION 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 conten of same are true. It is understood that any permit applied for herein shall be void and of no effect if any the above facts are not true.

O.T. 12 1982
DATE OF APPLICATION

Margaret H. Evans
OWNER

EHO-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY