

6021 MORRIS FARM LN

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Groundwater and Wastewater Services File Imaging Project
May 2007
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6521

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$ 6/6/94 # 3306 CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: GARDNER, Tim O.
(last) (first) (mi)

ADDRESS: 1323 MATTHEWS-MINT HILL RD PHONE: (704) 846-6511

CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-263-14

STREET ADDRESS: 6021 MORRIS FARM LN.

ZONING:

PROPERTY OWNER:

NAME: SELBY, AL
(last) (first) (mi)

ADDRESS: 6021 MORRIS FARM LN. PHONE: (__) _____

CITY: MINT HILL STATE: N.C. ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 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):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) BATH/SUNROOM
[] 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)
[X] 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: Tim O. Gardner Date: JUNE 6, 1994

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...Approved For Bath/Sunroom Addition

Use Existing System.

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

Adam M. Habecker 6-13-94
Environmentalist Date

P. Wallenhorst S. Daniel 6/14/94
Director or Authorized Section Head Date

WWATER : 122791

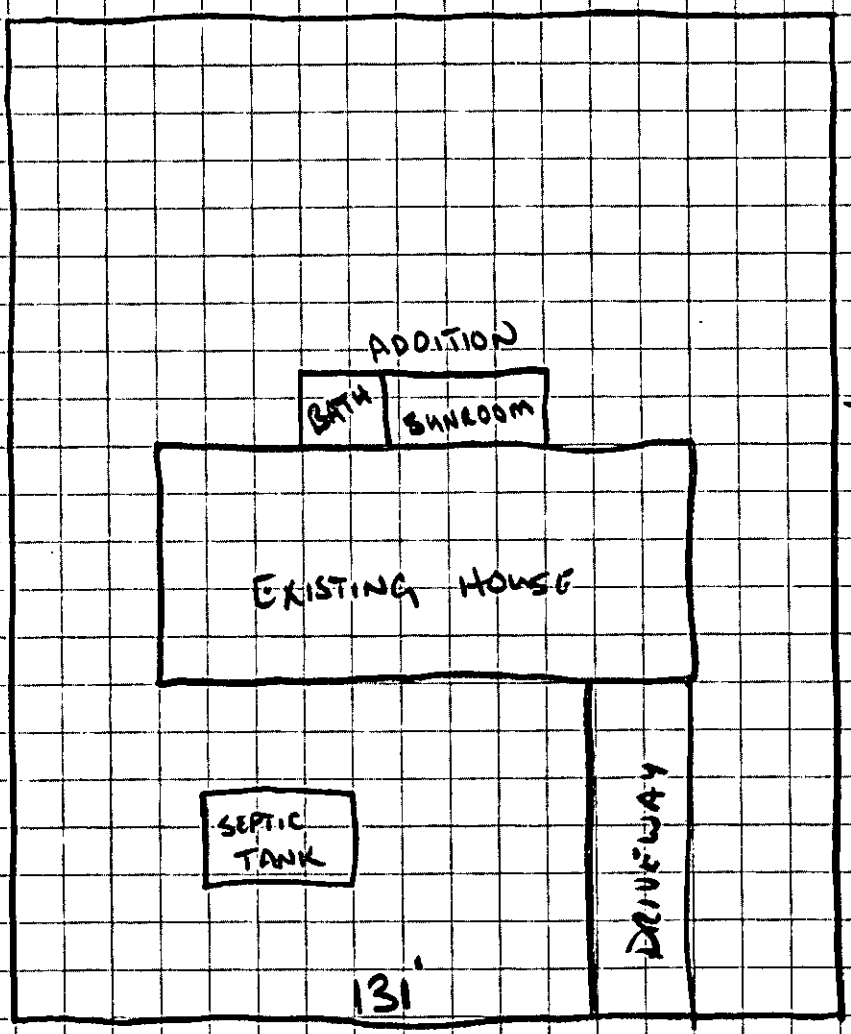
PROPOSED PLOT PLAN

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

FILE: 6521

TC: _____

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

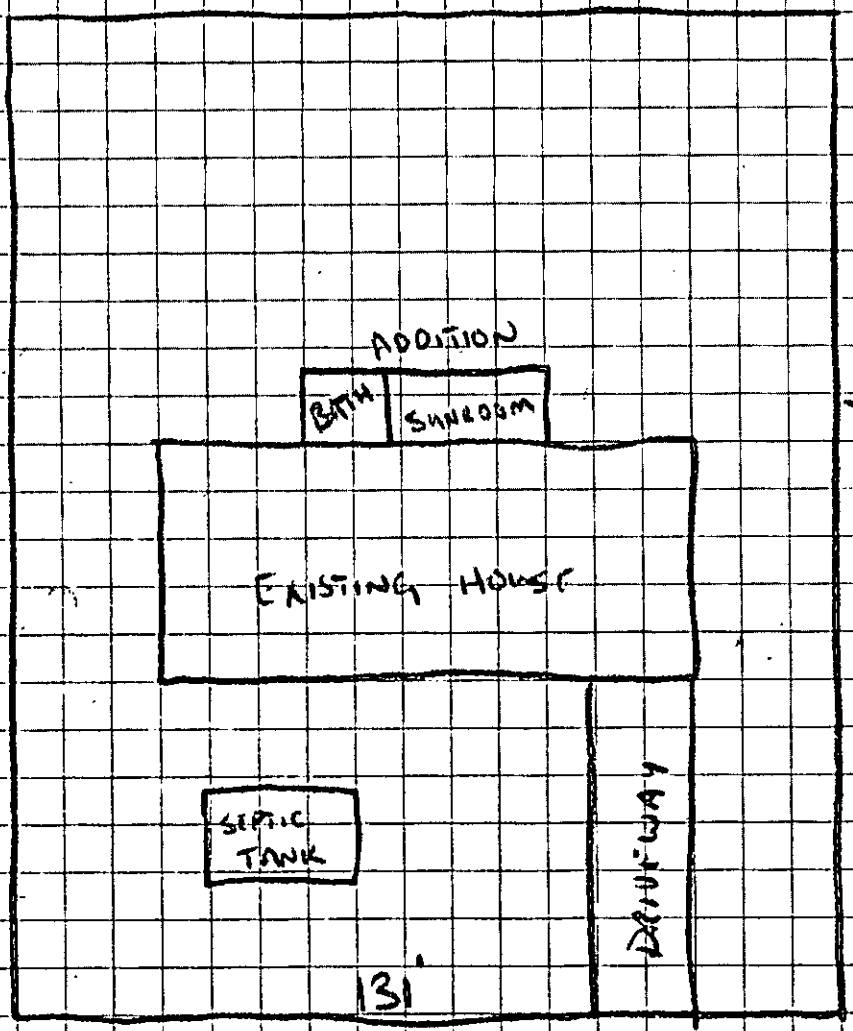
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1521

TC: _____

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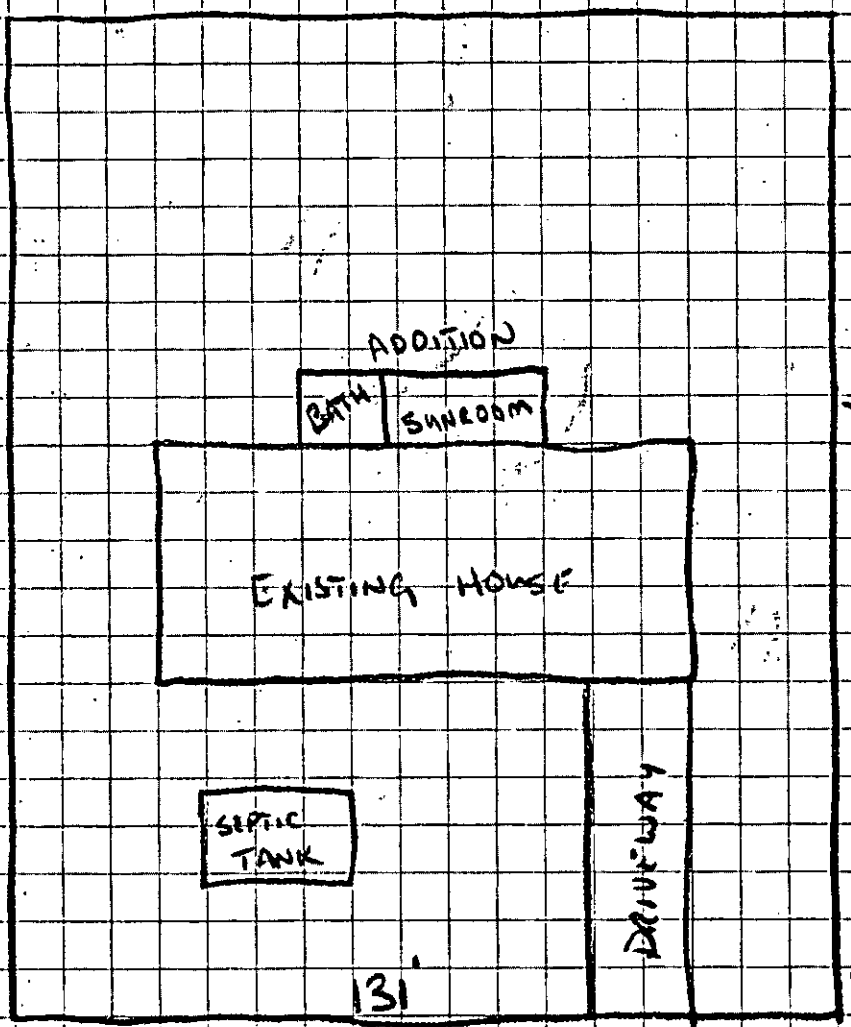
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APPROVAL DATE _____

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Serial No. 4985

Date Issued 18 Mar 74

ICAR(S) Permit No. 6521

P.O T. C. No. 135-361-0748

Map Date 4-15-Aug-73 5474

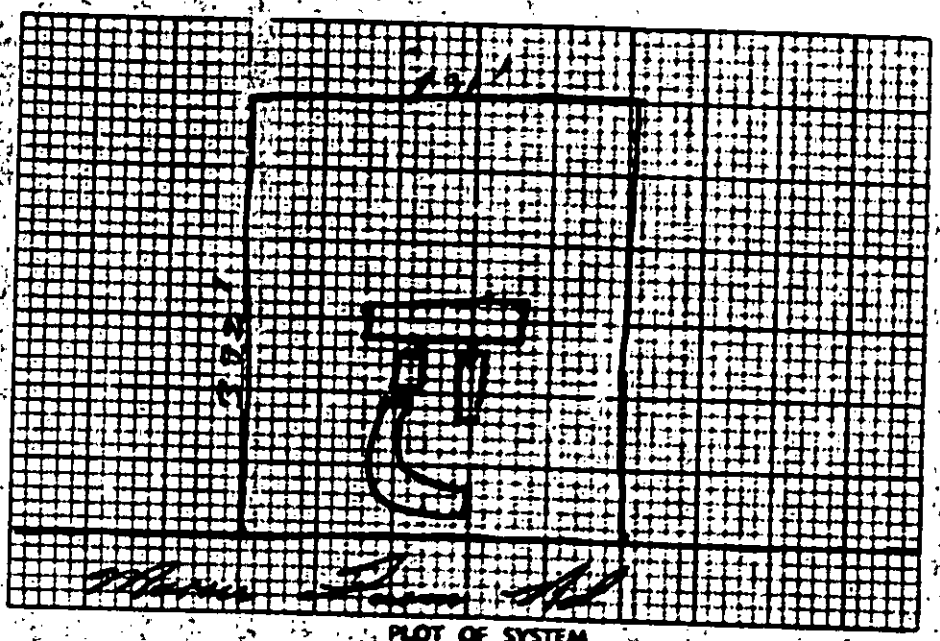
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6521 dated 23 Jan 74 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 18 Apr 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 Length 60' + 150' (was 3C72'x50'x17")

Number of Lines 6(6'x100'x12")

Distance from House 15

Distance from Property Line 15

Distance from Well Community

NAME OF OWNER Bill McLaurin & Co. Inc.

LOCATION OF PROPERTY 6129 Mount Holly Huntersville Rd

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: Well (Tank)

_____ 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.

FORM NO E-5-0-1-72

HEALTH DEPARTMENT'S COPY

SERVICE REQUEST/WORK ORDER

Log No.: _____ Section: _____ Hazard? [ ] Yes [ ] No

Date: 2/ Parcel: _____ <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Tim Gardner Phone 846-6571

Address 1323 Matthew-Mint Hill Rd City Matthews Zip _____

PROPERTY CONCERNED: Facility Name _____

Address 6021 Morris Farm Ln. City Charlotte Zip _____

SERVICE REQUESTED: Inspection for Bath/Sunroom addition in rear of existing house

ASSIGNED TO: Toni Hagwell TAKEN BY: S. Habeebuld

DATE	ACTIVITY REPORT
6-13-94	At 6021 Morris Farm Ln. (Located septic Tank approx, 12 ft off house foundation) in frontyard with 600 ft (linear) septic drain-line (bed) & 150 ft TLF Washer Line (See Permit Attached) In rear for construction of bath/Sunroom, there may be approx. 45 ft in width (within the first 10 ft from foundation) useable due to utility lines (gas, cable) lying in this area. This proposed construction area appears to be greater than 150 ft from any part of septic system at front yard.

NOTIFICATION TO REQUESTING PERSON: ( ) Written ( ) Verbal ( ) Not Applicable

COMPLETED BY: _____/_____

REVIEWED BY: _____/_____