

11242 JOHNSON-DAVIS RD

02301227

8/15/08

marliwr

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

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CK #5554
VIW 8-5-99

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 18164

Date: 8-5-99

PERSON FILING APPLICATION:
NAME: Hines Mitchell C.
(last) (first) (mi)
ADDRESS: 2264 OAKLEIGH PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 023-012-27
STREET ADDRESS: 11242 Johnson-Davis Rd
ZONING:

PROPERTY OWNER:
NAME: Hines Mitchell C.
(last) (first) (mi)
ADDRESS: 2264 OAK LEIGH DR PHONE: (704) 548 1986
CITY: CHARLOTTE STATE: NC 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):

[redacted] UXS for new home

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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: 2 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)
[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: [signature] Date: 8-4-99

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.

...

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

Environmentalist Date

WATER : 122791

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W): 11242 — STREET NAME: JOHNSON-DAVIS — (AV,RD,ST, etc): RD

SUITE/UNIT(S):

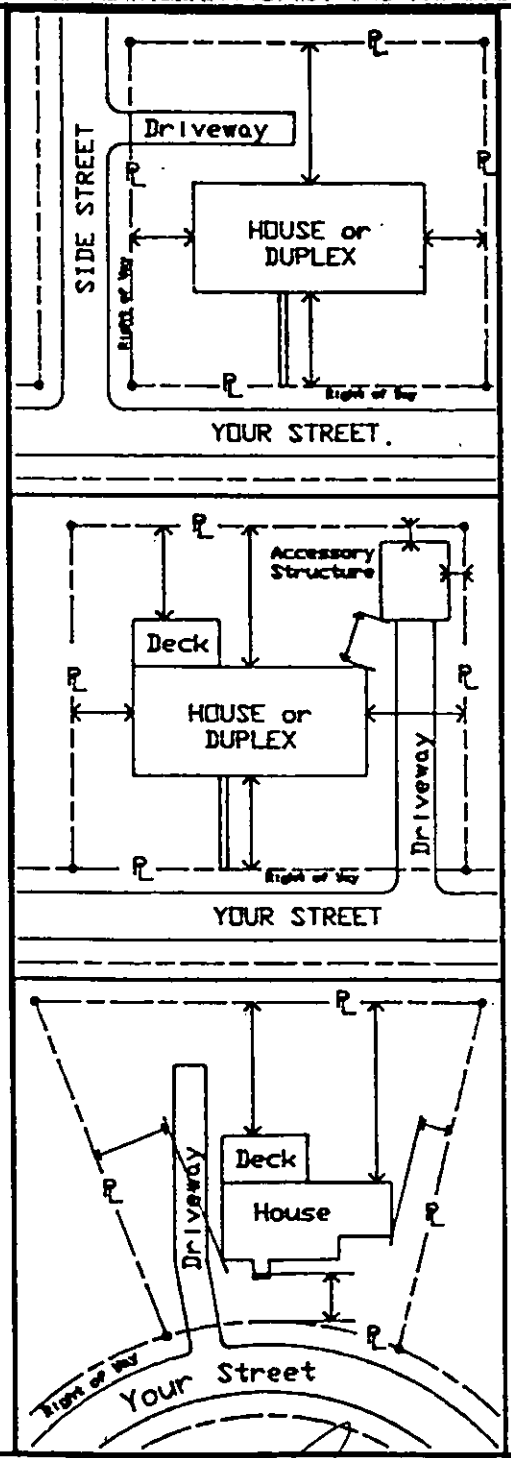
PERMIT #

COPY

TAX JURISDICTION: (Check One)
- ☒ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

TAX PARCEL # 023-022-11 — JOB #

EXAMPLES/PLOT PLAN

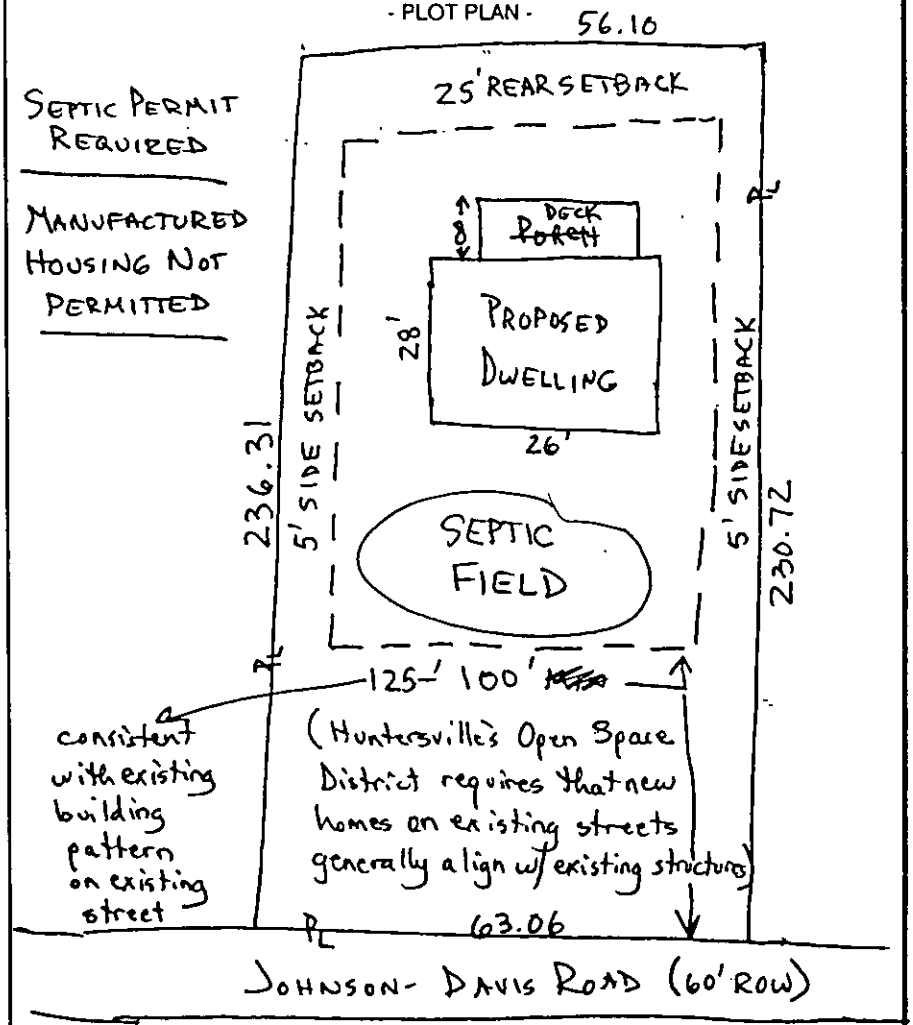


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es); deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Mitchell C Hines — 7-15-99 — MITCHELL C HINES

APPLICANT'S SIGNATURE — DATE — PRINT APPLICANT'S NAME

APPROVED BY: RK

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

Pd 100 W 1100 tcc

HK # 5854
VW 8-5-99

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...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 existing system for 2 bedroom residence. New home must be placed in the same location as existing home.

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

Jeff A. Knight 8/30/99
Environmentalist Date

WATER : 122791

PLOT PLAN FOR PERMIT APPLICATION
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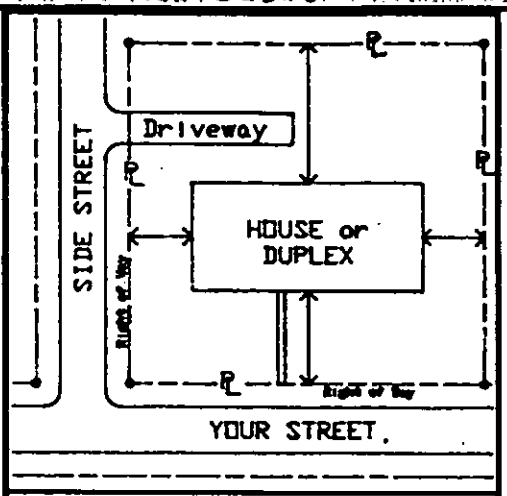
SUITE/UNIT(S):

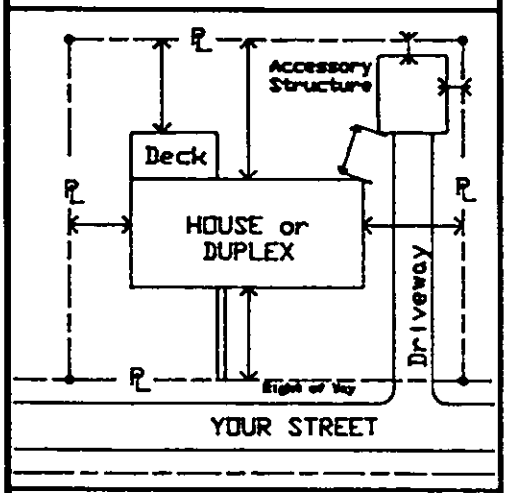
PERMIT # 8164

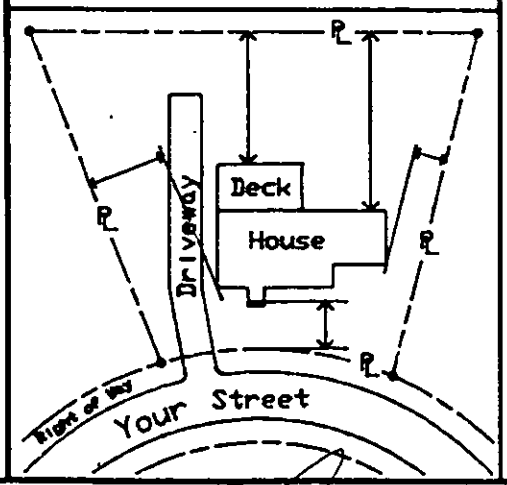
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- ☐ 7-Mint Hill

TAX PARCEL # 4023-022-11 — JOB # [redacted]

EXAMPLES/PLOT PLAN





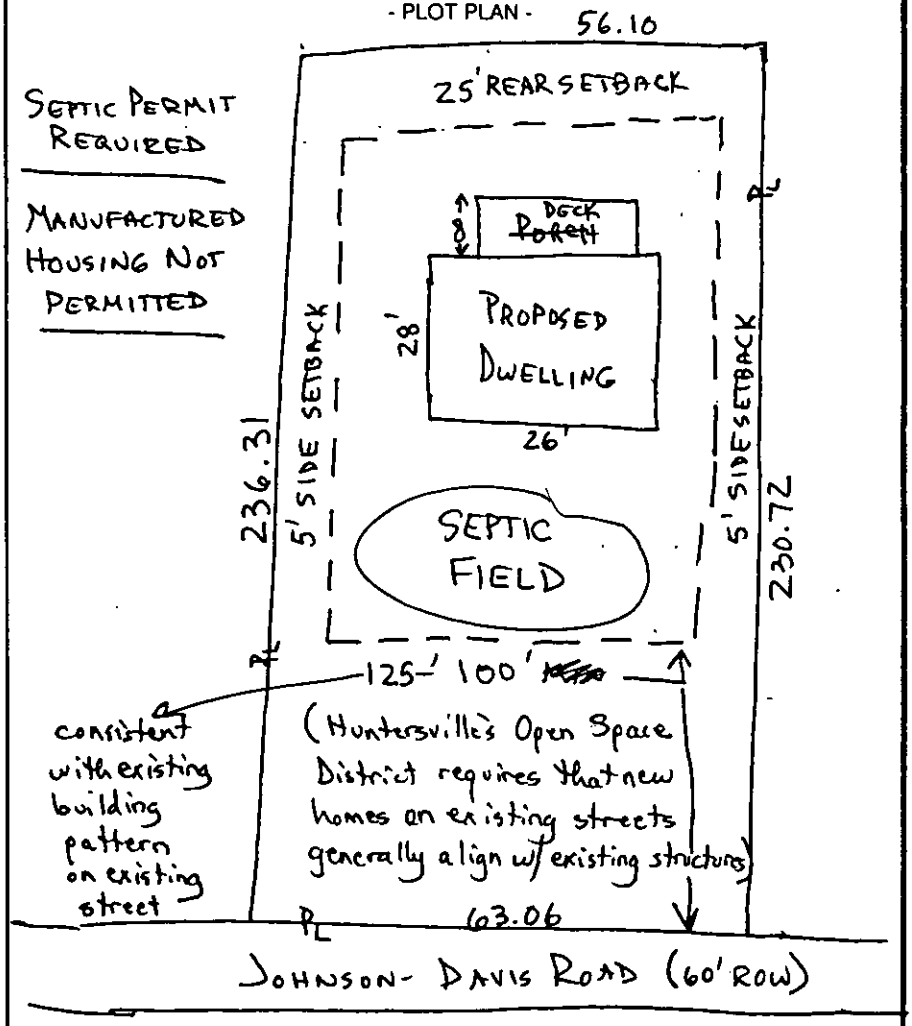


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- PLOT PLAN -



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[signature] — APPLICANT'S SIGNATURE

7-15-99 — DATE

MITCHELL C HINES — PRINT APPLICANT'S NAME

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

APPROVED BY: RK

Imaging Solutions and Services, Inc

The following is a

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ISSI Operations Center Staff

Cof A (s) No. 15164 (3)

Serial 4839

T C No. 023-023-11

Date Issued 11/23/81

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
Individual Septic Tank System with Subsurface Soil Absorption, Effluent Discharge

Name of Owner: SCOTHALL EVA

Location of Site: 11247 JOHNSON DAVIS Rd.

Permit Number: 15164

Application Number: 15164

Inspection Data:

Type of Installation: REPAIR

Number of Bedrooms: 2

Tank Size: 1000 GAL

Soil Type: CLAY

Depth of Restrictive Horizon: 22"

Distance to Water Supply: >50'

Type Water Supply: WELL

Date Inspected: 11/23/81

Type System: —

Adam W. Fluitt
Environmentalist

Environmental Health Department's Copy

(4)

Serial No. 5094

ICAR(S) Permit No. 18164

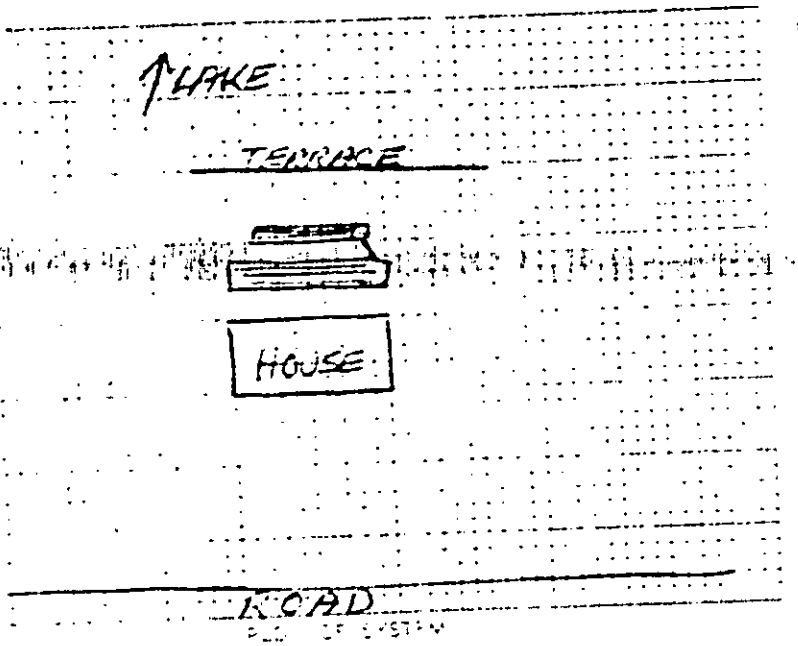
T C No 023-0[illegible]

Date Issued 11/17/81

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 wastewater treatment system with subsurface soil absorption, effluent discharge as specified herein at the address described below. This permit is granted based upon the information supplied in application 18164 dated 7/31/81 and this permit shall be void and of no effect if the information provided in the application is found to be false. This permit is issued subject to the conditions and limitations on the reverse side hereof. All work shall be completed on or before 12/20/81, after which date this permit shall be null and void.



Permit is for: REPAIR

Land Owned by: [illegible]

Tank Size must be: [illegible]

100'

2

>10'

>10'

>50'

EVA SOUTHALL

Property Address: 11247 JOHNSON DAVIS ROAD

[illegible] Regulations governing the Treatment and Disposal of Sewage and Industrial Wastes. A copy of the Regulations governing this permit is available for inspection at the Health Department. A copy of the Regulations governing this permit is available for inspection at the Health Department. A copy of the Regulations governing this permit is available for inspection at the Health Department.

CONCRETE STONE

Future Applied

[illegible] construction of a new system it must be signed by the property owner. Only the signature of the property owner is required where an existing system is being altered or repaired.