

8015 OLD STATESVILLE RD

12/19/2007

duponbj

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

Lot 33, LK 4/16/99 C2 943 B 100

DATE: 4/7/99

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

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

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

Consultation

FILE #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 195-061-17

STREET ADDRESS: Thompson Road

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TOWNSHIP (CHECK ONE):

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

CLOSING DATE unknown

Consultation mailed 4-26-99

WRM 4-26-99

TYPE OF BUILDING (CHECK ONE):

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

RATED SQUARE FOOTAGE: 3,000

UMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

OUNDATION FOR RESIDENCE:

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

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

LL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: ___

ATER SUPPLY (CHECK ONE):

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

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

RIED CABLES, LANDFILLS, STUMPHOLES	___ YES X NO	WELL, SPRINGS OR WATERLINES	___ YES X NO
ISTING WASTEWATER SYSTEMS	___ YES X NO	DESIGNATED WETLANDS	___ YES X NO
STMENTS OR RIGHT-OF-WAYS	___ YES X NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
ME: Barbre C. B. (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
DRESS: 2300 Whilden Court	DAYTIME PHONE: ( ) —
Y: Charlotte STATE: NC ZIP: 28211	
YTIME PHONE: 704 366- 1748	

AT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? unknown

Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the b Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the ecklenburg County Health Department to enter onto the property for the purpose of processing this request.

NED: C E Barbre DATE: 4-7-99

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

WO: 943B | 8815A

14 EMT (Fee 194.00A) 3/31/93 Cash $30.00 [] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: McBride (last) Terri (first) L (mi)
ADDRESS: 8015 Old Statesville Rd Lot 1 PHONE: (W) 596-6642
CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-251-20
STREET ADDRESS: 8015 Old Statesville Rd (Russells Mobile Home Park)
ZONING:

PROPERTY OWNER:
NAME: Beard (last) John & Macie (first) (mi)
ADDRESS: McCalvain Dr PHONE: (H) 875-2974
CITY: Huntersville STATE: NC ZIPCODE: 28025

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

TYPE APPLICATION (check one):

LOT NUMBER: 1 LOT SIZE (in acres): ?

[] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
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: Mrs Terri McBride Date: 3/31/93

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.

...

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

Phillip A. Walker 4/6/93
Environmentalist Date

Director or Authorized Section Head Date

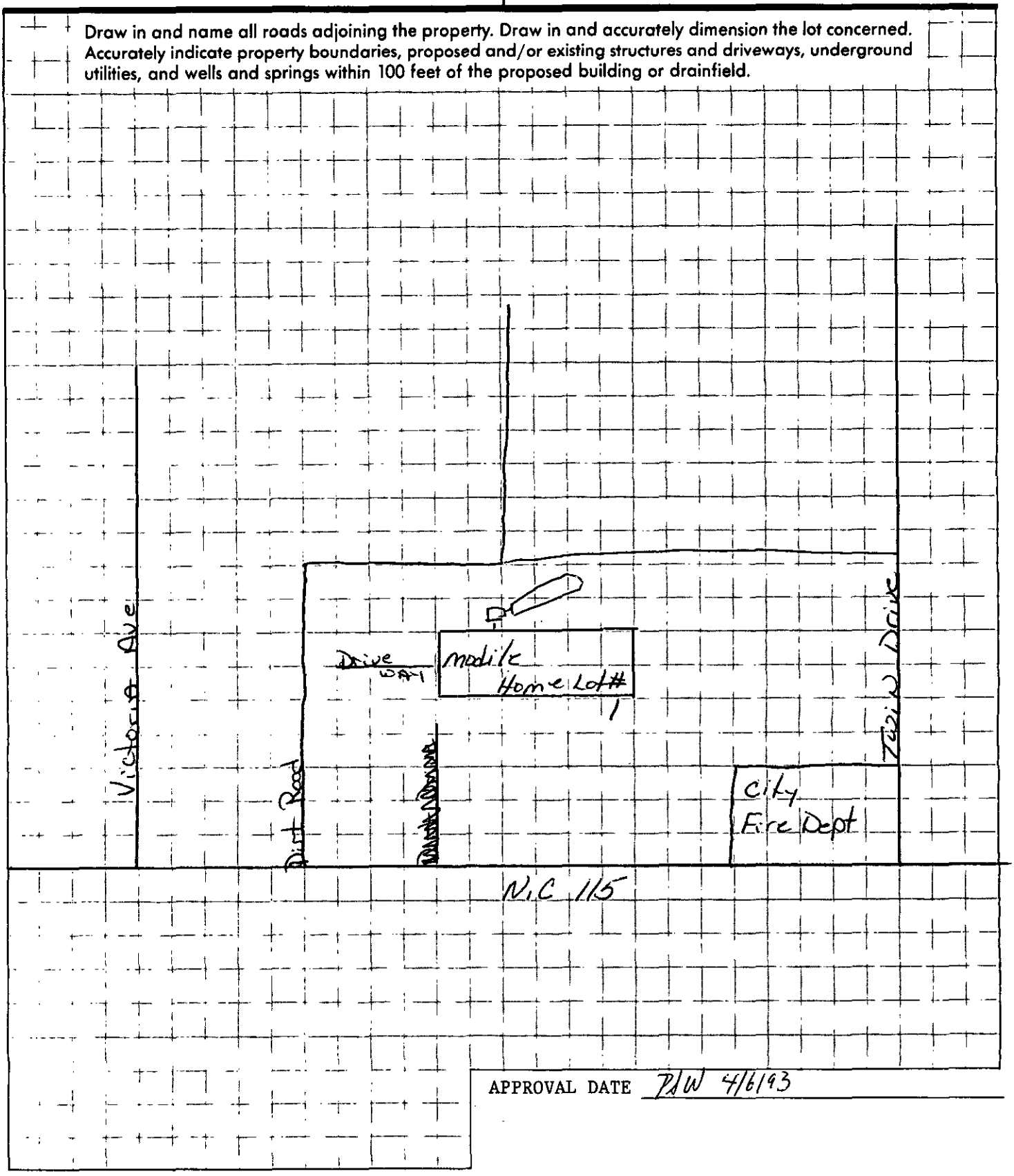
WWATER : 122791

PROPOSED PLOT PLAN

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

943B/8815
FILE: ~~251~~
TC: 537-251-20

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 P/W 4/6/93

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

DATE 3/31/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mck ?

037-251-25 (95 or 20 ?) PO
PARCEL NUMBER

8015 Old Statesville Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. EROSION CONTROL REGULATIONS	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Remove / Replace Mobile Home Hook up Lot 1

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pruce

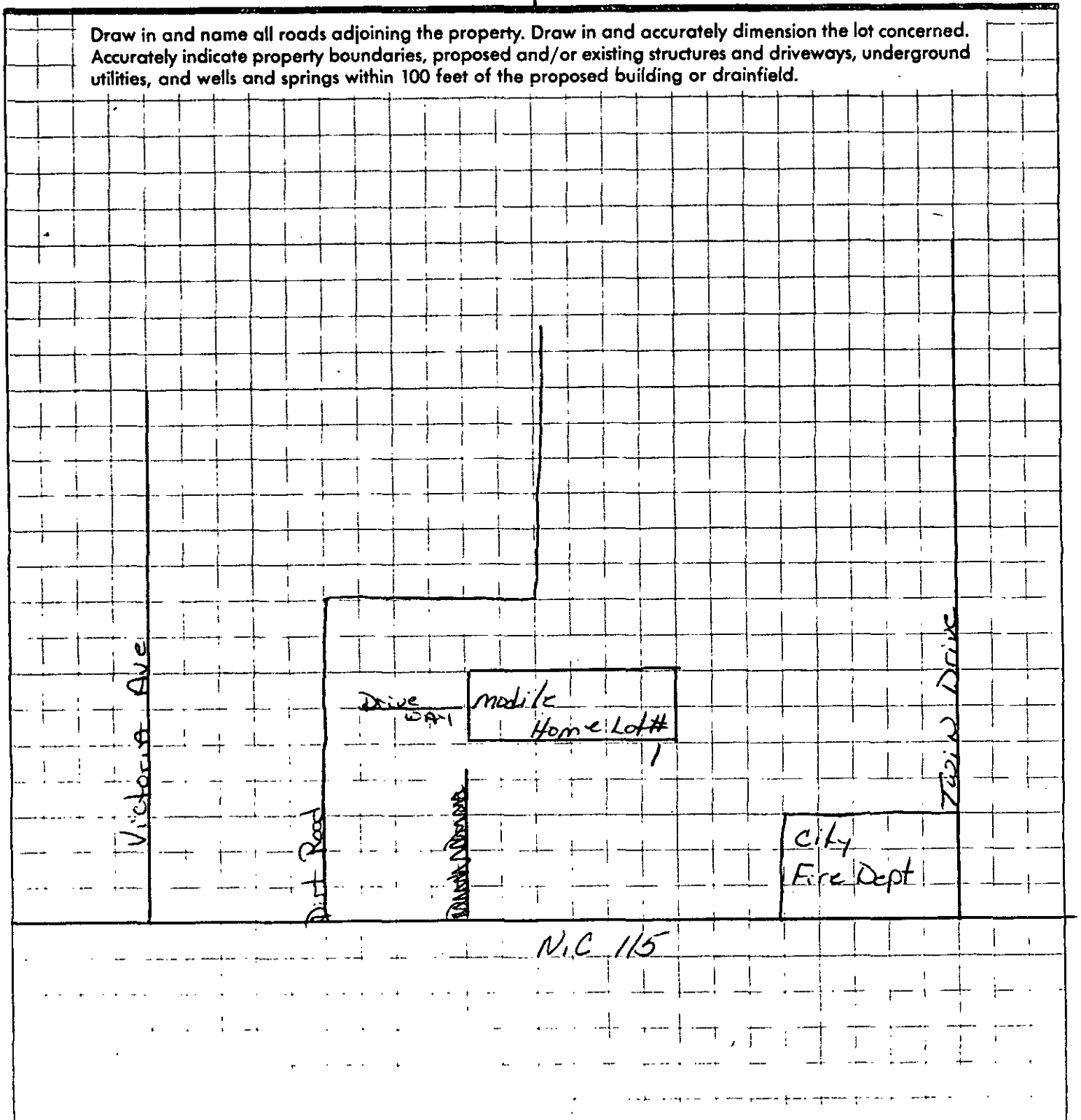
REVISED 1/91

PROPOSED PLOT PLAN

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

943B/8815
FILE: ~~251~~
TC: 037-251-20

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 _____

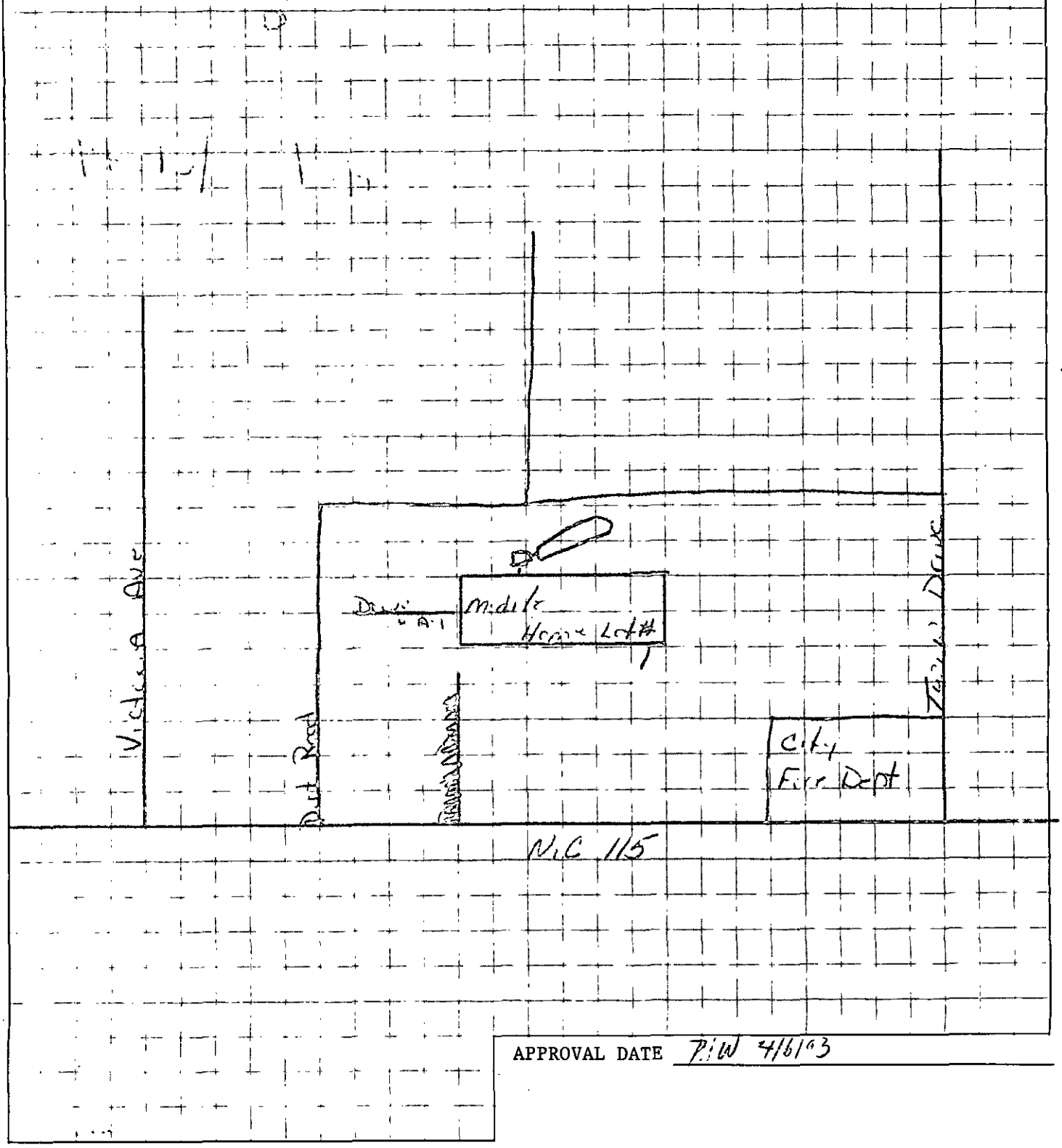
PROPOSED PLOT PLAN

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

FILE: 743 B [illegible] 15 ZM

TC: 017-251-20

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 P.W 4/16/03

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

SIR No. NA

Serial No. 6529

Date Issued 6-14-83

T. C. No. PO 037-251-20

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Russell, (LAST) Rickie (FIRST) Carl (MIDDLE)

ADDRESS OF OWNER Rt. 7, Box 523, Charlotte, NC ZIP 28213

LOCATION OF LOT 8015 Old Statesville Road (STREET OR COUNTY ROAD)

SUBDIVISION Russell MHP LOT NO 1 BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number NA. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*** USE EXISTING SYSTEM ***

R Phillips
Environmentalist

Bill D. Hardister Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76