

7026 NORMAN ISLAND DR

00103303

1/3/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

01124195 #150.00
CR# 6345
☐ CRT

3429B

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: ~~Mary D.~~ FORD, MARY D.
(last) (first) (mi)
ADDRESS: 3883 Ringlewood Cr PHONE: (407-264-9497
CITY: Hasville STATE: Fl ZIPCODE: 32780

Date:

PROPERTY OWNER:
NAME: John F. and Barbara A. Locklear
(last) (first) (mi)
ADDRESS: 6610 Riverview Dr. PHONE: 704 392-1137
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-033-03
STREET ADDRESS: 7026 Norman Island Drive
ZONING:

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 (O)
☒ 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)
☐ 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):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 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)
☐ 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: Barbara Locklear Date: 1-24-95

NOTICE: John Locklear

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.

...

☒ 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

Director or Authorized Section Head Date

WATER : 12279

mailed original permit to Mary Ford + called her - she never sent signed permit back to this office

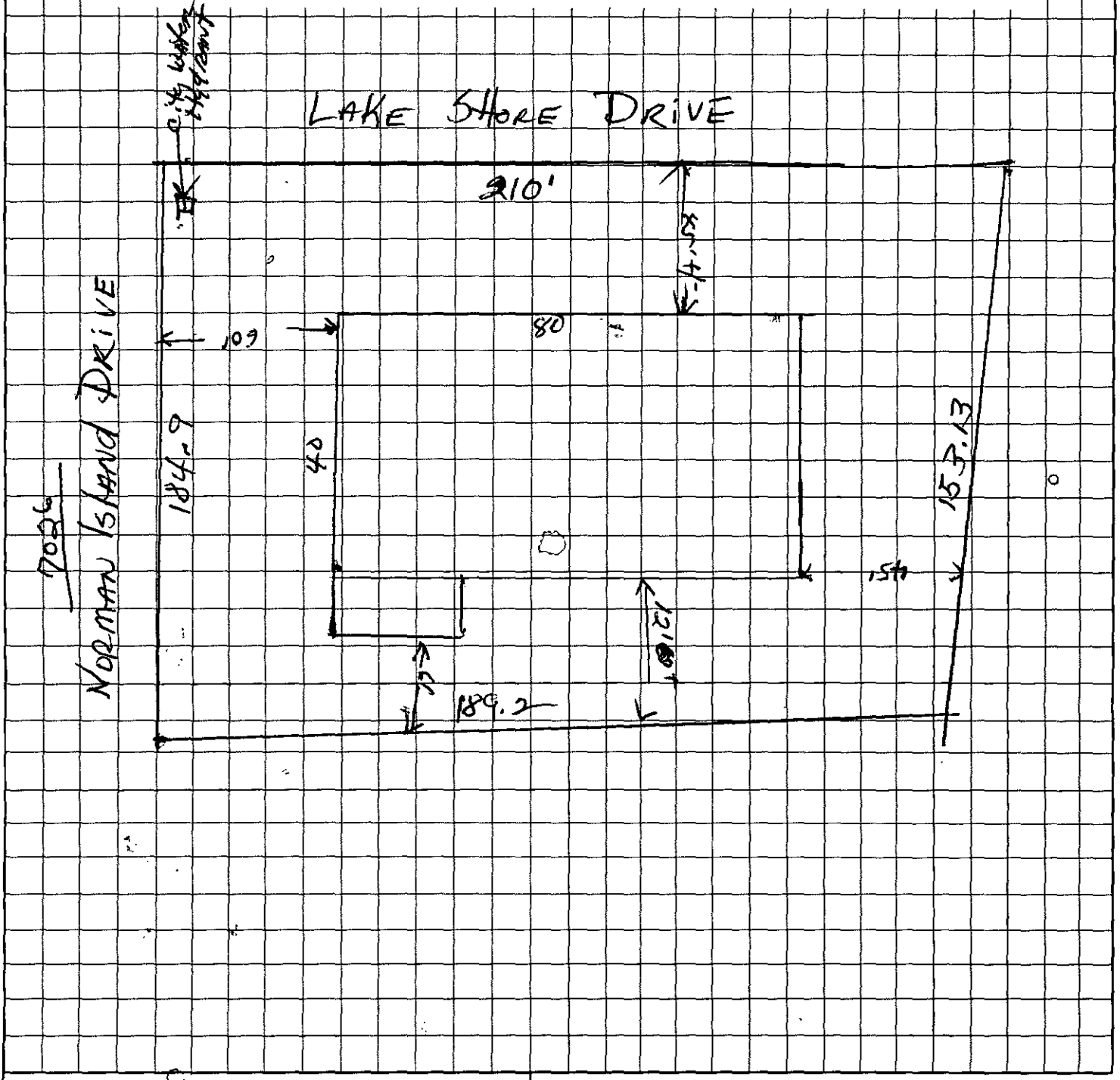
PROPOSED PLOT PLAN

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

FILE: 3429B

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.



Barbara Locklear
OWNER/AGENT SIGNATURE

DATE 1-24-95

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 11/28/94

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-033-03

ASSIGNED ADDRESS 7026 Norman Island Dr

EXISTING ADDRESS _____

PROJECT NAME LA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. PUBLIC UTILITY EASEMENT		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	*	
6. PROPERTY FRONTS ON THOROUGHFARE	*	
7. DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Quik Dist

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20576

File: 3429 B (D4603) Action 1

Parcel: 001-033-03 ☐ PC

Location: 7026 Norman Island Dr

Subdivision:

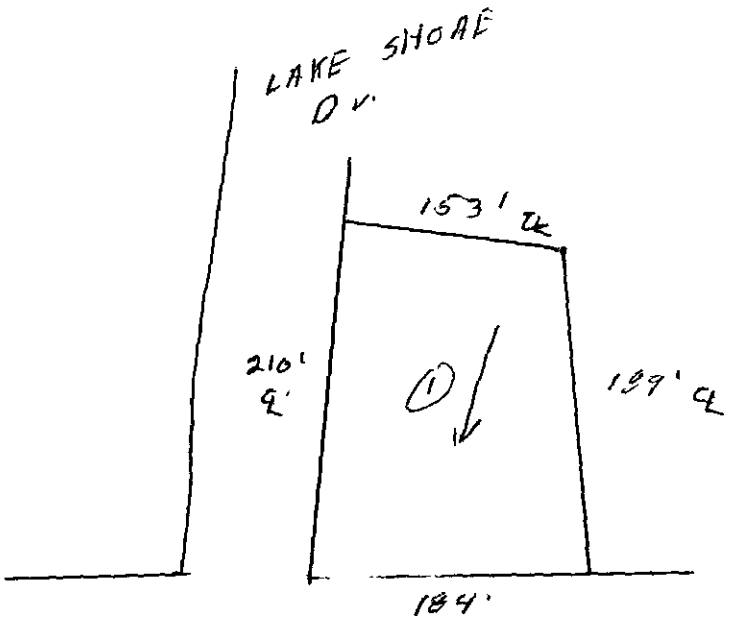
Lot: Block: Acres: .77

Owner: John & Barbara Jochlean
Address: 6610 Riverview Dr.
Charlotte, N.C. 28216

Comments: .3gal/ft2/day LTAR

Described by: William A. Marlin

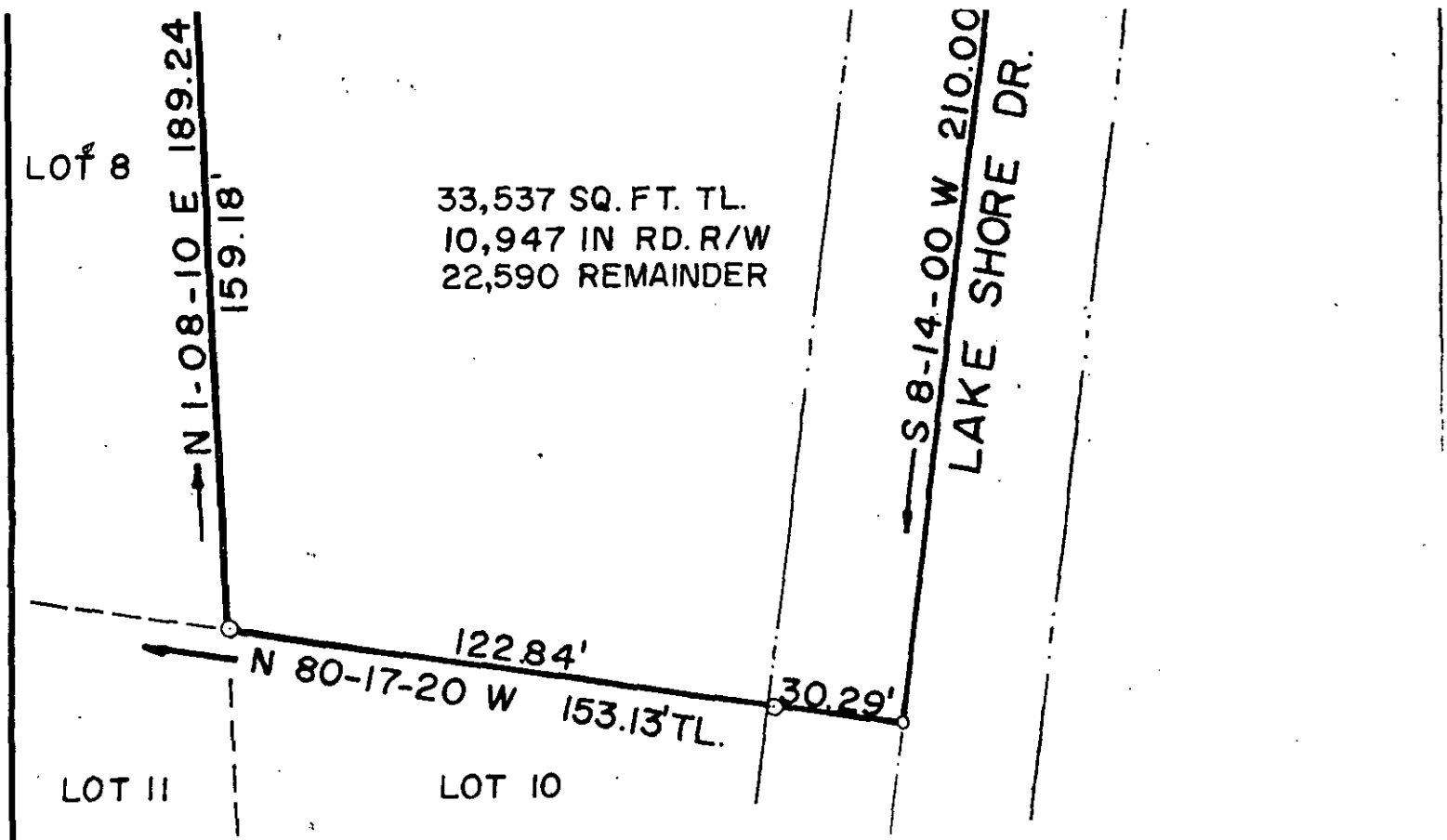
Date: 2-9-95



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) >2' Elevation Change	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay slightly Expansive	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U >48" To Soil Wetness	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	(S) PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	(S) PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IB Cecil Lilla	>2' Elevation Change				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U



BOUNDARY SURVEY
OF
LOT 9 BLOCK C
LAKE NORMAN ISLAND, LEMLEY T.
CHARLOTTE. N. C.

SCALE 1" = 40'

THE PROPERTY OF

MAP RECORDED IN BOOK 10 AT PAGE 77 DEED RECORDED IN BOOK PAGE

TO BE CONVEYED TO JOHN E. LOCKLEAR & WF BARBARA A

THIS IS TO CERTIFY THAT ON THE 5th DAY OF JUNE 1975 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

SIGNED Joseph F. Dunnehoo
REGISTERED SURVEYOR L-1383



NORMAN ISLAND DR.

S 87 46 00 E 184.90'

30.06'

WATER METER & LINE

N 1-08-10 E 189.24' TL.

159.18'

LOT 8

33,537 SQ. FT. TL.
10,947 IN RD. R/W
22,590 REMAINDER

S 8-14-00 W 210.00'

LAKE SHORE DR.

122.84'

N 80-17-20 W 153.13' TL.

30.29'

LOT 11

LOT 10

BOUNDARY SURVEY
OF
LOT 9 BLOCK C
LAKE NORMAN ISLAND, LEMLEY T.
CHARLOTTE, N. C.

SCALE 1" = 40'

THE PROPERTY OF

MAP RECORDED IN BOOK 10 AT PAGE 77 DEED RECORDED IN BOOK PAGE

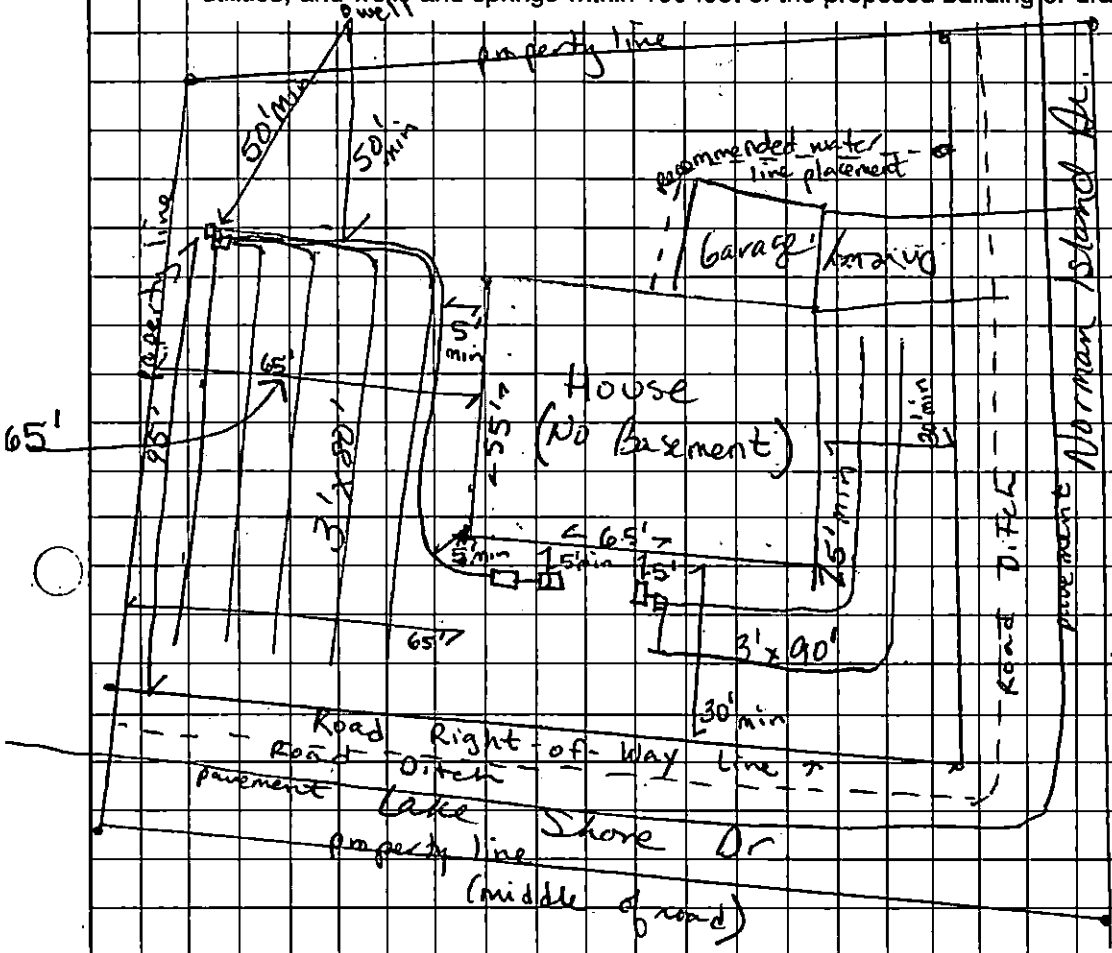
PROPOSED PLOT PLAN

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

FILE: 3429B

TC: 001-033-03

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.



4 bdrm design
1500 g septic tank
1000 g pump tank
1600 sq ft drainfield total
split washing machine wastewater from rest of plumbing and give it separate drainfield.
Washer drainfield to have large "washer" box with tee to equal distribution box to feed to two 3'x90' drainlines.
For septic tank system use large "washer" style box with tee into equal distribution box to feed five 3'x80'x12" stone drainlines. Keep min 5' from any part of wastewater treatment and disposal system with any building foundation (decks, porches, garages all considered to have building foundations). Install pump pump controls and alarm according to current NC State Regs. Keep min 50' off any well. Keep water line min 10' OFF any part of wastewater treatment and disposal system.

See survey in file indicating lot is prior to 1983 and therefore exempt from 100% repair area requirement.

APPROVAL DATE 4/28/98

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy