

4616 MORNINGWOOD DR

22722126

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marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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12303

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12460 pd $50 6/23/94 Ck# 3845 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

Date:

PERSON FILING APPLICATION:
NAME: Horton (last) Monica (first) A (mi)
ADDRESS: 4900 Monninghead Dr PHONE: (__) 821-6754
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 227-221-26
STREET ADDRESS: 4616 Morningwood Dr
ZONING:

PROPERTY OWNER:
NAME: Thompson (last) Allen (first) (mi)
ADDRESS: 3127 Freeway Dr PHONE: (__) 536-8600
CITY: Charlotte STATE: NC ZIPCODE:

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 #8 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] 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: 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: ✓ Date: 6-23-94

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.

...Trench drain & soil berm were added to contend w/ upslope surface water draining onto lot. Vacant residence will re-inspect in 60 days. Use existing system for 3 bedroom residence.

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

Jim H Newell, RS 7-7-94
Environmentalist Date

F. Wilkerson for S. Daniel 7/14/94
Director or Authorized Section Head Date

WATER : 122791

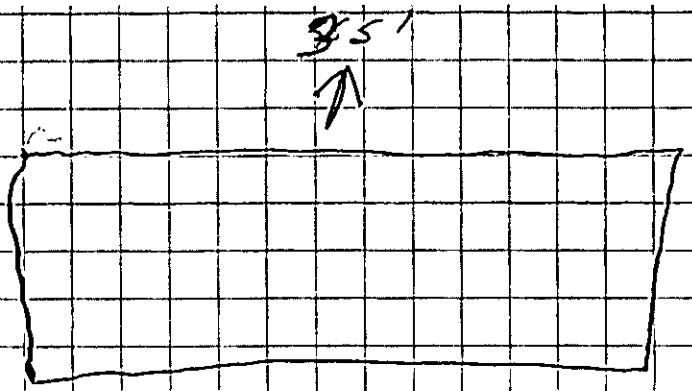
PROPOSED PLOT PLAN

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

FILE: 12303

TC: 227-221-26

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.



Morningwood Dr.

APPROVAL DATE _____

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

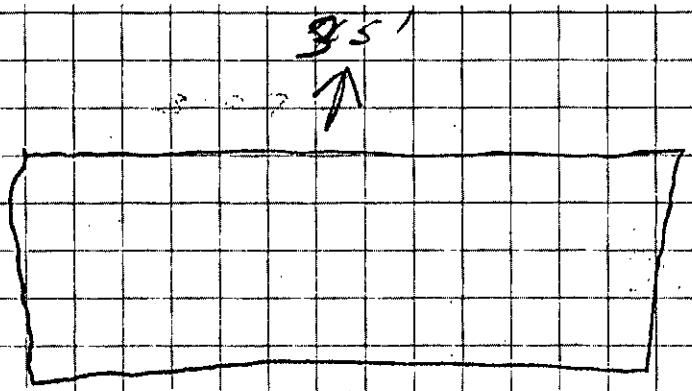
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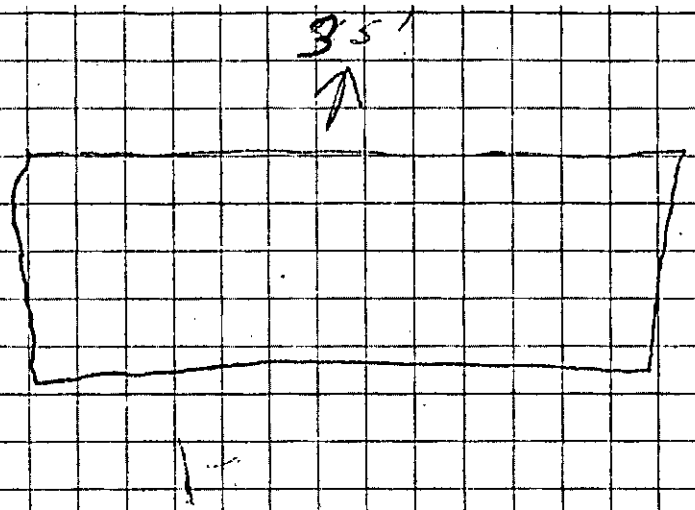
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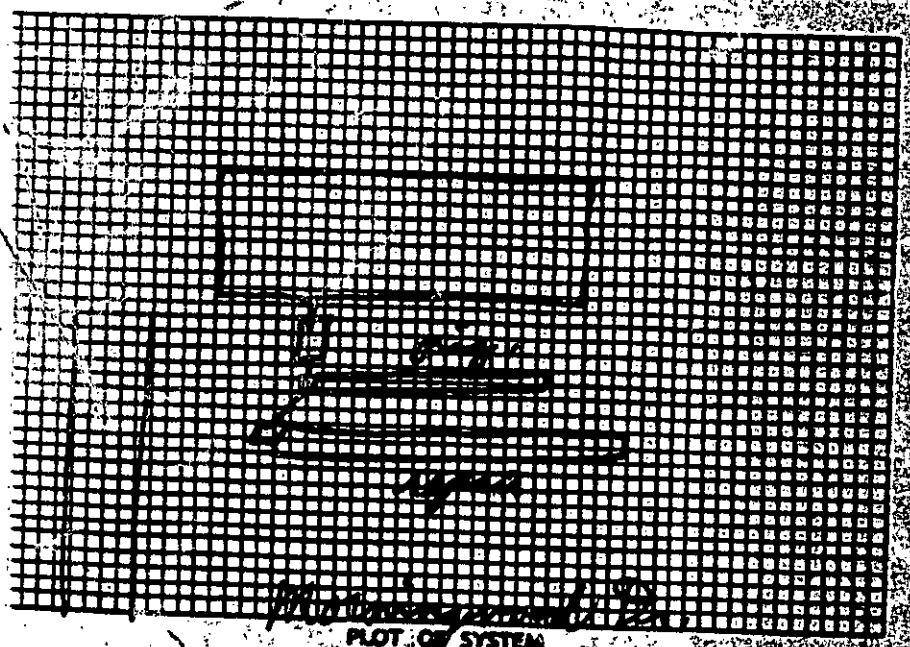
ate Issued 5-8-86 Serial No. 09271 ICAR (S) Permit No. 12303

T. C. No. 222-221-24

Map Date C

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

rmission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank waste-ter treatment system with subsurface, soil absorption, effluent discharge as specified herein at the de-ibed location. This permit is granted based upon the information supplied in application 12303 ed 5-8-86 and this permit shall be void and of no effect if the information provided in the ap-cation is not true or is erroneous. All work shall be completed on or before 6-8-86 after which e this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 45 min/inch

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 4

Distance from House 5'

Distance from Property Line 10'

Distance from Well Open

WE OF OWNER Ed Davis

ATION OF PROPERTY 216 Morningwood Dr.

system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg nty Health Commission which are in effect on the date of the granting of this permit. A certificate of ap-al must be issued by the Environmental Health Director before any system can be covered up or otherwise lered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the em anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, con-ing or using such system from any liability resulting from the failure of the system to operate properly.

d 12'X50'X17' store

ments: ___

on or Section Head

B. R. Ferguson
Environmentalist

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

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