

16401 BLACKBERRY HILLS DR

13917317

5/30/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

40 Old 50 Ch # 73 3 1 8 99 C [ ] CR

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 7726

PERSON FILING APPLICATION:
NAME: Gilmore (last) David (first) C. (mi)
ADDRESS: 16401 Blackberry Hills PHONE: (704) 545 0749
CITY: Midland STATE: NC ZIPCODE: 28107

Date: 1-8-99

PROPERTY OWNER:
NAME: Gilmore (last) David (first) C. (mi)
ADDRESS: 16401 Blackberry Hills PHONE: (704) 545 0749
CITY: Midland STATE: NC ZIPCODE: 28107

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139 173 17
STREET ADDRESS: 16401 Blackberry Hills
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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: 4 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)
[ ] 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
[X] 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: David C Gilmore Date: 1-8-99

NOTICE:

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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.

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

...1-22-99 I MET MS GILMOUR ONSITE, SITE WAS STAKED & FLAGGED PROPERLY AND WAS IN COMPLIANCE WITH RULES. SITE WAS TO BE STAKED OFF WHEN EXACT LOCATION OF CORNER IS STAKED OFF.

2-10-99
Environmentalist Date

WATER : 122791

2-10-99 MR. GILMORE SUBMITTED PLAN FOR GARAGE TO BE 60' DOWNHILL FROM PROPOSED BUILDING SITE, THIS WILL NOT IMPACT SYSTEM USE EXISTING SYSTEM

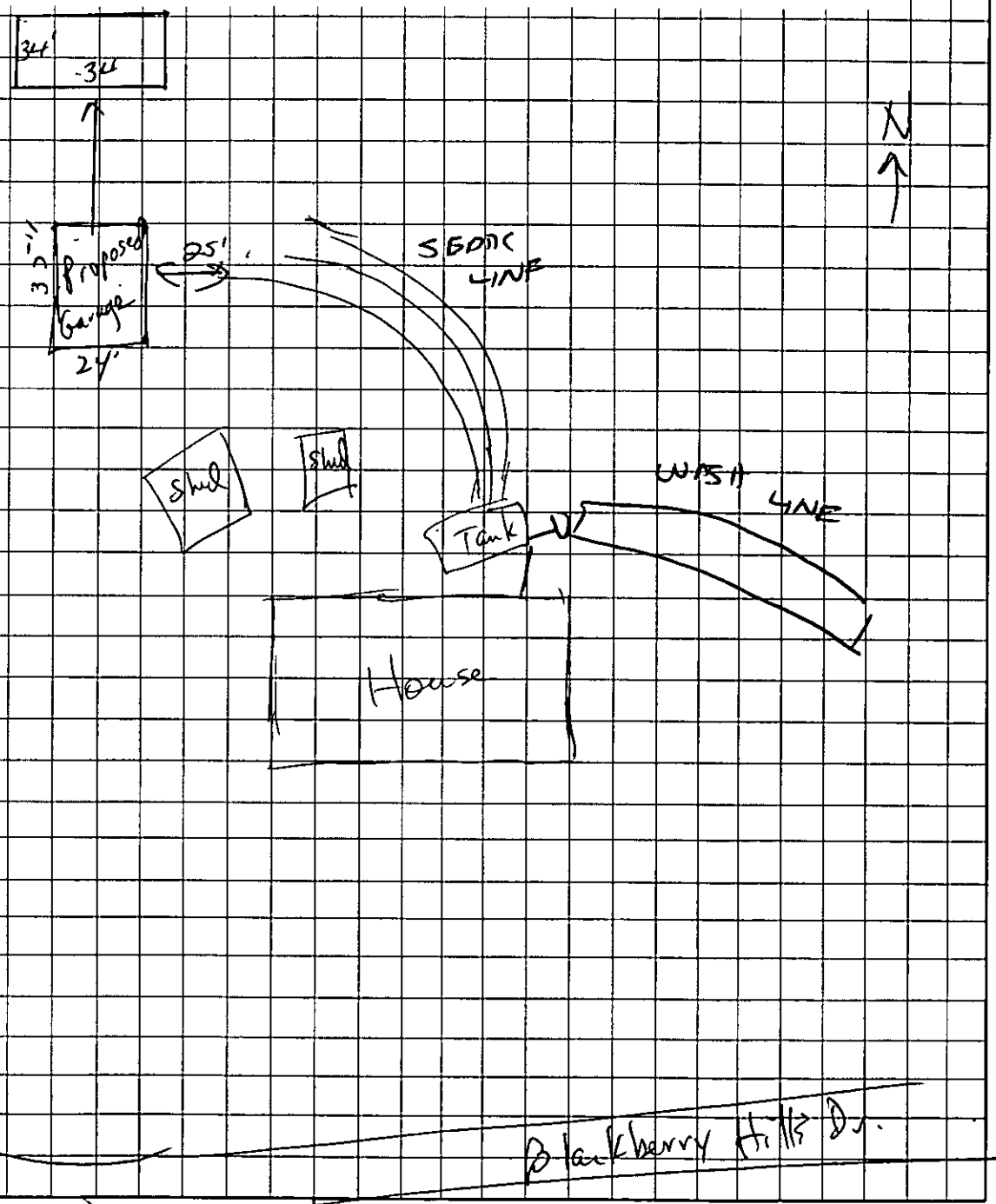
PROPOSED PLOT PLAN

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

FILE: 7726

TC: 139-173-17

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.



OWNER/AGENT SIGNATURE

DATE 1-9-99

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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Signed: David C Gilmore Date: 1-8-99

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... @ - 1-22-99 I

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Environmentalist Date

WATER : 122791

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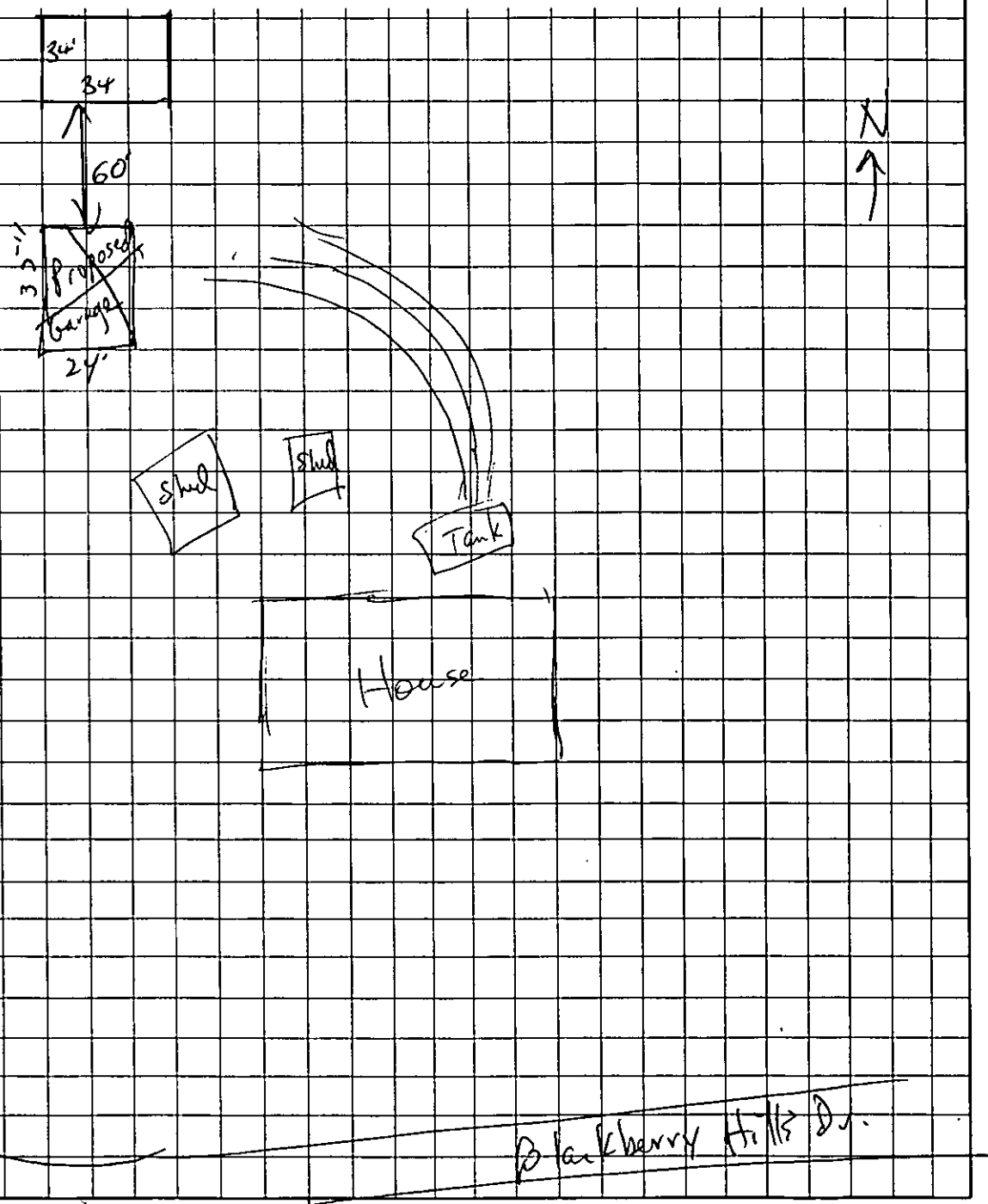
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Signed: David C Gilmore Date: 2-3-98

NOTICE:

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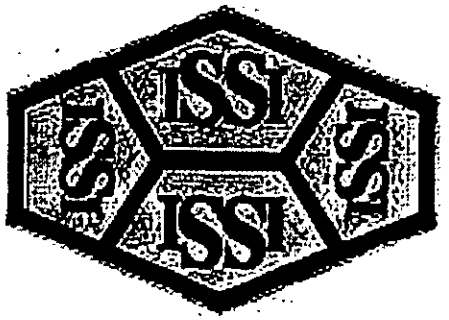
...Approval granted for Detached Garage (No plumbing) Use existing System

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[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phyllis A. Walker R.S. 2/6/98
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791



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ISSI Operations Center Staff

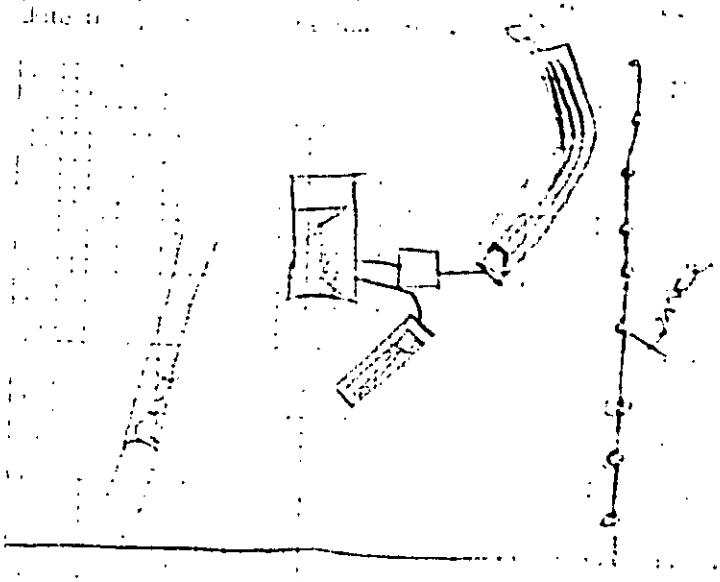
Serial #10

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

Septic Tank System with Subsurface Soil Absorption Field or Device



795 & 150'.

10' x 199

Name

Address

Plan Checked & requirements as set forth on the

Date

Permit is hereby granted for the system as shown

Serial 4141

Date Issued 9 Apr 74

Permit No. 7726

Lot No. 131-173-62

Map No. 3-73-1

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Disposal

Name of Owner Clay, James W. Wilma
LAST FIRST

Location of Property 7726 Plainsview Road

Application Number 7726 Permit Number 7726

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 795' & 150' Number of Lines 4 @ 10' & 1 @ 7'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Well Distance from Water Source 100'+

Excavation Inspected 9 Apr 74 Tank Inspected 9 Apr 74
DATE DATE

Nitrification Field Inspected 9 Apr 74
DATE

Washing Machine Line Inspected, If Applicable 9 Apr 74
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption effluent discharge as described above and it has been ✓ installed / constructed altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to the conditions and restrictions shown on the permit but in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application or furnished on the subdivision plat is found to be incorrect or if any additions are made to the property which would increase the requirements for said system.

Comments

Environmentalist

HEALTH DEPARTMENT COPY

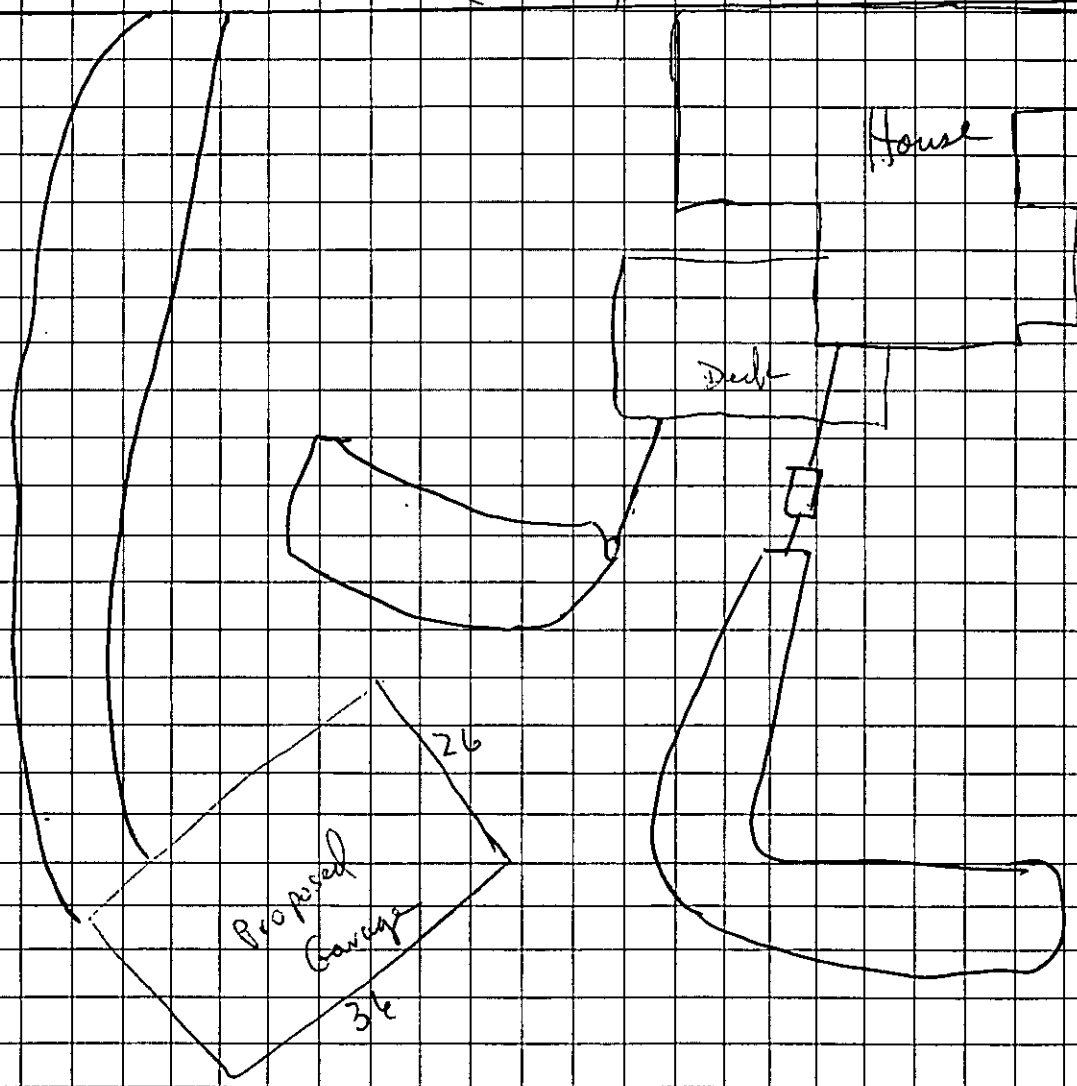
PROPOSED PLOT PLAN

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David C. Hamer

OWNER/AGENT SIGNATURE

DATE 2-3-98

APPROVAL DATE PSW 2/6/98

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