

10543 HARWOOD LN

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7/18/08

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

400 15051 40 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

PERSON FILING APPLICATION:
NAME: GRATE (last) SHARON (first) Y (mi)
ADDRESS: 10543 HARWOOD LN PHONE: (704) 393-5609
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date: 07-17-98

PROPERTY OWNER:
NAME: GRATE (last) SHARON (first) Y (mi)
ADDRESS: 10543 HARWOOD LN PHONE: (704) 393-5609
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-163-12
STREET ADDRESS: 10543 HARWOOD LN
ZONING: R-3

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: N/A

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) deck addition

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: 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)
[ ] 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: Sharon Grate Date: 07-17-98

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.

...Approval granted for a deck Addition use existing system

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

Philip S. Walker R.S. 7/21/98
Environmentalist Date

WATER : 1227

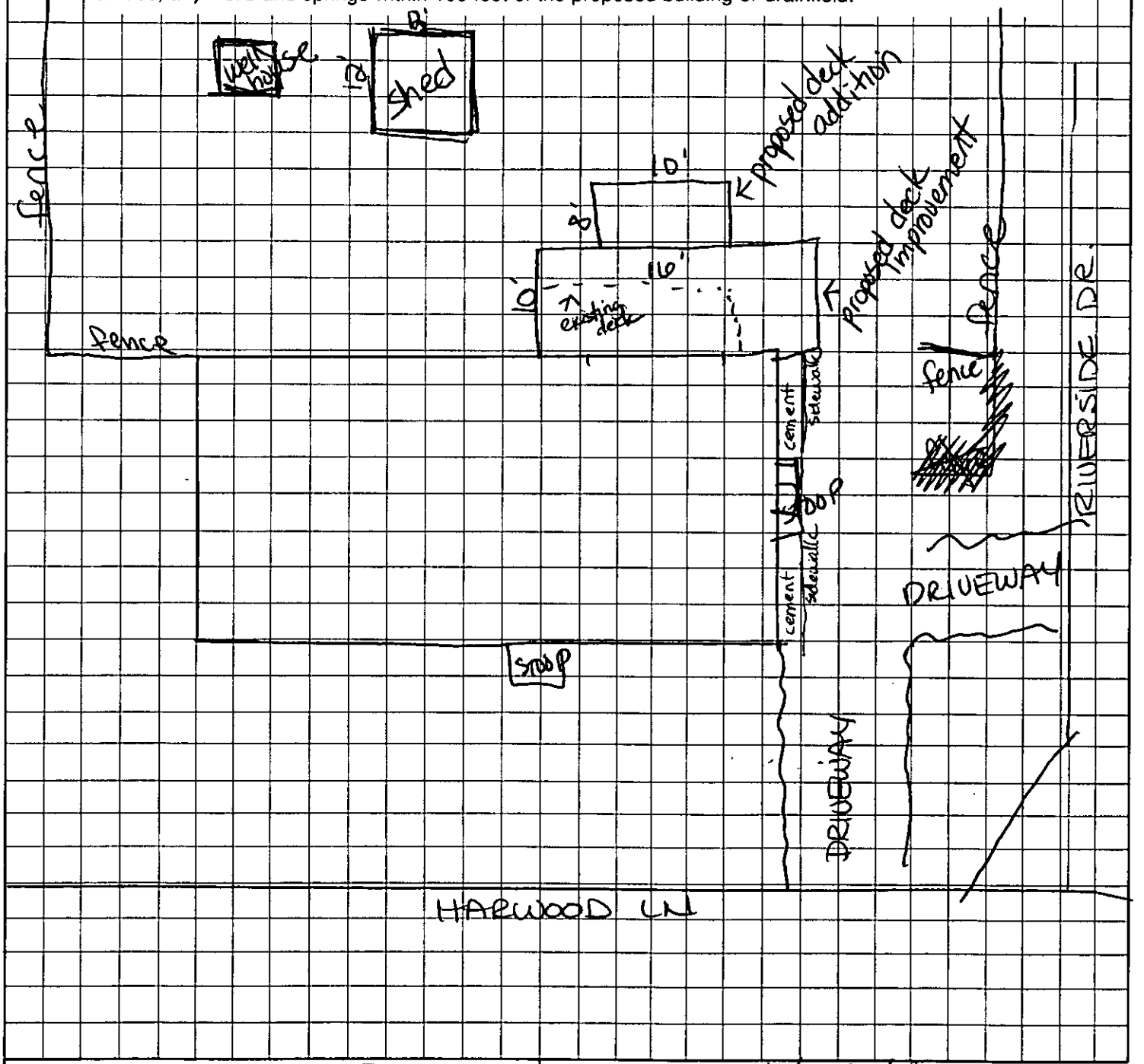
PROPOSED PLOT PLAN

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

FILE: 15051

TC: 031-163-18

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 [signature]

DATE 7-17-98

APPROVAL DATE PW 7/21/98

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

SEE INSTRUCTIONS ON BACK

Date Received Jan. 29, 1979

ICAR(S) Application No 15051

T. C. No 031-163-12

Map Date 9/9/78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to ****USE EXISTING SYSTEM (ADDING ONE ROOM)**

1) Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home — Yes — No
Residence — Yes — No
No. of bedrooms 4

5) Business Use — Max No Employees —

6) Washing Machine ✓ Yes — No

7) Garbage Disposal — Yes ✓ No

8) Dishwasher — Yes ✓ No

9) Water Supply
A) Individual Well ✓
B) Governmental System —
C) Community System —
1 Well source —
2 Governmental source —

10) Sewage System
House located within 200 feet of public sewer — Yes ✓ No
House located within 200 feet of community sewer — Yes ✓ No

11) FHA Case No N/A

12) VA Case No —

13) NAME OF OWNER Glenn S. Woodwards (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER Route 6, Box 10543 Harwood Lane Charlotte

15) PHONE NO. Home 394-5524 Office —

16) LOCATION OF SYSTEM 10543 Harwood Lane (STREET OR COUNTY ROAD) Block No. —

17) SUBDIVISION — Lot No —

Map Book No — Page No. —

18) DEED REFERENCE — DEED BOOK — AT PAGE —

19) HAS A SOIL INVESTIGATION BEEN RUN? — YES — NO DATE RUN —

20) PTR NUMBER (See instructions) —

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

Glenn S Woodwards
OWNER

DATE OF APPLICATION

EHD-5-76

Environmental Health Department's Copy