

13801 WOODY POINT RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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2-6-97 ew

eqft 3803 $50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

16966 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: CLARK (last) WALTER (first) M (mi)

ADDRESS: SAME PHONE: (704) 588-1566

CITY: STATE: ZIPCODE: 28278

Date:

PROPERTY OWNER:

NAME: (last) (first) (mi)

ADDRESS: PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-085-83

STREET ADDRESS: 13801 Woodyloin TRd

ZONING:

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: (8) LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

1 BDRm/Bth

[] 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: 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)
[] 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: Walter M Clark Date: 2-6-1997

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.

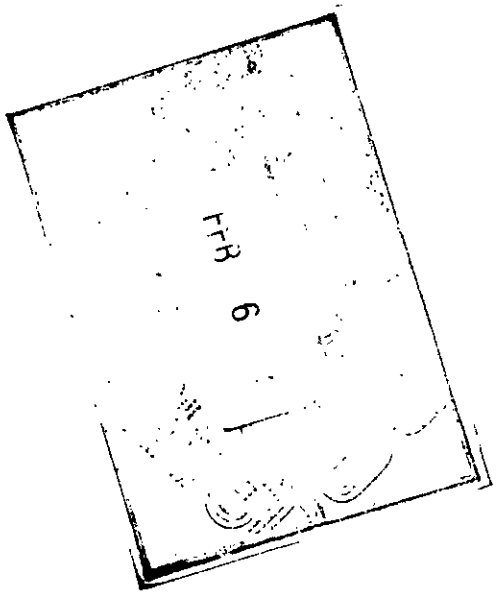
...This permit is not transferable.

[] 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

... ORIGINAL PERMIT IS DESIGNED FOR 4 BEDROOMS ONLY built 3 Now adding the 4th bedroom and may use existing system.

Ron Higgins Bunny 2-11-97
Environmentalist Date

WWATER : 122791


FFR 6

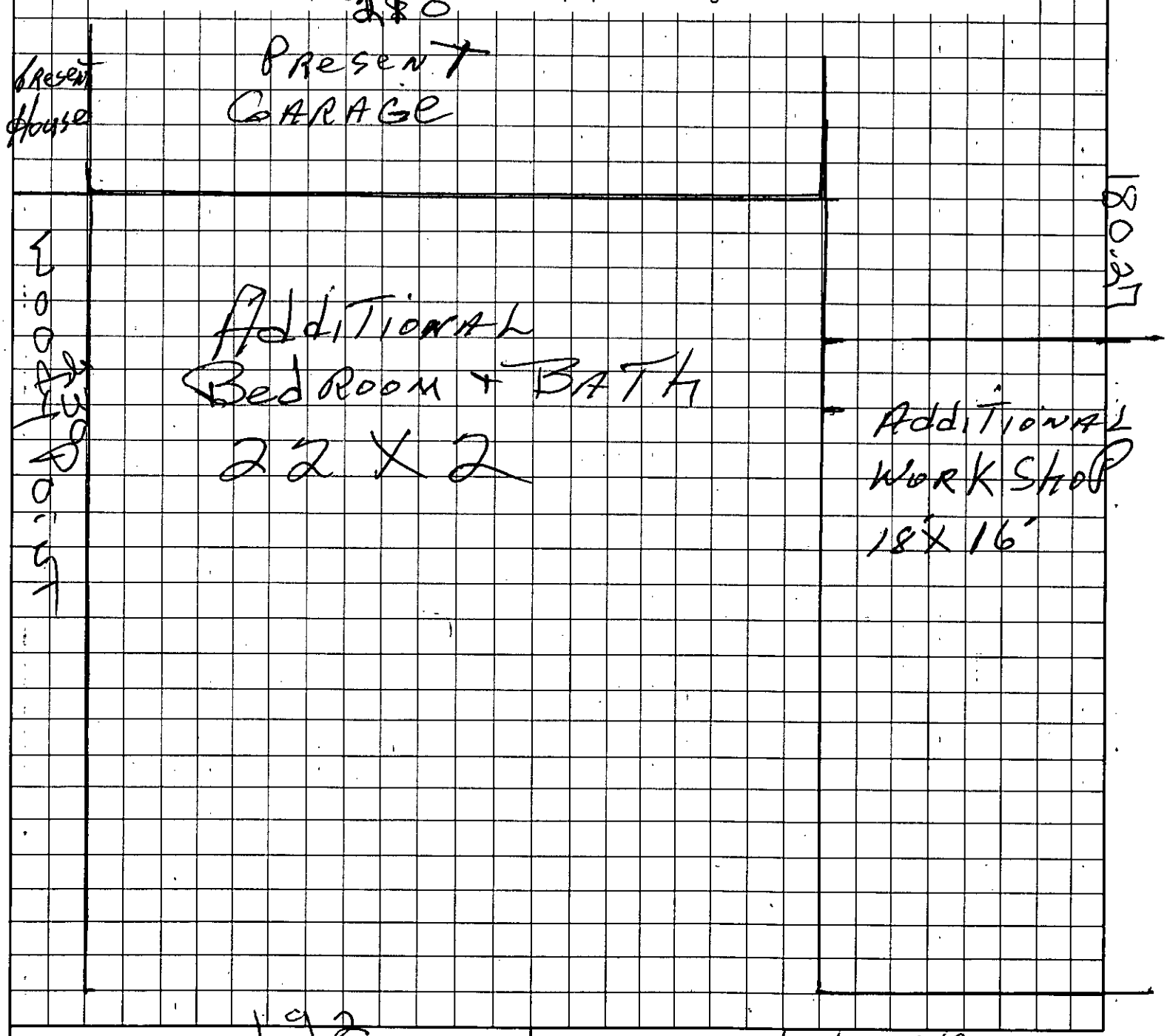
PROPOSED PLOT PLAN

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

FILE: 16966

TC: 199-085-83

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

APPROVAL DATE 2/10/97-JHB

See copy of CO for septic tank system.

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

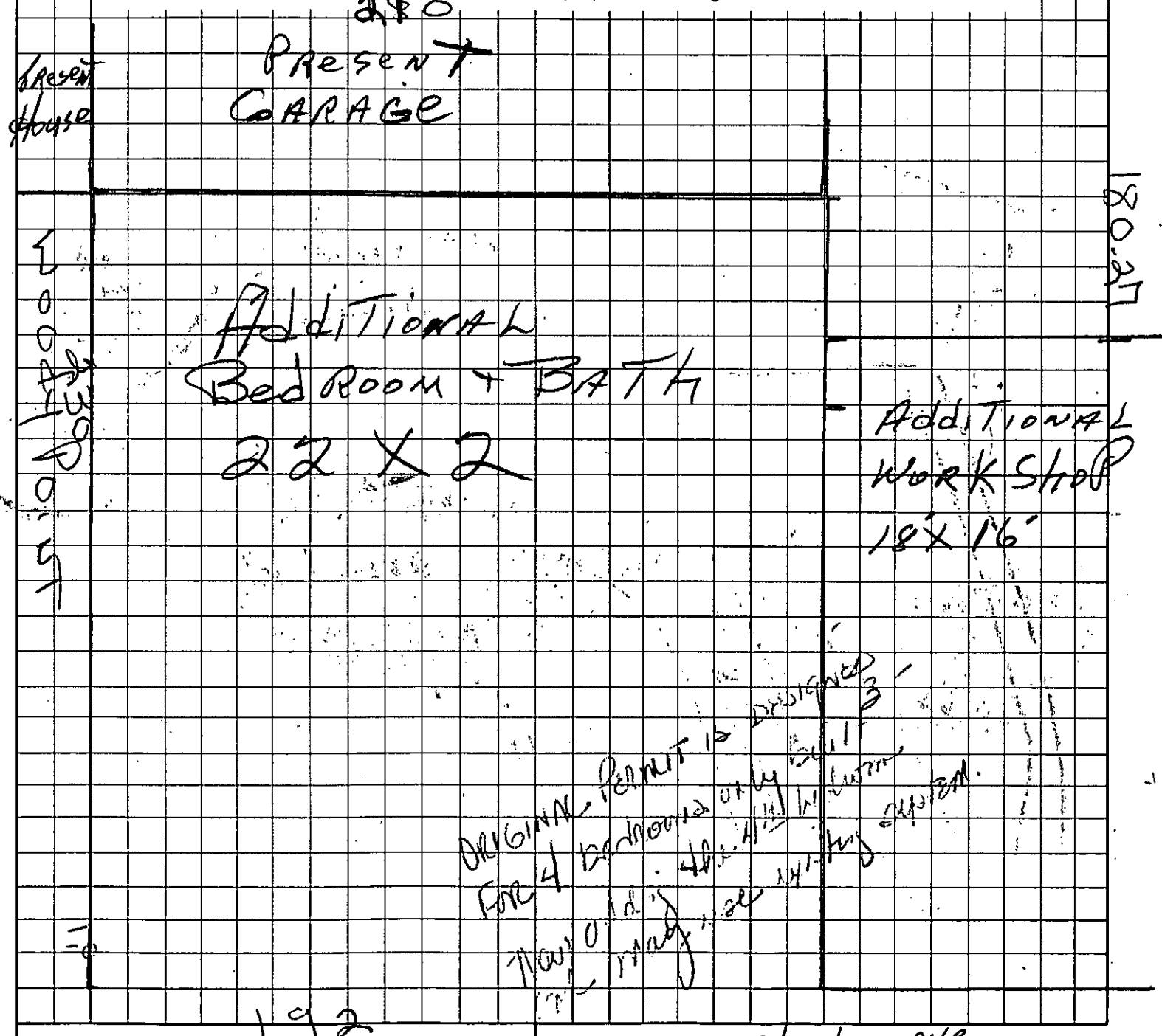
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16966

TC: 199-085-83

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ORIGINAL PERMIT IS DESIGNED FOR 4 BEDROOMS ONLY IN LIEU OF THIS NEW PROPOSAL.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 2/10/97-JHB

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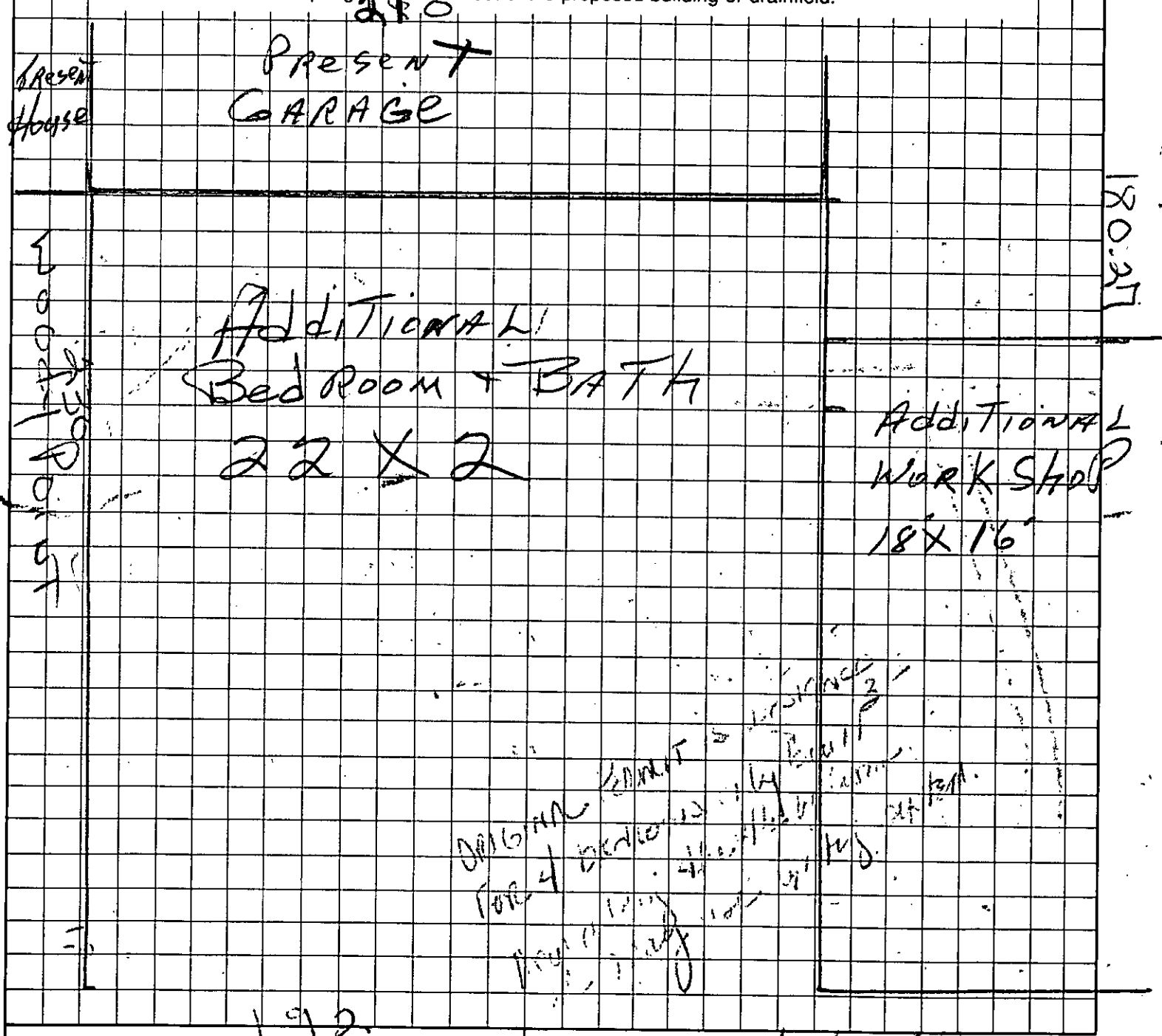
PROPOSED PLOT PLAN

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

FILE: 1696

TC: 199-085-83

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

APPROVAL DATE 2/10/97-JHS

See copy of CO for septic tank system.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



TAX LINE MAP BOOK 199 PAGE 08
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 12-06-96 SCALE 1" = 400'

FOR TAX PURPOSES ONLY

C of A Is No A 16966

Date Issued 3-11-86 **Serial** 8335 T. C. No 19205-4

✓ CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Short Construction Co. (LAST FIRST MIDDLE)

Location of Property 13801 Lively Point Rd

Application Number 16966 Permit Number 16966

Inspection Data:

Liquid Capacity of Tank 1500 gal. Tank Material PCC

Total Length of Drain Tile 400' Number of Lines Four

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source > 50'

Excavation Inspected 3-11-86 (DATE) Tank Inspected 3-11-86 (DATE)

Nitrification Field Inspected 3-11-86 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

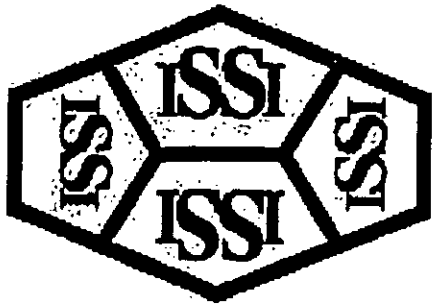
The undersigned has inspected the individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ____ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of 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 those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: 1986, 1500ST, Conv, 1200SFT, 12G, Rock

Environmentalist

EHD-5-76

Environmental Health Department's Copy



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ISSI Operations Center Staff

Serial No 09009

Owner Issued [illegible]

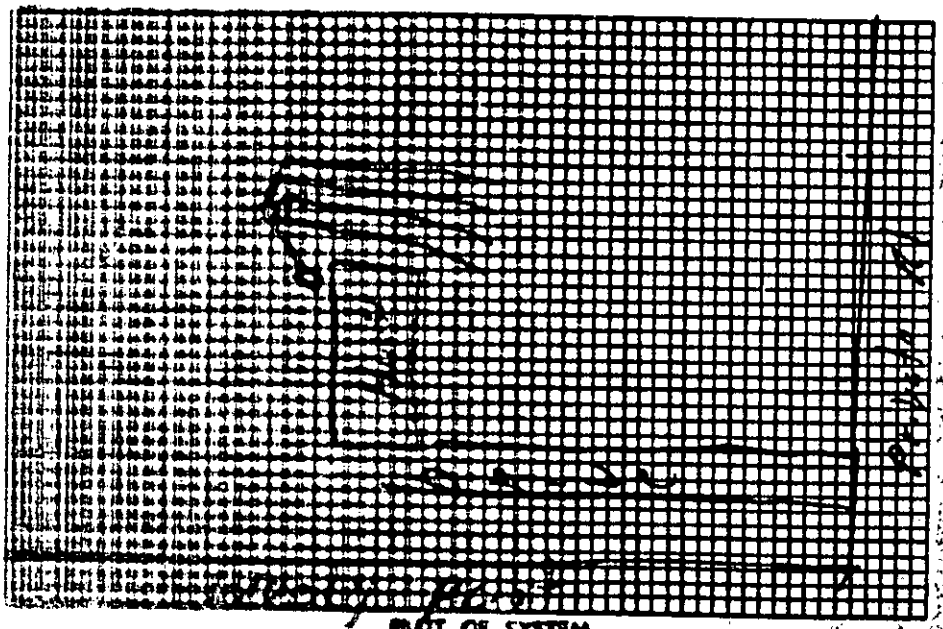
CARES Permit No [illegible]

T C No [illegible]

Map Date [illegible]

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

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 16966, dated 10-23-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 4-4-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IVg

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 750'

Name of Owner Shaw Construction Co.

Location of Property 13801 Woody pt. Rd.

This system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered inaccessible or can be used. The issuance of this permit does not in any way guarantee that the system installed to be constructed 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.

Use 4 trench at 100' X 3' X 12" Stone

Comments:

[signature] Sanitarian

Jim Ewan Environmentalist

* In order to be valid for the installation or construction of a new system, it must be signed by the division or a designated agent of the Department of Environmental Health. In order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Distribution:

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 2/5/81

ICAR(S) Application No 16966

T. C No 199-085-41

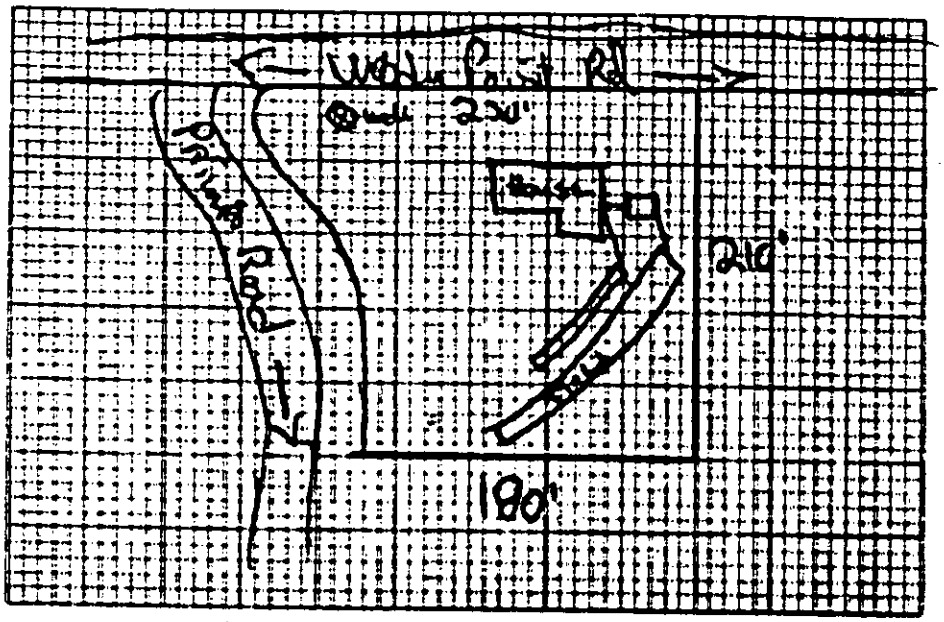
Map Date

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:

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)

Mobile Home ____ Yes ✓ No
Residence ✓ Yes ____ No

4) 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. _____

12) VA Case No. _____

13) NAME OF OWNER John E. Jones Jr. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 13610 Pine Harbor Rd Charlotte N.C. 28210

15) PHONE NO. Home 588-3403 Office _____

16) LOCATION OF SYSTEM 13801 Woody Point Rd Charlotte N.C. 28210 (STREET OR COUNTY ROAD)

17) SUBDIVISION Wylie Landing Lot No. 8 Block No. _____

Map Book No. 19 Page No. 403

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 6/18/80

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.

DATE OF APPLICATION

OWNER John E. Jones

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY