

3832 HUBBARD RD

02701123

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

7/8/94 CK#4152 $200.00 [] CRT

21999

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

COPY

PERSON FILING APPLICATION:
NAME: Maddox George J.
(last) (first) (mi)
ADDRESS: 3832 Hubbard Rd PHONE: (__) 596-6742
CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

PROPERTY OWNER:
NAME: Same as above
(last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 027-011-23
STREET ADDRESS: 3832 Hubbard Rd
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[X] 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):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A) or M) Rec Rm
[] COMMERCIAL OR INDUSTRIAL (N) Office imp for INTENT
[] SOIL TEST DEVELOPMENT (P)
[X] 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) [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: 10 Buildings
Type Business DAY CARE # Employees 2 Per Shift ___ ___ ___
Industrial Wastes (Y/N) 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: George J. Maddox Date: 7-8-94

NOTICE:

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...This permit is not transferable.

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[] 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

WWATER : 122791.

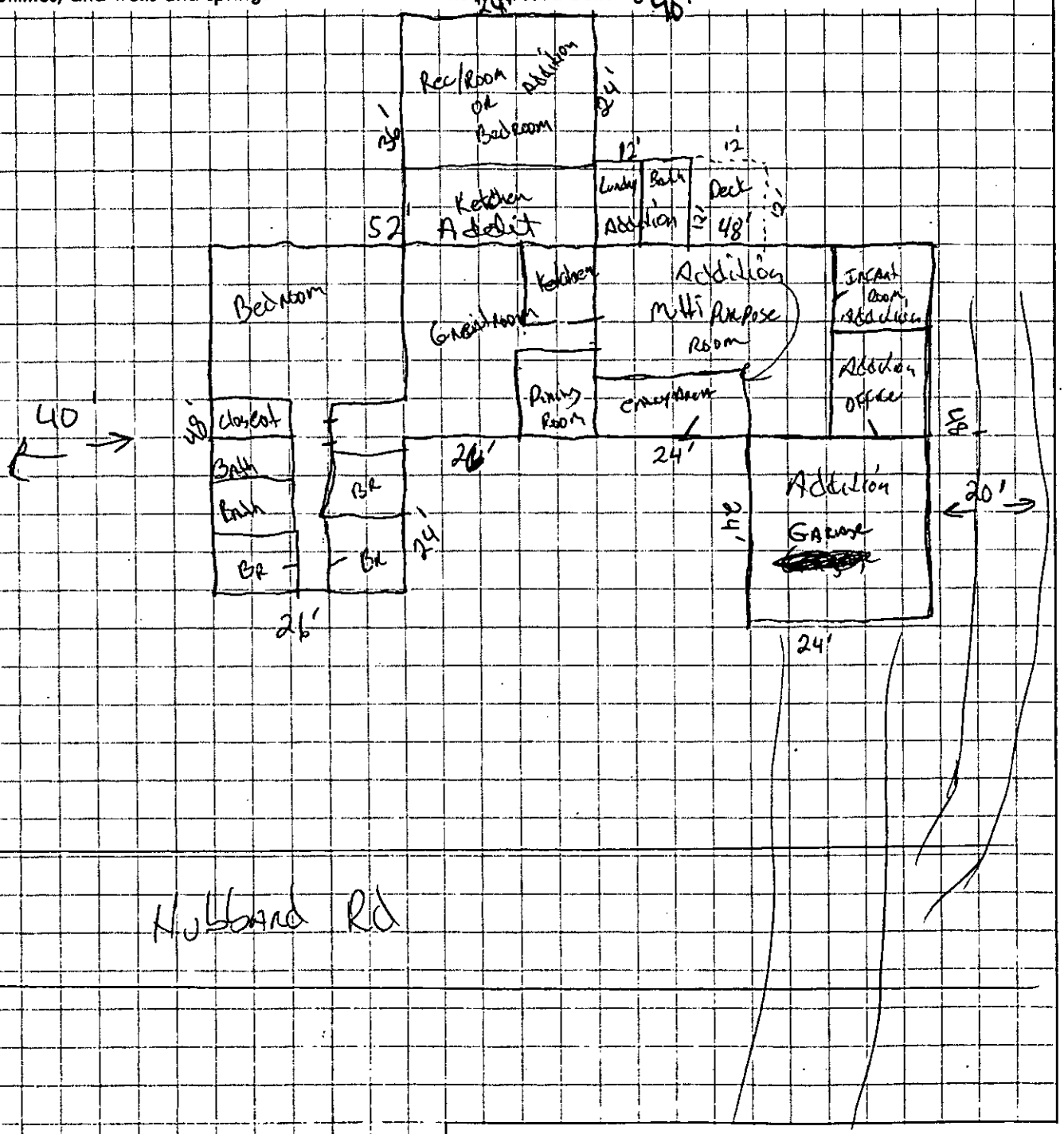
PROPOSED PLOT PLAN

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

FILE: 21999

TC: _____

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APPROVAL DATE _____

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

7/8/94 DCN

DATE ~~5/11/94~~

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

027-011-23
PARCEL NUMBER

3832 Hubbard Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**_____APPROVED**	**_____NOT APPROVED**
2. FLOODWAY REGULATIONS	**_____APPROVED**	**_____NOT APPROVED**
3. WATERSHED PROTECTION	**_____APPROVED**	**_____NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**_____APPROVED**	**_____NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**_____PRESENT**	**_____NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**_____YES**	**_____NO**
7. DRIVEWAY PERMIT REQUIRED	**_____YES**	**_____NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**_____YES**	**_____NO**

REMARKS: addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: DCN

REVISED 1/91

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NUMBER BEDROOMS: X NUMBER OCCUPANTS: X
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: 15 Students
Type Business DAYCARE # Employees 2 Per Shift ___ ___ ___
Industrial Wastes (Y/N) __
Underground Storage Tanks On Property (Y/N) __ Type ____

WATER SUPPLY (check one):
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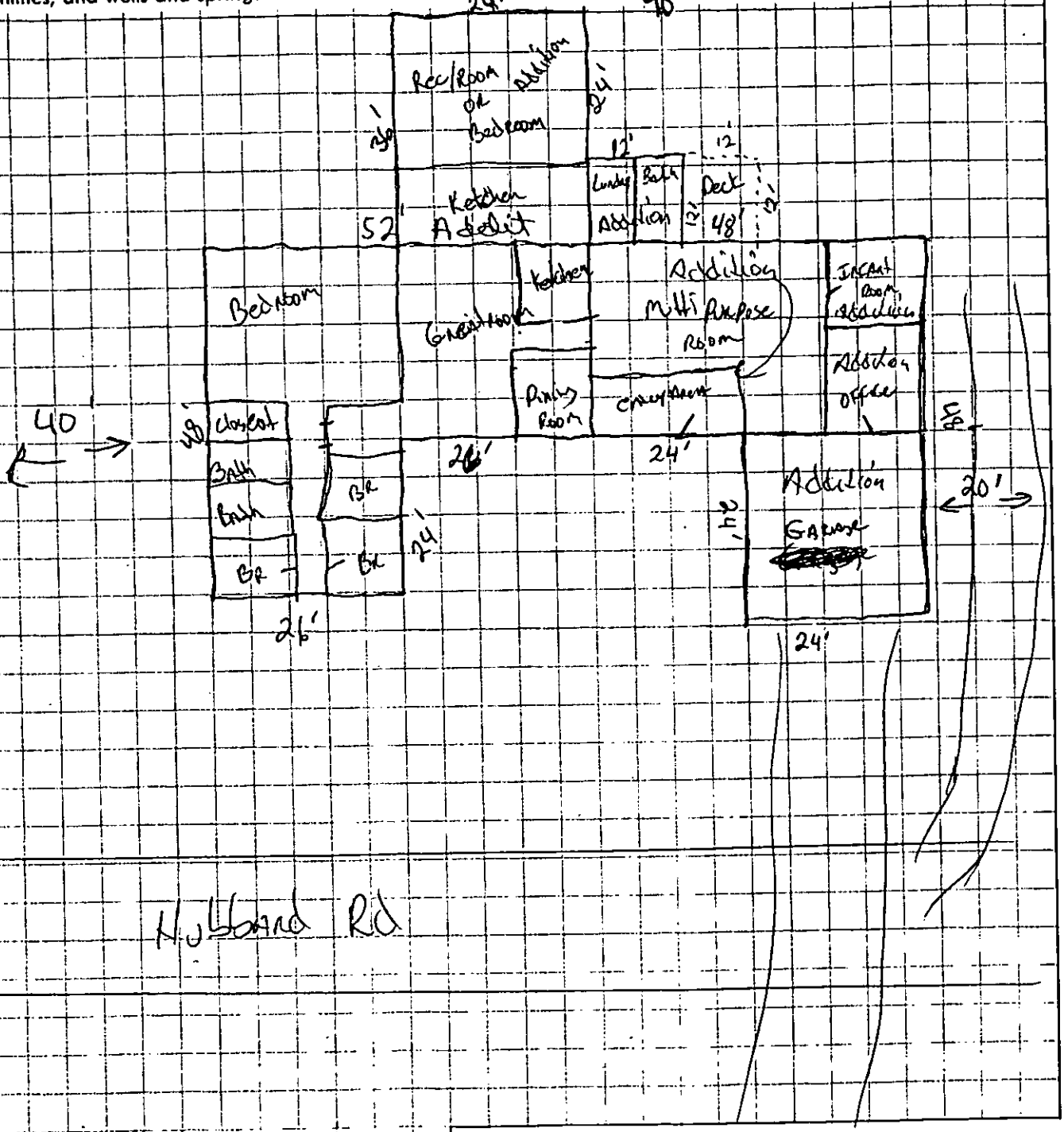
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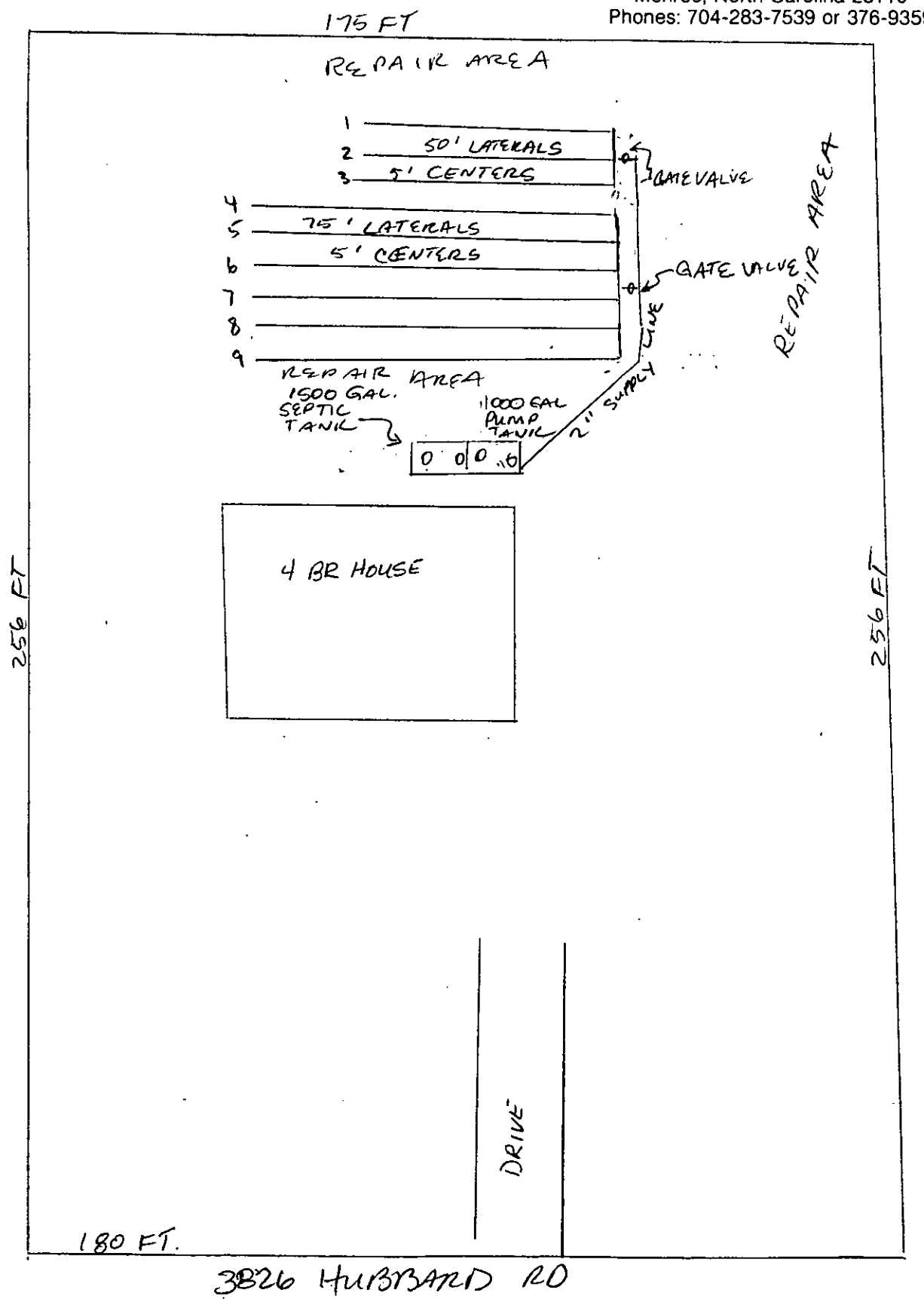
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

R. C. S., Inc.

Septic Tank Installation & Service

Stafford Street
Post Office Box 708
Monroe, North Carolina 28110
Phones: 704-283-7539 or 376-9359

1" = 30' GEORGE MATTOX 3826 HUBBARD RD
FILE NO. 21999



R. C. S., Inc.

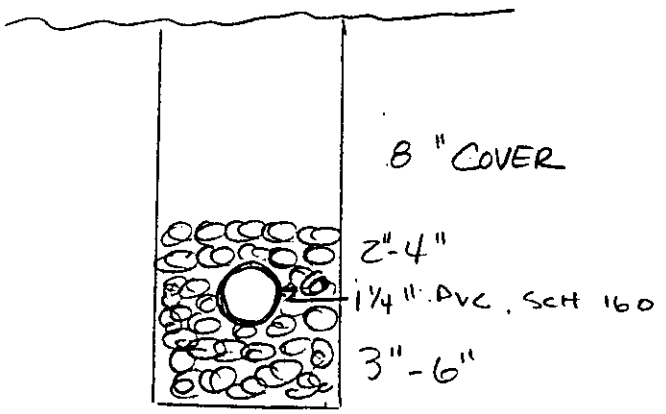
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3826 HUBBARDORD, FILE NO. 21999

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LINE	PRESSURE HEAD	FLOW RATE PER HOLE	# HOLES PER LINE	FLOW PER LINE	HOLE SPACING	FIRST HOLE	Flow / Ft
1	2'	.41 ✓	10	4.10 ✓	5'0"	36"	0.082
2	2'5"	.45 ✓	9	4.05	5'7"	"	0.081
3	3'	.50 ✓	8	4.00	6'5"	"	0.080
4	2'	.41 ✓	15	6.15	5'0"	"	0.082
5	2'3"	.43 ✓	14	6.02	5'4"	"	0.080
6	2'6"	.46 ✓	13	5.98	6.4'	"	0.080
7	2'9"	.48 ✓	12	5.76	7'	"	0.077
8	3'	.50 ✓	12	6.00	6'4"	"	0.080
9	3'3"	.52 ✓	11	5.72	7'0"	"	0.076

47.78



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DAILY WASTE FLOW	480 GAL.
SEPTIC TANK SIZE	1500 GAL.
PUMP TANK SIZE	1000 GAL.
EFFLUENT LOADING RATE	.16 gpd
ABSORPTION AREA	3000 FT²
TOTAL LENGTH OF LATERALS	600 FT
LATERAL DIAMETER	1¼ INCH, SCH 160
LATERAL CONFIGURATION	3 LINES x 50 FT, 6 LINES x 75 FT
SUPPLY LINE LENGTH	50 FT
SUPPLY LINE DIAMETER	2 INCH, SCH 40
MANIFOLD PLACEMENT	SIDE
HOLE SIZE	5/32 INCH
HOLE SPACING	SEE CHART
NUMBER OF HOLES	102
PRESSURE HEAD	SEE CHART
FLOW PER HOLE	SEE CHART
TOTAL FLOW	46.76 GPM
ELEVATION HEAD	8 FT
FRICTION HEAD	1.64 FT 2.4'
PRESSURE HEAD	3 FT 3.3
TOTAL HEAD	12.64 FT 13.7
PUMP REQUIREMENTS	46.76 GPM, 12.64 FT OF HEAD
STORAGE VOL. IN LATERALS	54 GAL.
STORAGE VOL. IN SUPPLY LINE	8.1 GAL
TOTAL STORAGE VOL.	62.1 GAL.
DOSING VOLUME	208 GAL 112
DOSING DEPTH	12.96 INCHES 9.1"
CHECK VALVE?	NO

Post-it® Fax Note 7671	Date	# of pages ▶
To Cathy Hudson	From Kelley Randall	
Co./Dept.	Co.	
Phone #	Phone #	
Fax #	Fax #	

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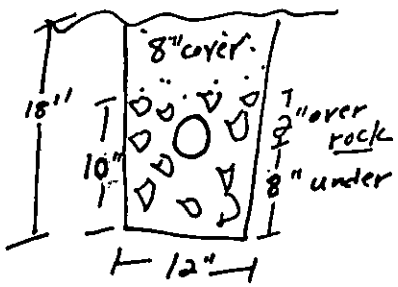
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Line	Pressure Head	Flow/Hole	# Holes/Line	Flow/Line	Hole Spacing	First Hole	Hole Size
1	2'	.41	10	4.1	5'0"	30"	5/32
2	2'5"	.45	9	4.05	5'7"		
3	3'	.50	8	4.0	6'5"		
4	3'	.50	8	4.0	6'5"		
5	2'	.41	10	4.1	5'		
6	2'3"	.43	9	3.87	5'7"		
7	2'6"	.46	8	3.68	6'5"		
8	3'	.50	7	3.50	7'6"		

31.30 gpm total flow



Existing system total flow 46.76 gpm
Addition to system total flow 31.30 gpm
total flow 78.06 gpm

Friction loss 80 gpm 11.1 / 100 ft supply line
Friction head 1.2 x 11.1 = 13.32
Elevation head 8
Pressure head 3
Total head 24.32 ft.

Lateral storage existing system 54 gal.
Lateral storage addition 36 gal.
Total lateral storage 90 gallons
Supply line storage $\left(\frac{100}{100}\right)$ x 16.2 = 16.2 gal
Total storage 106.2 gal
Volume dosing 16.2 + 5 (90)
= 466.2 gal.

Pump Requirements: 78.06 gpm @ 24.32 ft. of head

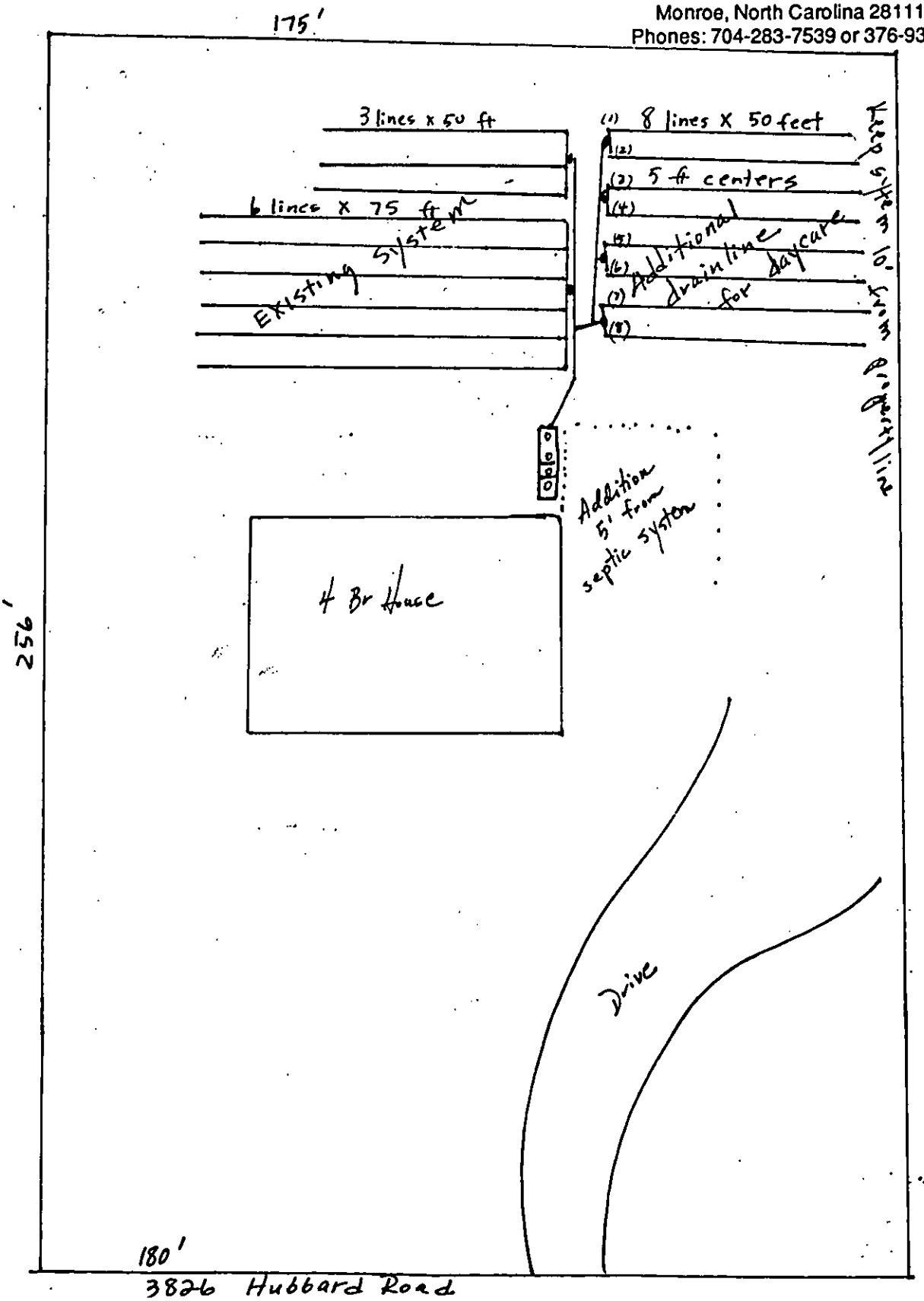
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WATER : 122791

8-19-94 site visit - He said he will be pursuing sewer instead. (88) and just file this for now.

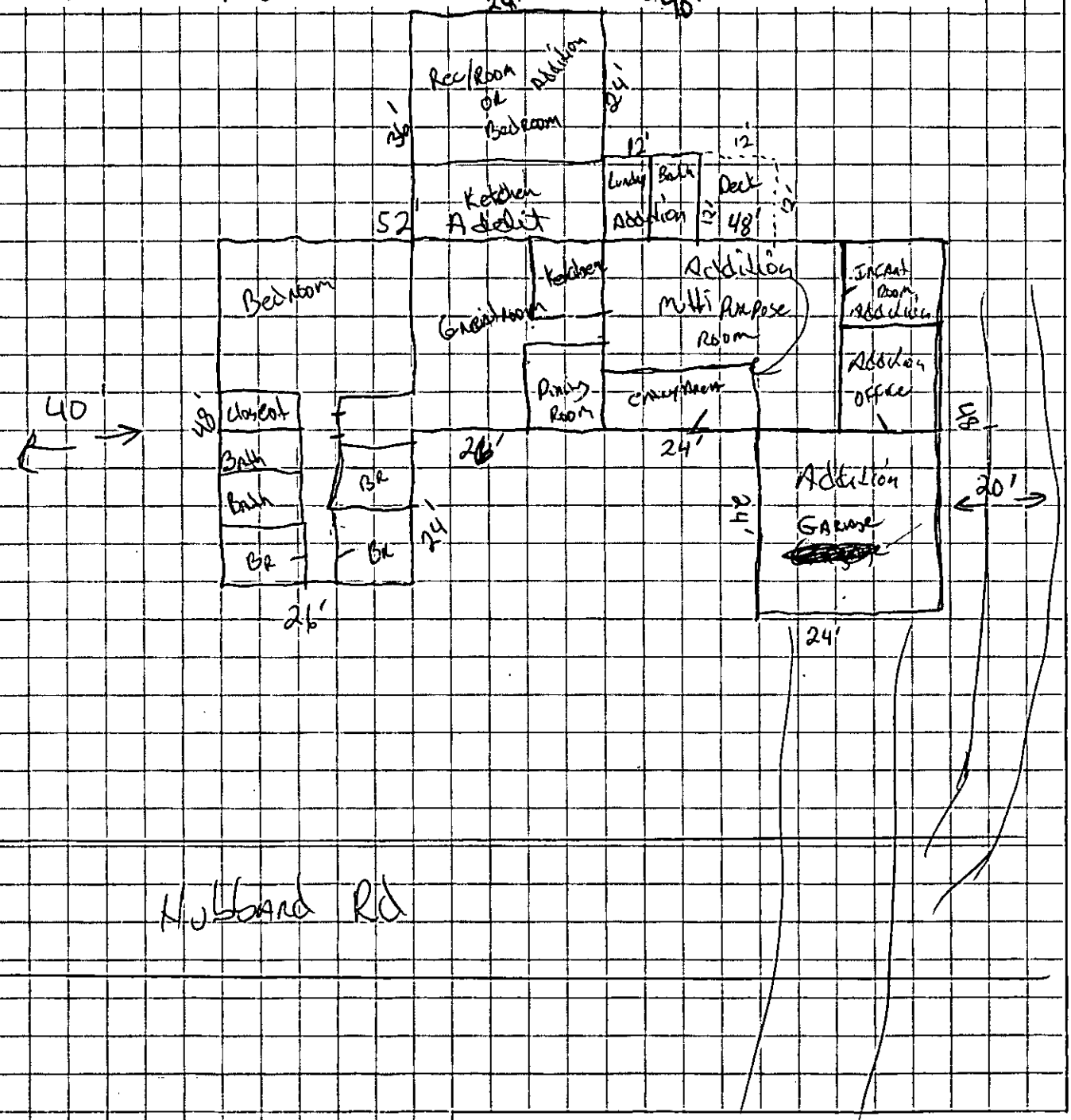
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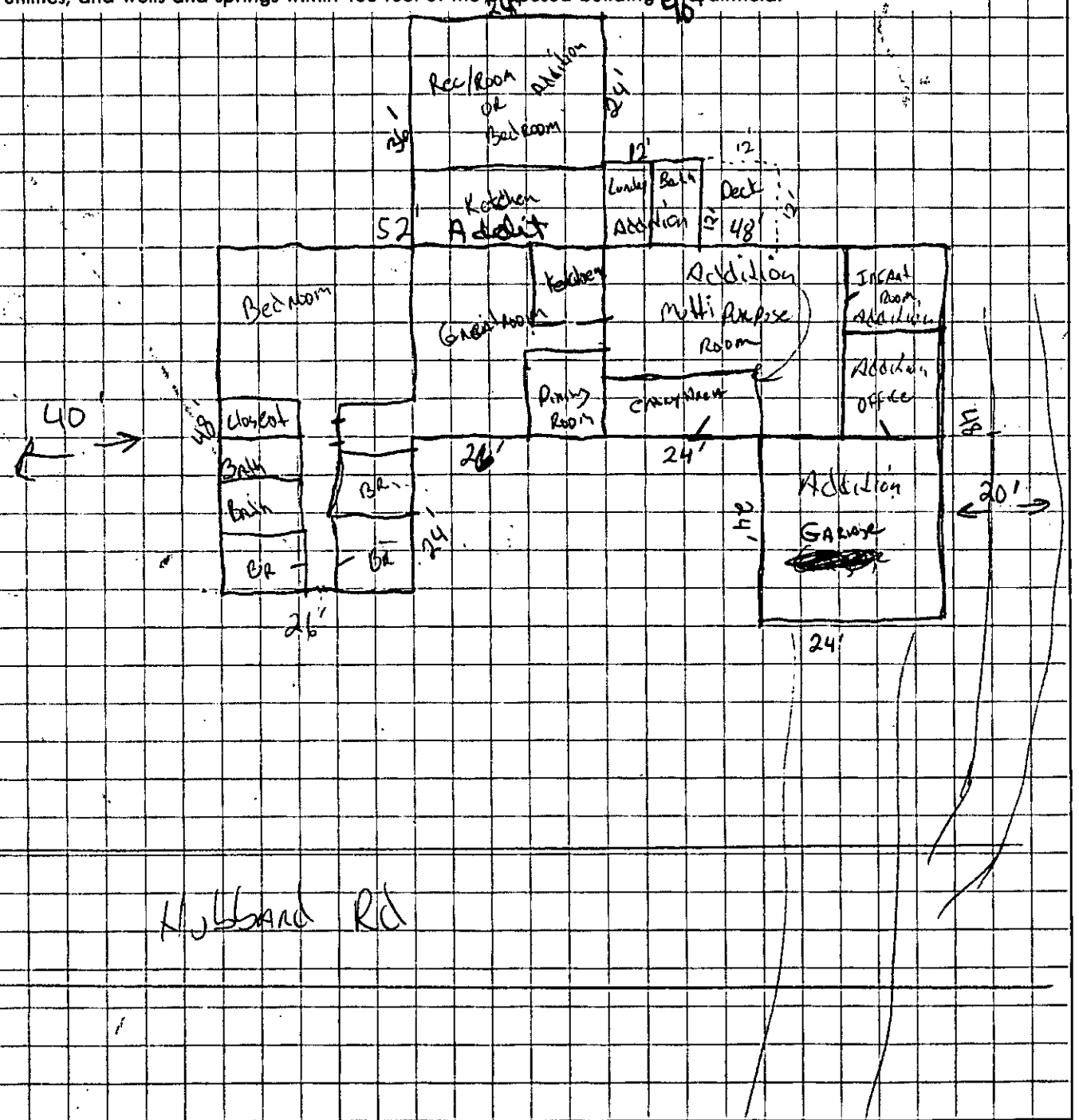
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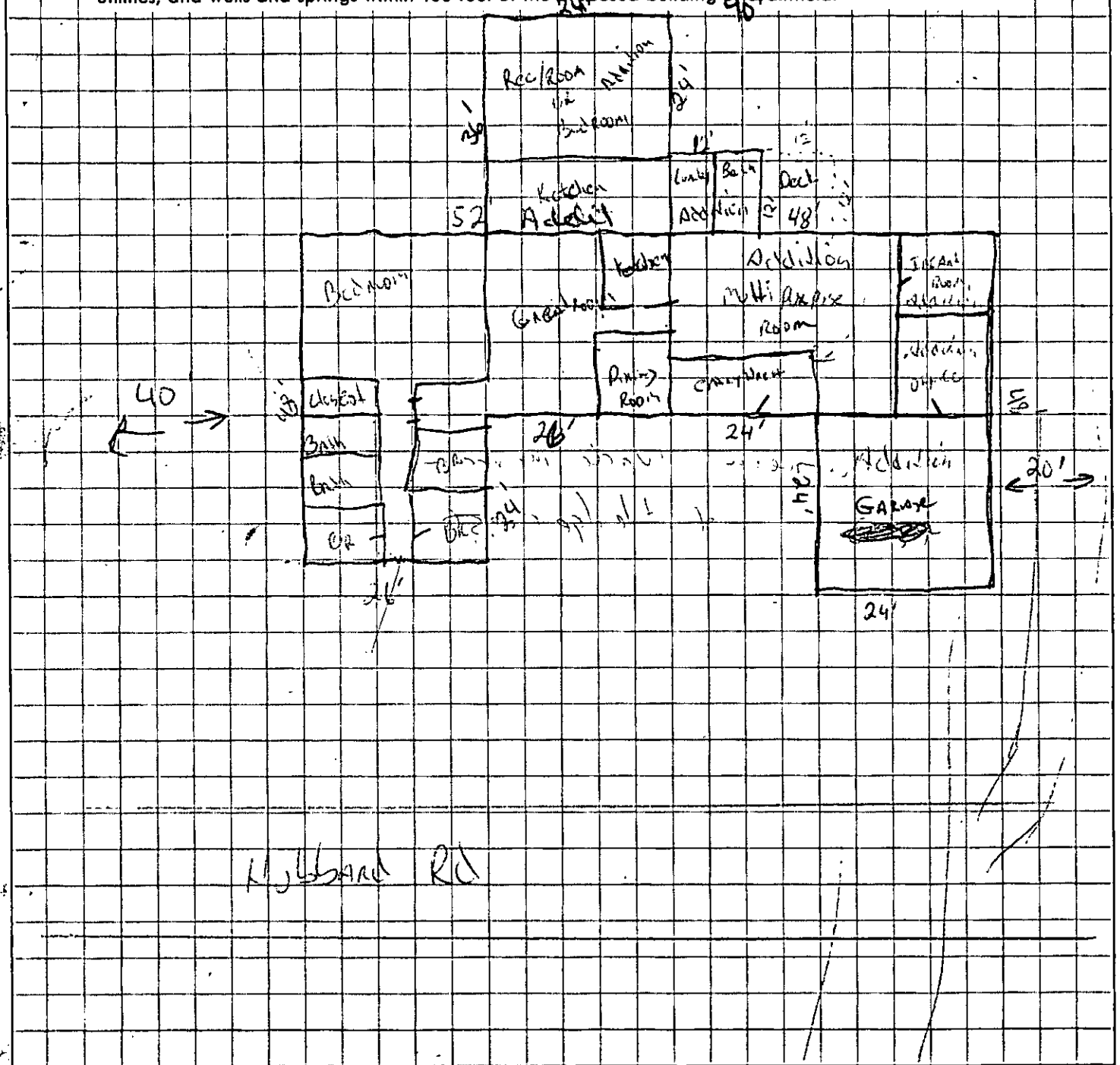
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