

7840 RAINBOW DR

10912423

5/19/08

marliwr

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

FEE: 100.00
DATE: 8-21-03 EJ

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

ACS LD

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

DrCW

WXS

FILE #: 1419

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 109-124-23

STREET ADDRESS: 7840 Rainbow Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 23 B

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
✓ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1975

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 1

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE

8/25/03 OK TO USE EXISTING SYSTEM Jarledd

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

Porch Addition

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE): Well

___ COMMUNITY (C)
___ SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
✓ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: Henslee Linda M
(LAST) (FIRST) (MI)

ADDRESS: 7840 Rainbow Dr

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704) 545-442-4997

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Linda M. Henslee DATE: 8/21/03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

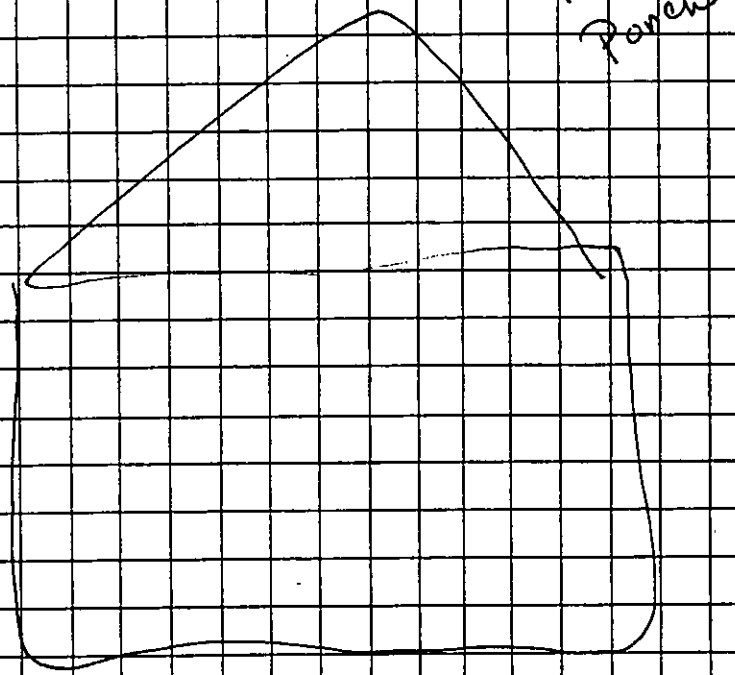
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1419

TC: 105-124-23

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.



APPROVAL DATE 5/25/03

OWNER/AGENT SIGNATURE

DATE

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/21/03	**Amount:**	100.00
Receipt #:	17989	**Tendered:**	100.00
Check / Auth #:	CHECK 2508	**Returned:**	0.00
Received By:	JOHNSK		

Account Information

Account #: 200000
Contractor: HENSLEE LINDA M
Attn:
Address: 7840 RAINBOW DR
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 7840 RAINBOW DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
3,110.00					

APPLICATION FOR BUILDING PERMIT

TYPE PERMIT ☐ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT #

ADDRESS

STREET # (N,S,E,W) 7840 STREET NAME 7840 Rainbow (AV, RD, ST, etc) Dr

SUITE/UNIT(S):

TAX JURISDICTION: (Check One) ☐ 0-Mecklenburg ☐ 4-Pineville ☒ 1-Charlotte ☐ 5-Matthews ☐ 2-Davidson ☐ 6-Huntersville ☐ 3-Cornelius ☐ 7-Mint Hill

SITE DATA

PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT # 49518

OWNER Linda M Henslee ADDRESS 7840 Rainbow Dr

CITY Charlotte STATE NC ZIP 28227 PHONE # 704 537-6791

TAX PARCEL # CENSUS 109-124-23

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

ZONING R-3 JURIS 114 MAP # 7 R/W 60

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV _____ FIRE DIST. ☐ Yes

LOT ☐ CORNER ☐ THROUGH FRONT SHEET (if different) _____

MINIMUM SETBACKS: FRONT _____ LEFT SIDE 6 RIGHT SIDE 6 REAR 45 REQ. PARK'G _____

APR'D PS

PROJECT

JOB # _____

USDC # 434

PURPOSE _____

OCC. TYPE R

CONST 5

TYPE WORK: ☐ New ☒ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # back Porch

AREA (sq. ft.): Heated _____ Unheated 18x16 Deck(s) _____ # STORIES _____ BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS _____ # BEDROOMS _____ # BATHS _____

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS _____ MULTI-FAMILY: # HANDICAP UNITS _____

SERVICES

ELECTRICAL

Power Company _____ Service: ☐ New ☐ Existing Total Amps _____ # Circuits _____

Connections 120 Volts _____ # Connections over 120 Volts _____

MECHANICAL:

Gas Company _____ # Gas Conn _____ # Appliances _____ ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) _____ # of Appliances (Dishwasher, Water Heater, etc.) _____

UTILITIES: ☐ New ☐ Existing

Public: 1-Individual Meter/Connection ☐ Water ☐ Sewer — Private: 3-Individual ☒ Well ☐ Septic

2-Master Meter/Connection ☐ Water ☐ Sewer — 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
100000	Bldg Linda Henslee	Phone 704-537-6791	Lic #	Bldg $ 8,000.00	
	Add	City/St	Zip		
	Elect _____	Phone _____	Lic # _____	Elect. $	
	Add	City/St	Zip		
	Mech _____	Phone _____	Lic # _____	Mech. $	
	Add	City/St	Zip		
	Plbg _____	Phone _____	Lic # _____	Plbg. $	
	Add	City/St	Zip		
PLANS ☐	Arch./Eng _____	Phone _____	Lic # _____	Total Const. Cost $	
	Add	City/St	Zip		

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $

REMARKS:

FT FEE $

OTHER FEES $

TOTAL FEE $

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

Linda Henslee — APPLICANT'S SIGNATURE — 8/21/03 — DATE — Linda M Henslee — PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☒ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

PERMIT

SPECIAL NOTES

Other Approvals Required

- Approval may be required from other agencies or towns prior to issuing a permit.

Payments and Charges

- Bonded accounts are required to cover fees and damage to public property
- Inspections disapproved may result in extra inspection charges.

Expiration of Permits

- This permit will expire:
    - if work has not started and been inspected within 6 months, or
    - if work has been discontinued for a period of 12 months.
- No refunds will be given after expiration.

Inspections

- The contractor or individual responsible for the work must call for inspection(s) at proper stages of completion.
- Work is subject to removal at contractor's expense:
    - if done prior to obtaining a required permit, or
    - if concealed prior to inspection.

Questions, Change of Contractor(s), or Change(s) in Work Permitted

- Please call the Department for information (336-2831).

Serial No. 1066

Date Issued 8-3-71

ICAR(S) Permit No. 1419

T. C. No. 109-124-45-00

Map Date

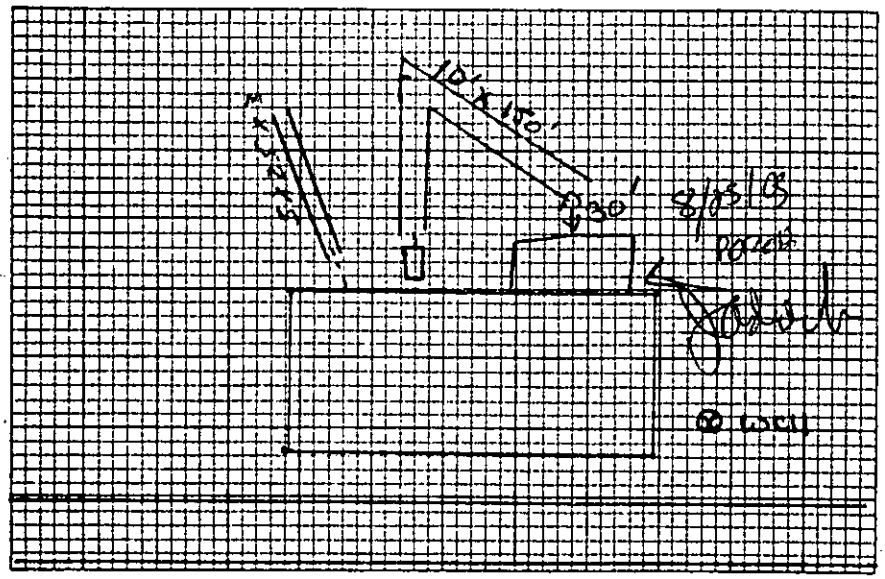
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 1419, dated 5-12-71 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 8-30-71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction P.C.

Absorption and/or Nitrification Lines:

Total Line Lenght 600 + 100

Number of Lines 4 + 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Helms, Charlie Lee

LOCATION OF PROPERTY 7840 Rainbow Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: 10x150 + 5x25x3

D. R. McMillan
Division or Section Head

Russell Stipe
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-A-1-71

HEALTH DEPARTMENT'S COPY