

3023 HOUSTON BRANCH RD

22710420

6/5/08

marliwr

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

PW #1658 WO 208257

FEE: 100.00
DATE: 11/21/2006
CRT I 1 X39609

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 8903

TYPE APPLCATION: GOING UP - NO CHANGE TO FOOTPRINT

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

PERSON FILING APPLICATION:
NAME: Derick Jones
ADDRESS: 4927 Silabert
CITY: Charlotte
STATE: NC ZIP: 28205
PHONE: 704-536-6615
ALTERNATE PHONE: 704 618 5050

PROPERTY OWNER:
NAME: Jim LeBlanc
ADDRESS: 4008 Stanbury Dr
CITY: Matthews
STATE: NC ZIP: 28104
PHONE: 704 849-0452
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 227-104-20
STREET ADDRESS: 3023 Houston Branch
CITY: Charlotte
STATE: NC ZIP: 28270
SUBDIVISION OR MOBILE HOME PARK NAME: Providence Plantation
LOT #:

TOWNSHIP:
- [ ] 0-MECKLENBURG
- [X] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:
- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- [X] BEDROOM
- [X] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — 11/21/06 Date

"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 y this Department.
- This permit is not transferable.

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

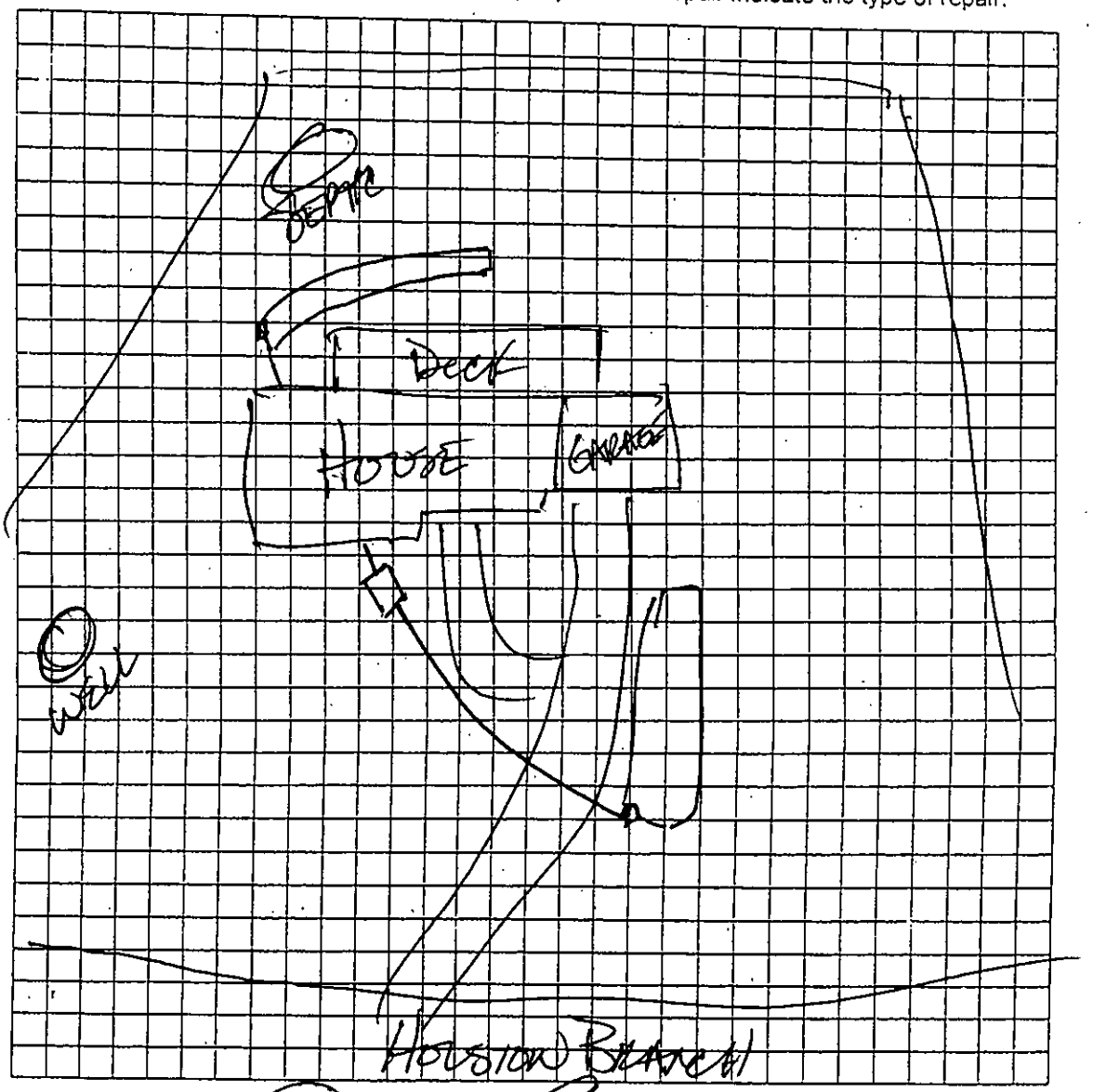
Approval granted for bedroom & bathroom addition / Use existing system
Phil A. Walker RS 11/29/06
EHS Signature Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 8903
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	
Date	11/21/06

LBC 12/15/04

Date Issued 18 Mar 76 Serial No. [illegible] C of A (s) No 8903

T C No 227-III-01

Map Date

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Sharpe, John (LAST, FIRST, MIDDLE)

Location of Property 3023 Houston Br. Rd

Application Number 8903 Permit Number 8903

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 6-100' & 150' Number of Lines 6-3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source 18 Mar 76 Distance from Water Source 100'

Excavation Inspected 18 Mar 76 (DATE) Tank Inspected 18 Mar 76 (DATE)

Nitrification Field Inspected 18 Mar 76 (DATE)

Washing Machine Line Inspected, If Applicable 18 Mar 76 (DATE)

The undersigned has inspected the individual Septic Tank System with subsurface soil absorption of effluent described above and it has been ✓ installed or constructed in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect at the time of issuance of the permit. The issuance of this Certificate of Approval shall not be construed to mean that the system will operate properly or relieve any person owning 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 appearing on the permit in addition to those listed below under comments. This Certificate of Approval shall be null and void if 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 aeration O.K.

A. M. Reynolds

Environmentalist

Form No E-6-9-1-72

Date Issued 4 Nov 16 **Serial No. 7294** ICAR/SI Permit No 8903

T C No

Map Date

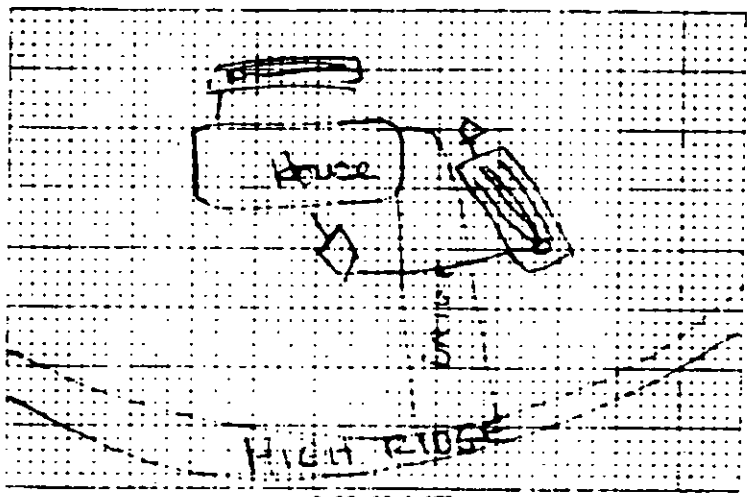
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 8903 dated 12-[illegible]-16 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 Nov 16 after which date this permit shall be null and void



PLOT OF SYSTEM

Septic Tank Size 60 ___

Liquid Capacity of Tank 1500 gal

Tank Constructed of Precast Concrete

Absorption area in square feet

Total Linear Feet 600' & 150'

Number of Lines 6 & 15'x50' Trenches

Distance between lines 10'

Distance from Property Lines 10'

Distance from Wells 100'

NAME OF OWNER Sharpe, John

LOCATION OF PROPERTY 3023 Hawfield Br. Rd

The system installed is 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 Level lines 7½'X 50'

excavation, gravel 6 x 7'x 4' stone

Division of Service Made G.M. Reynolds
Environmentalist

To this permit for the installation or construction of a new system, it must be signed by the division or 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. EH-[illegible]

HEALTH DEPARTMENT COPY