3402 P Walker

FEE: 100.00
DATE: 3-31-08
CRT I I Visa appr-028674

**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 06/07

FILE #: 13293

**TYPE APPLCATION:**
- [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: CHARLES TEMPLETON
ADDRESS: 209 TEMPLETON RD.
CITY: MOORESVILLE
STATE: NC ZIP: 28117
PHONE: 704 663-4016
ALTERNATE PHONE: 704 201-8777

**PROPERTY OWNER:**
NAME: WILLIAM LAWING
ADDRESS: 2317 GREY RD
CITY: DAVIDSON
STATE: NC ZIP: 28036
PHONE: 704 892 4759
ALTERNATE PHONE:

**JOB LOCATION INFORMATION**
TAX/PARCEL #: 003-031-18
STREET ADDRESS: 2317 GREY RD.
CITY: DAVIDSON
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

**TOWNSHIP:**
- [ ] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [X] 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)

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

**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:**
- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [X] 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.

Charles Templeton
Owner's/Agent's Signature

3/31/08
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

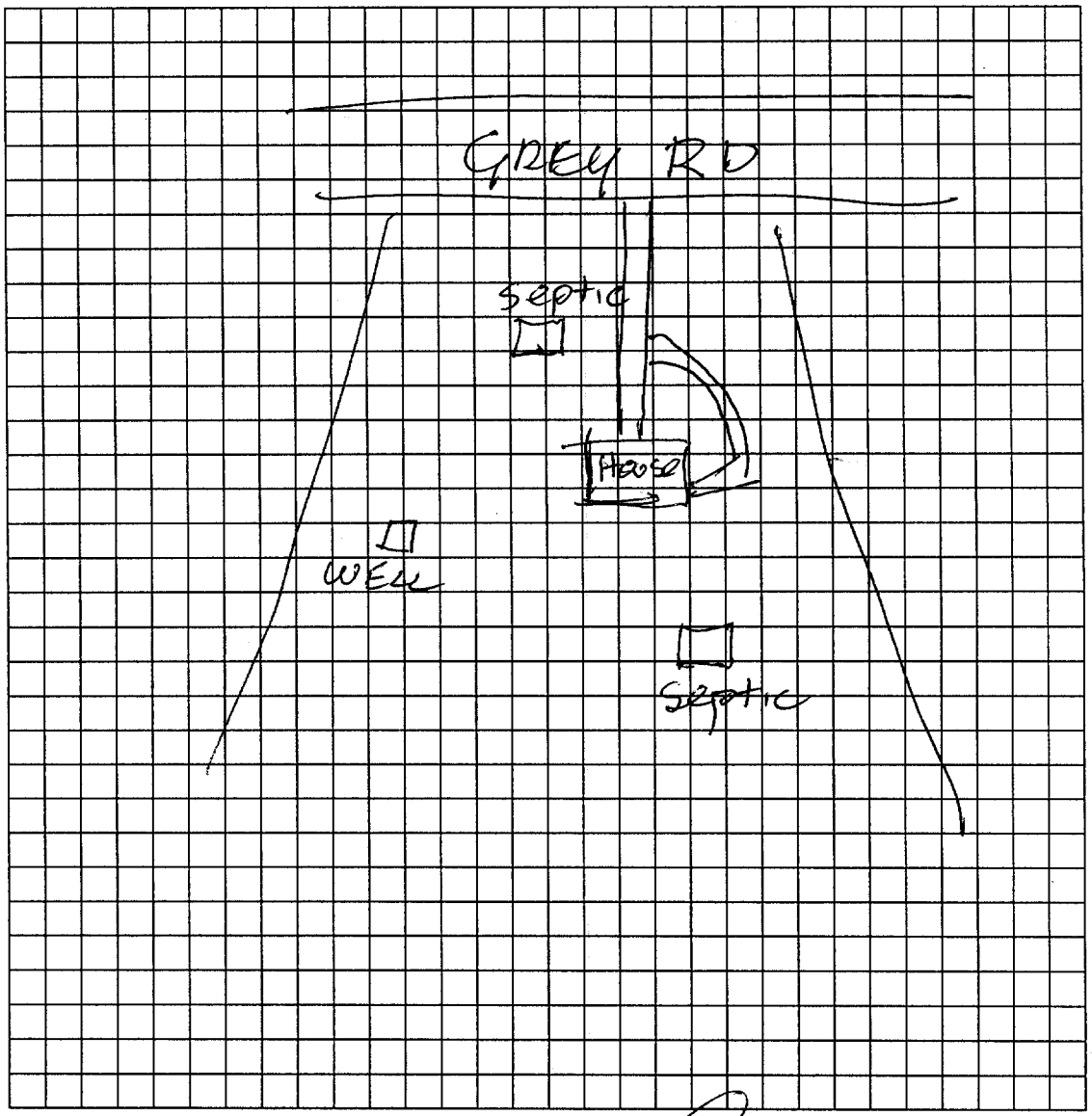
Approval granted for sunroom addition
Use existing system
Phyllis S. Walker RS 4/3/08
EHS Signature Date

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 #_____
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 Martha M Leopold

Date 3/21/08

LBC 12/15/04

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$200.00 11/30/94 CRT
CK# 1035

13293

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: STEEVER (last) ANDREW (first) D. (mi)
ADDRESS: P.O. BOX 87 PHONE: (704) 896-8888
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date:

PROPERTY OWNER:
NAME: LAWING (last) WILLIAM (first) D. (mi)
ADDRESS: P.O. BOX 1774 PHONE: 704 892-4759
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 003-031-18
STREET ADDRESS: 2317 GREY ROAD
DAVIDSON NC 28036
ZONING:

Township (check one):
[X] 0 Mecklenburg County [X] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 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)
[ ] COMMERCIAL OR INDUSTRIAL (N) 3 BDRms - 1 BTR
[ ] SOIL TEST DEVELOPMENT (P)
[ ] 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: 3 NUMBER OCCUPANTS: 5
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: [signature] Date: 11/30/94

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.

...upgrade from 3 bdrm house to 6 bedroom house - Improvement permit issued SBateman 12-14-94

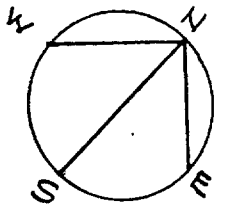
[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

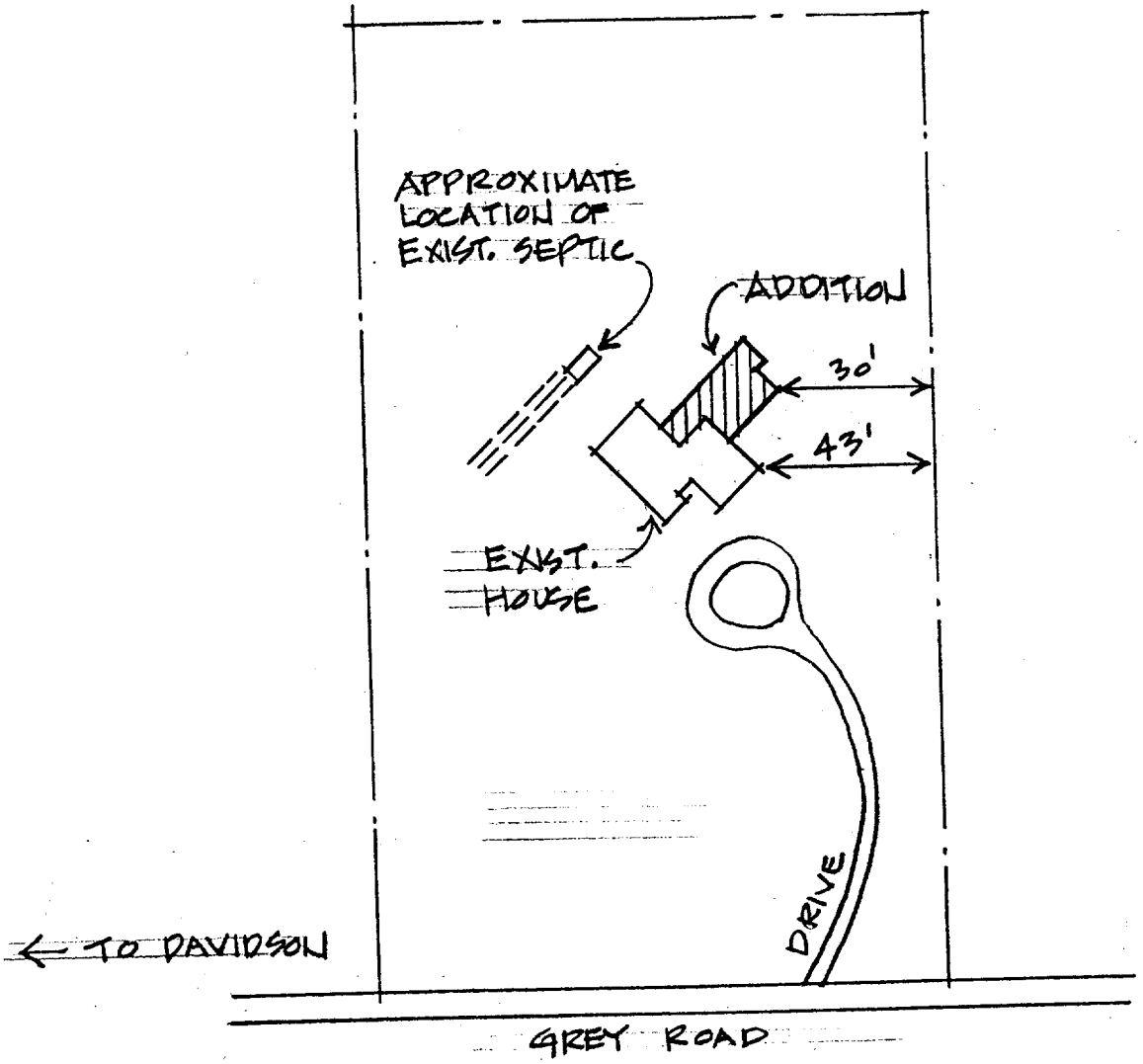
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

13293




SITE PLAN

NOT TO SCALE

2317 GREY ROAD, DAVIDSON, NC

# LAWING RESIDENCE ADDITION

ANDREW STEEVER □ ARCHITECTURE

DAVIDSON NC 11/29/94

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**SITE EVALUATION REPORT**
**SERIAL NUMBER** 20546

File: 13293 Action 1

Parcel: 003-031-18 ☐ PC

Location: 2317 Grey Road

Subdivision:

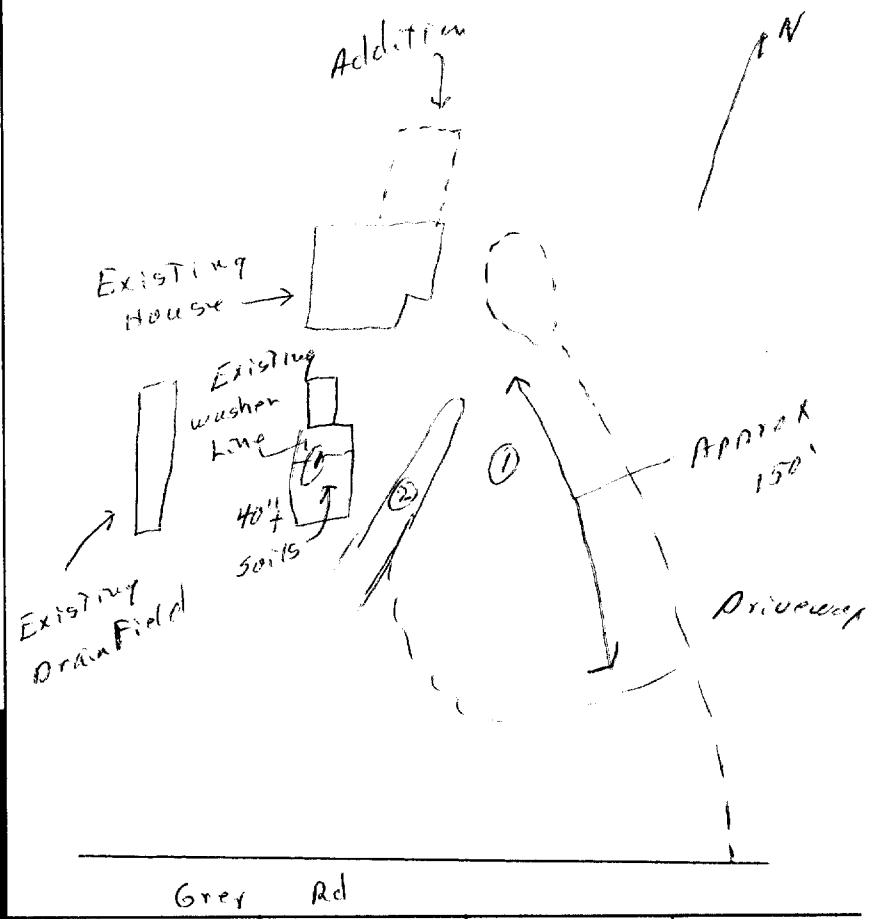
Lot: Block: Acres:

Owner: William D. Jauncey
Address: PO Box 1774
Davidson, N.C. 28036

Comments: 3gal/ft²/day
area for system ~~addition~~ addition
to syplin - recommend interceptor
drain below driveway

Described by: William R. Marks

Date: 12-22-94




***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Topography | (S) PS U 2-10% | S PS (U) Depression | S PS U | S PS U | S PS U | S PS U |
| Texture Slightly | S (PS) U Ex. Clay | S PS U | S PS U | S PS U | S PS U | S PS U |
| Structure | S (PS) U Sub Blocky | S PS U | S PS U | S PS U | S PS U | S PS U |
| Drainage 7-40" To | S (PS) U soil Wetness | S PS U | S PS U | S PS U | S PS U | S PS U |
| Depth | S (PS) U 7-40" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Restrictive Horizons | S (PS) U 7-40" | S PS U | S PS U | S PS U | S PS U | S PS U |
| Available Space | S (PS) U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Other (specify) | S PS U | S PS U | S PS U | S PS U | S PS U | S PS U |
| Soil Group/Series | IV Cecil-Lloyd | Depression | | | | |
| Area Classification | S (PS) U | S PS (U) | S PS U | S PS U | S PS U | S PS U |

# PROPOSED PLOT PLAN

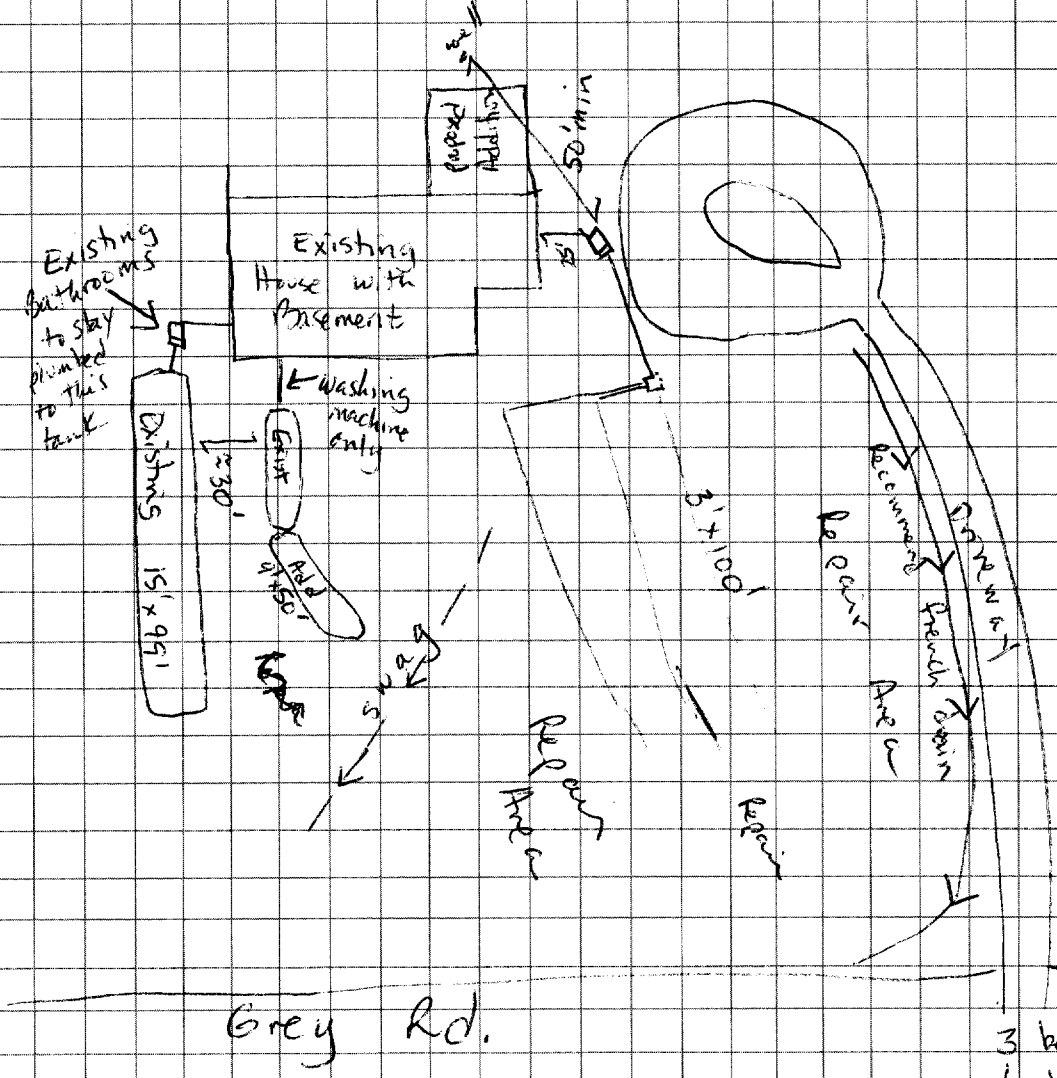
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13293

TC: 003-031-18

2317 Grey Rd

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.




1500 g septic tank
400 sq ft drainfield at 3 lines at 3'x 100'x12" stone each line
New tank to receive new bathroom waste and kitchen waste water only. May require lift station. Plumb to accomodate septic tank system. Install drainlines on contour. Trench bottom to be ≈28" deep. Do not drive over any part of septic tank system. Move drive if necessary. Recommend french drain to be installed in area as shown.

Upgrading from a 3 bedroom house to a 4 bedroom house. Note how plumbing is to be split. Conventional repair area. Keep min 50' from well with any part of septic tank system. Keep 25' off basement with French drain.

- Contact Div of Env Management concerning distance (appropriate distance) between a well and a building foundation 6/3-11-99.
- Add onto washer drainfield as shown above.
-

Richard D Steenson
OWNER/AGENT SIGNATURE

DATE 12/14/94

APPROVAL DATE 12-9-94 SB

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

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13293 DATE: 12-9-94

TC: 003-031-18 ☐ L
2317 Grey Rd.

SERIAL № 16125

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 the application dated 11-30-94. All work shall be completed on or before 1-9-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated 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.

See Improvement Permit plan on file

Issued I P + Inst plan same time

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth 28"

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Trench Walls Scored and Porous yes

Total Line Length 300' plus 9'x50' plus 9'x50' added Bagley field feet

Number of Lines 3 + 3 inked

Depth of Stone 12" inches

Distance from House 25' feet

Distance from Property Line 10'+ feet

Distance from Well 50'+ feet

1/8" per foot fall between tank and distribution box.

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER William Lawing

LOCATION OF PROPERTY 2317 Grey Road

Comments: Upgrading system for a 3-bedroom design to a 6 bedroom design. Kitchen plumbing and new bathroom to be plumbed to new tank. Place tank to accomodate drainlines.

Darrell for S Daniel

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY