

9324 VALLEY RD

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

Repair

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#8028A/138B

Pc ✓

[] 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: T.R. Lawing Realty, Inc. (last) (first) (mi)

ADDRESS: 1445 E. 7th St. PHONE: 704) 334-6481

CITY: Charlotte, STATE: NC ZIPCODE 28204

Date: December 26, 1991

PROPERTY OWNER:

NAME: Austin (last) Gwendolyn (first) (mi)

ADDRESS: 5250 Valley Forge Dr. PHONE: (703) 461-9539

CITY: Alexandria STATE: Va ZIPCODE: 22304

PROPERTY INFORMATION
(FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-093-14

STREET ADDRESS: 9324 Valley Rd.
Charlotte, N.C.

ZONING: R-15

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: 14 LOT SIZE (in acres): 2.810 ac.

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)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[✓] REPAIR TO SYSTEM (R) Leiter-Stuart

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: 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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: Suzanne Nixon Hoyt Date: Dec. 26, 1991
T.R. Lawing Realty

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 permit is issued by this Department.

...This permit is not transferable.

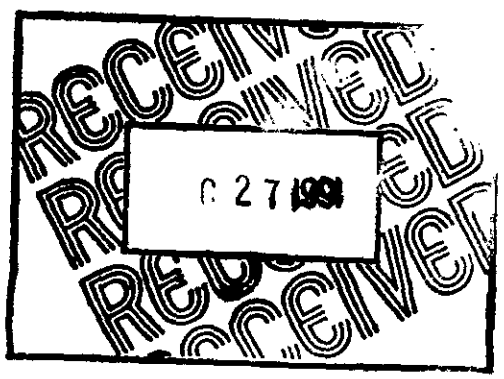
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[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist _____ Date

_____ Director or Authorized Section Head _____ Date

WATER - 112991


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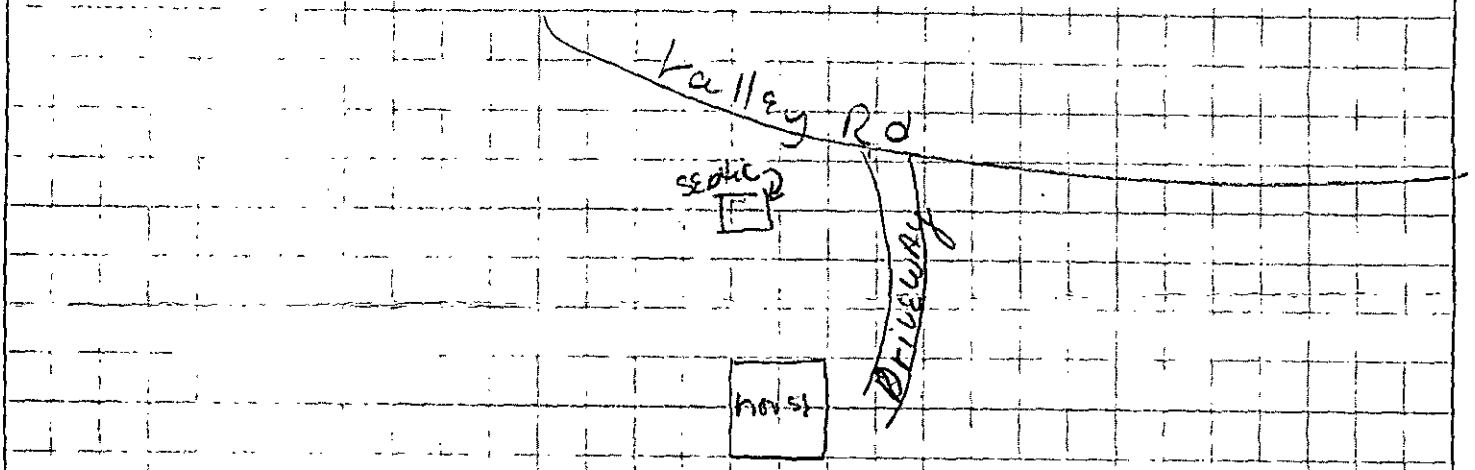
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 8028AC138B

TC: _____

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.



Signed: Suzanne Hinson Agent for Sawing Realty

Date: Dec 26, 1991

PG. 08


BK. 225
GREYSON HEIGHTS DR
RAINTREE LN
PROVIDENCE RD
N.C. 16
ALPINE DR
LAKESIDE CIR
VALLEY RD
BLOCK LINE
HOLLOW LN
WOOD VALLEY LN
SQUIRREL KUYKENDALL
WHITE HEMLOCK LN
WYNDFIELD LN
HAMP
LINE
92
91
93
96
94
3AC
1.89AC
8.45 AC
9.481 AC
3.135AC
4.939AC
5.805 AC
3.10AC
3.428AC
1.97AC±
1.42AC±
1.926AC
4.014AC
3.53AC
1.462 AC (NET)
1.462 AC(NET)±

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

D40

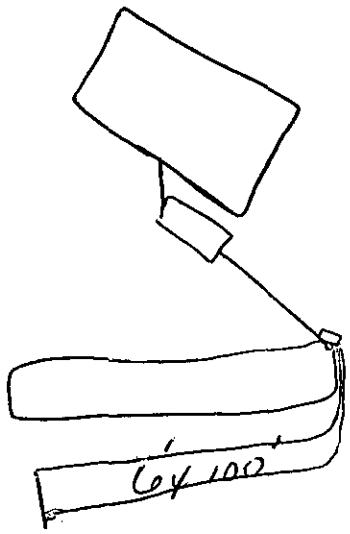
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 138B 8028A DATE: 1/27/92

TC: _____ ☐ L

SERIAL Nº 14115

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 1/27/92. All work shall be completed on or before 02/27/92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank - gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction -

Absorption and/or Nitrification Lines:

Trench Width 36"x100' feet

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well N/A feet

NAME OF OWNER T R LAWING (C. AUSTIN)

LOCATION OF PROPERTY 9324 VALLEY RD.

Comments: INSTALL 2 LINES @ 3'x100' CHECK D BOX & ADD BD for Repair

Division or Section Head

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY