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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

15/618

Pd #50 2/24/95 Jr # 019 EXIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Anderson (last) Lauren (first) J (mi)
ADDRESS: 14624 Eastfield Rd PHONE: (704) 875-2351
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 029-241-02.03
STREET ADDRESS: 14826 Eastfield Rd Huntersville, NC 28078
ZONING:

PROPERTY OWNER:
NAME: Wallace (last) Dairy Farm (first) (mi)
ADDRESS: 14324 Eastfield Rd PHONE: (704) 875-2975
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) 4X3
☑ 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) Use Existing System
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☑ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

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)
☐ 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: Date:

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... Use existing system

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

Phillip S. Walker 3/1/95
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

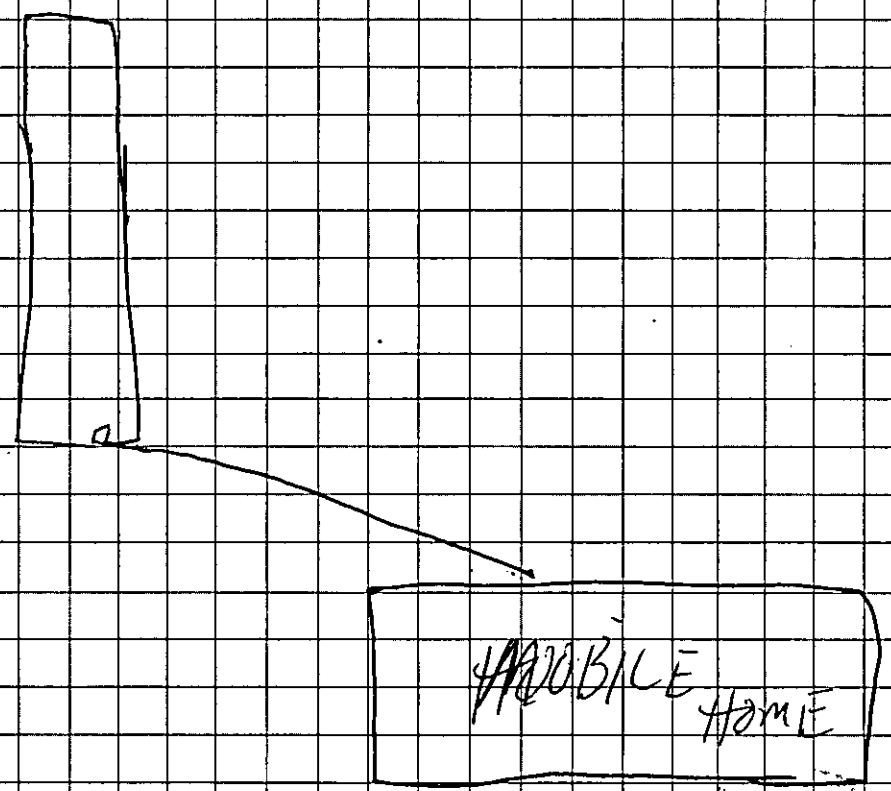
PROPOSED PLOT PLAN

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

FILE: 14618

TC: 029-24-02,03

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 JDW YES 2/28/95

OWNER/AGENT SIGNATURE

DATE

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

COPY

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

FILE: 14618

TC: 029-24/1-02,03

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.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 2/24/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mark

PARCEL NUMBER 029-241-02,03

ASSIGNED ADDRESS 14826 Eastfield Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS	_____	_____*
2.	FLOODWAY REGULATIONS	_____	_____*
3.	EROSION CONTROL REGULATIONS	_____	_____*
4.	PUBLIC UTILITY EASEMENT	_____	_____*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	_____*	_____
6.	PROPERTY FRONTS ON THOROUGHFARE	_____*	_____
7.	DRIVEWAY PERMIT REQUIRED	_____*	_____

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Remove / Replace Mobile Home

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Pam

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

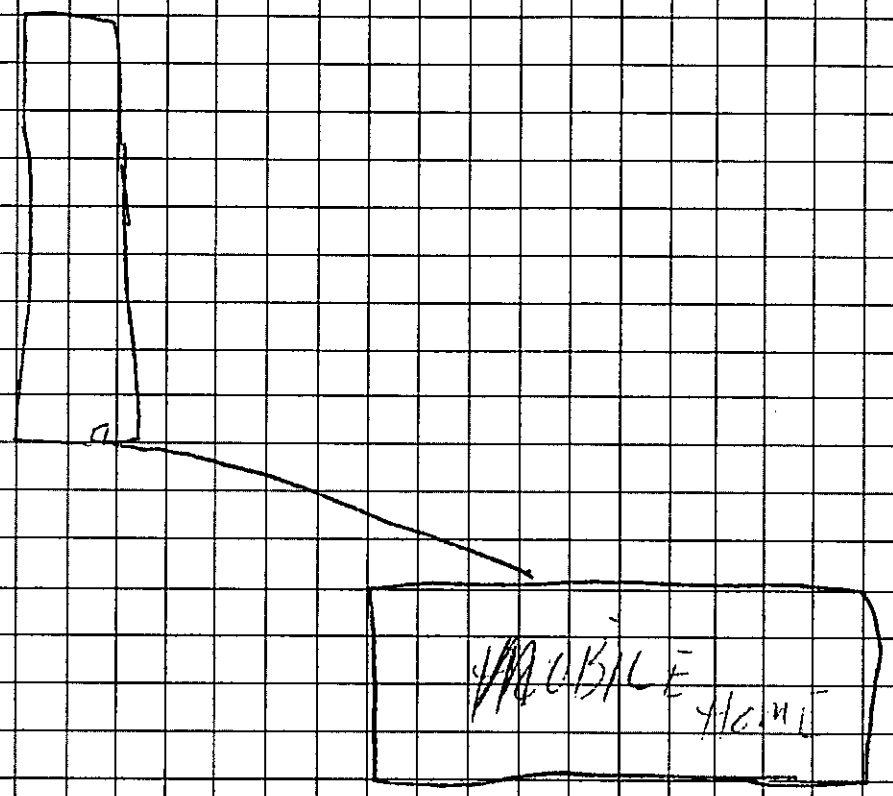
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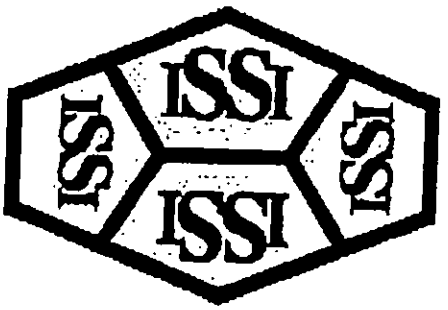


APPROVAL DATE 7/11 YES 3/.5 MS

OWNER/AGENT SIGNATURE

DATE

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ISSI Operations Center Staff

-29-241
03

East Field Road
200 ft.
4 Lines-no. 5 Rock 12" below grade boards-no. 5 Rock 6" above drain pipe
32 Ft.
12 Ft.
Distribution Box
10 Ft.
House
52 Ft.
5 Lines - no. 5 Rock 12" below grade boards - no. 5 Rock 6" above drain pipe
99 Ft.
Distribution Box
10 Ft.
15 Ft.
3Ft. wide filled with Rock
4 Ft. Long
5 Ft. Deep
1500 gal. Septic Tank

unty

nent Of Building Standards
de Enforcement

Caroline 28231-1097

MECK COUNTY DEPARTMENT OF
RECEIVED
FEB -24, 1983
ENVIRONMENTAL HEALTH

February 23, 1983

: Environmental Health

ference: MOBILE HOME PLACEMENT

ar E.H. INSPECTOR

The parcel of land located at 14580 EASTFIELD RD

d further identified by tax parcel number 029-241-03

zoned RU (RURAL).

Permitted uses in this district include: MOBILE HOMES FOR FARM
LERKERS. THIS PROPERTY IS CLASSIFIED AS A BONA
DE FARM AND IS A DAIRY FARM, AS ADVISED BY
G BENSON, ZONING INSPECTOR #602

If this office can be of any further assistance, please contact us.

Very truly yours,

Robert Caldell
Zoning Inspector

Lot 1428

APPENDIX H

HUMAN RESOURCES
EALTH SERVICES
H CAROLINA

SITE EVALUATION

(Ground Absorption Sewage Disposal)

u Woodley Walker DATE REQUESTED: 10-9-78
Box 854 Mocksville, NC PLAT NO.: RO. 029-191-03
LOT SIZE: 90,000 SQ FT.
ITE: Eastfield Rd

TORS	AREA 1	AREA 2	AREA 3	AREA 4
	(S) PS 2-10% U	S PS U	S PS U	S PS U
RE (12-36 in.) amy, clayey, Clay)	S 2-1 PS (U) Clay	S PS U	S PS U	S PS U
TURE (12.36 in.) ils)	S PS (U) Massive	S PS U	S PS U	S PS U
(In.)	S PS ≤ 48" (U)	S PS U	S PS U	S PS U
VE HORIZONS (In. us Strata, Rock)	S PS Saprolite (U)	S PS U	S PS U	S PS U
AGE/GROUNDWATER & Internal)	S Satisfactory PS Water (U) Movement	S PS U	S PS U	S PS U
ABILITY on Rate)	S PS Very (U) Slow	S PS U	S PS U	S PS U
ecify)	S PS U	S PS U	S PS U	S PS U
SIFICATION	Unsuitable			
ES				

S - Suitable PS - Provisionally Suitable U - Unsuitable

n on Back (Include: Soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope patterns, etc)

ons/Comments:

Date: Oct. 11, 1978

(2/77)

Serial No. 2061

Date Issued 10-31-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner WALLACE (LAST) John (FIRST) Wadley (MIDDLE)

Location of Property EastField Rd.

Application Number ✓ Permit Number 14618

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Precast

Total Length of Drain Tile 495-125 Number of Lines 5-4

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 10-31-78 (DATE) Tank Inspected 10-31-78 (DATE)

Nitrification Field Inspected 10-31-78 (DATE)

Washing Machine Line Inspected, If Applicable 10-31-78 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system 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. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any 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: Septic TANK Field (15'x99'x17" with 5'x7'x5') Deep Pit on End.
Washing Machine Field (12'x33'x17" Trench)

Environmentalist

EHD-8-76

Environmental Health Department's Copy