

11721 EASTFIELD RD

02117111

12/26/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1835B

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: Gunter (last) Arthur (first) R (mi)
ADDRESS: 11721 Eastfield Rd PHONE: (704) 875-6065
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Gunter (last) Arthur (first) R (mi)
ADDRESS: 11721 Eastfield Rd PHONE: (704) 875-6065
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 021-013-24
STREET ADDRESS: 11721 Eastfield Rd
ZONING:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [X] 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):
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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

NUMBER BEDROOMS: 4 3 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION: 3BR III

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: Arthur R Gunter Date: 3/26/97

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.

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

... Use existing system for 3 bedroom mobile home
OWNER MUST CHANGE APPLICATION
See: Floor Plan for 3 bedrooms

James B. Thompson, Jr. R.S. 4-4-97
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

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

FILE: 1835B

TC: 021-013-12

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.



* use existing system for 3 bedroom mobile home - see Oakwood floor plan #5

OWNER/AGENT SIGNATURE Arthur R Sutton III

DATE 3/26/97

APPROVAL DATE J Thompson R.S. 4-4-97

White - Health Department's Copy

Canary - E.H.S. Copy

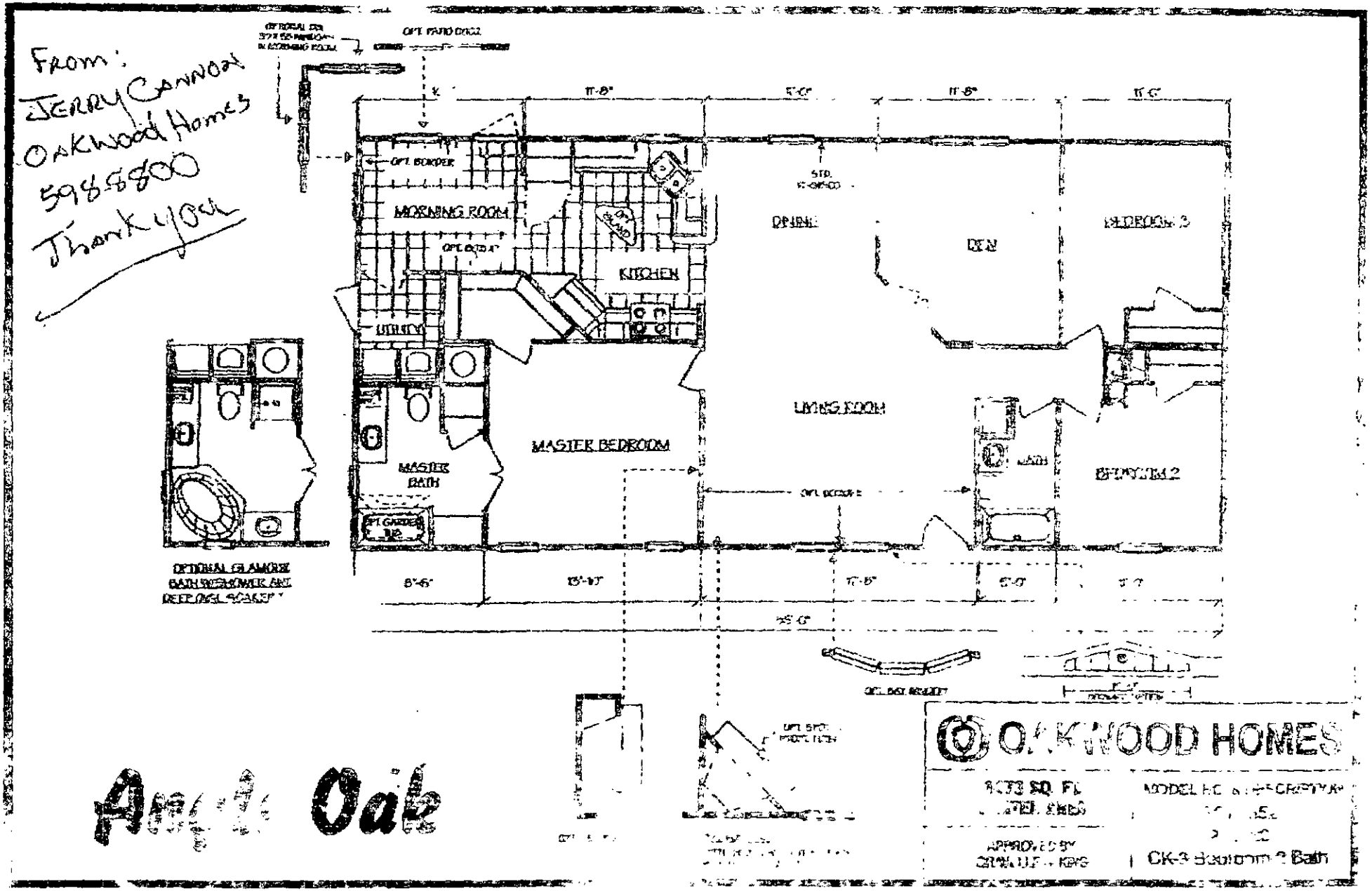
Pink - Owner's Copy

ATTN!
Larry Thompkins
FOR ARTHUR GUNTER III

OAKWOOD

3

From:
JERRY CANNON
Oakwood Homes
598-5800
Thank You



Angel Oak

OAKWOOD HOMES

SQ. FT.	MODEL NO. & DESCRIPTION
APPROVED BY	CK-3 Bedroom 2 Bath

NOTE: LENGTH INCLUDES 4' HITCH ALLOWANCE. DUE TO CONTINUOUS IMPROVEMENT, SPECIFICATIONS, MEASUREMENTS, AND MODEL SUBJECT TO CHANGE WITHOUT NOTICE.

04.03.97 04:29 PM OAKWOOD P01

C of A Issued 18 Nov 77

Serial No. 0575

C of A Is! No 11627

T C. No C21-011-C11

CERTIFICATE OF COMPLETION

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 Mayes, Charles E. (LAST, FIRST, MIDDLE)

Location of Property Goatfield Road

Application Number 11627 Permit Number 11627

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Precast Concrete

Total Length of Drain Tile 300' Number of Lines 5

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 18 Nov 77 (DATE) Tank Inspected 18 Nov 77 (DATE)

Nitrification Field Inspected 18 Nov 77 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

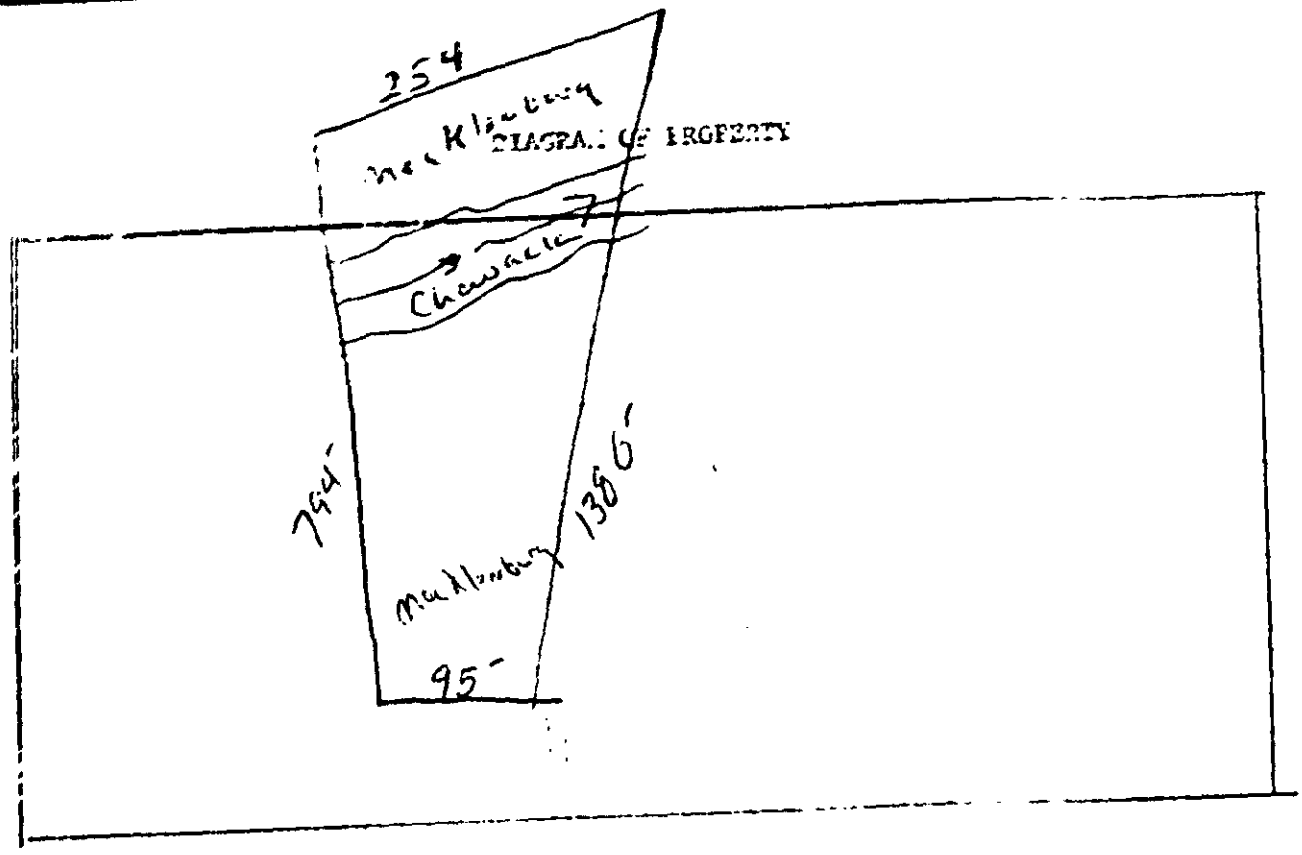
The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in 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 or under comments. This Certificate of Approval shall be null and void if any information contained on the application or in the site plan or any additions are made to the property which would increase the requirements for the system.

Comments:

E. M. Reynolds
Environmentalist

EHD 5-76

Environmental Health Department's Copy



3/18/75

EHD 939