

22548 JOHN GAMBLE RD

00116128

7/8/08

marliwr

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

#679

ID 175618

FEE: 100.00
DATE: 4/24/06
CRT I 1 X36108 JK

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 #: 14046 ~~175618~~

TYPE APPLCATION:

- ☐ 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:

Acct No X36108

NAME: EFC Assoc Inc
ADDRESS: 101 Castles Gate Dr
CITY: Mooresville
STATE: NC ZIP: 28117
PHONE: 704.664.8047
ALTERNATE PHONE: 704.239.2022

PROPERTY OWNER:

NAME: Mim David Eve
ADDRESS: 22548 John Gamble
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704.892.5015
ALTERNATE PHONE: 704.618.4229

JOB LOCATION INFORMATION

TAX/PARCEL #: 00116128
STREET ADDRESS: 22548 John Gamble
CITY: Cornelius
STATE: NC ZIP: 28031
SUBDIVISION OR MOBILE HOME PARK NAME: Country Club Shores #5
LOT #: 10

TOWNSHIP:

- ☐ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☑ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

- ☑ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☑ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- ☑ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 4

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 Extension
- ☐ SUNROOM
- ☑ PORCH Screen in
- ☐ 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 — Date: 4/19/06

*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

O.K. to use existing system for a garage and study addition

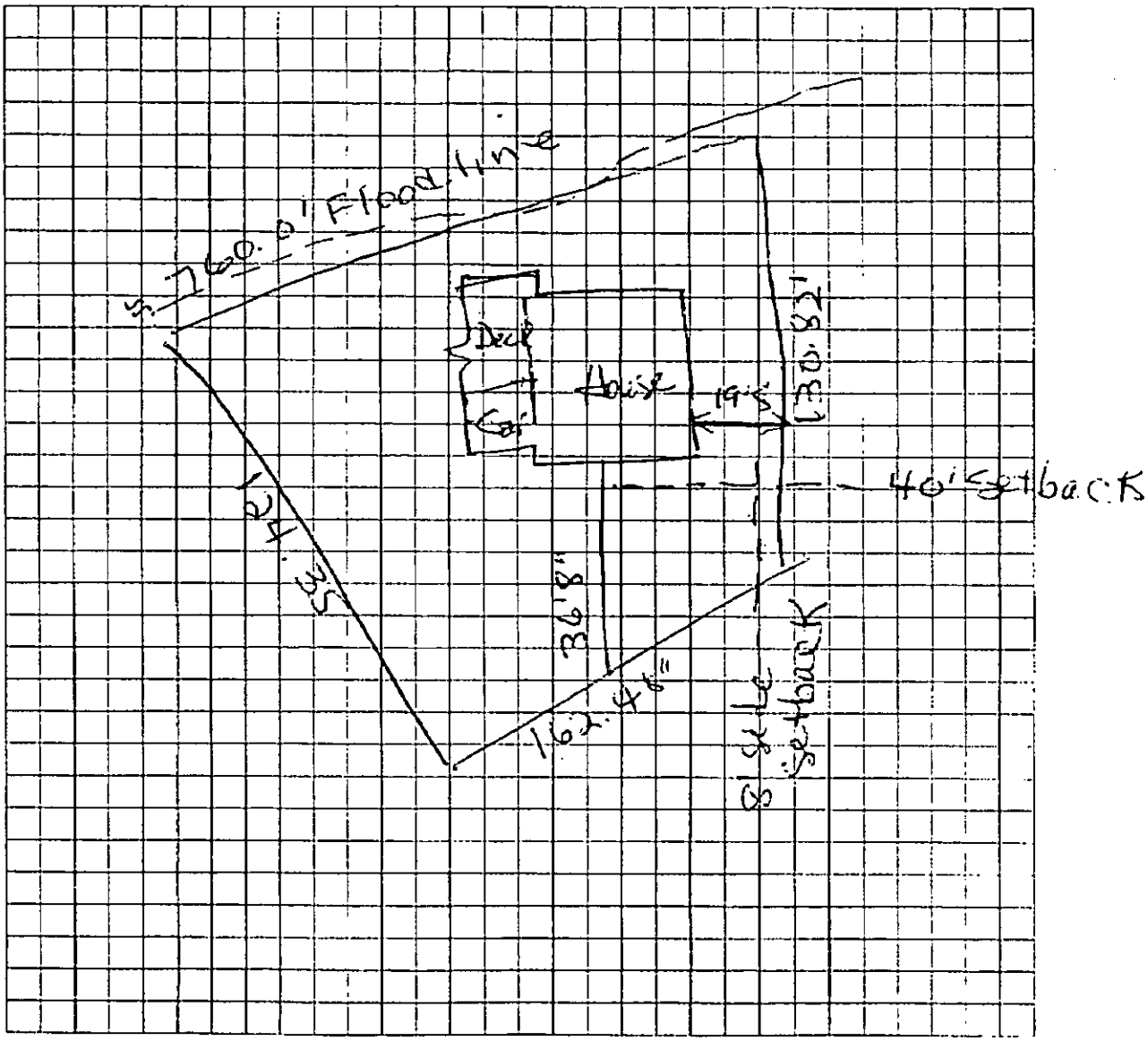
EHS Signature — Date: 4/26/06

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 # 14046
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	4/19/06

LBC 12/15/04

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Acct No X36108
Bill Mullin 361-1607

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COPY

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- ☐ DEN
- ☑ GARAGE Expansion
- ☐ SUNROOM
- ☑ PORCH Enclosed
- ☐ DECK Convert to Study
- ☐ OTHER

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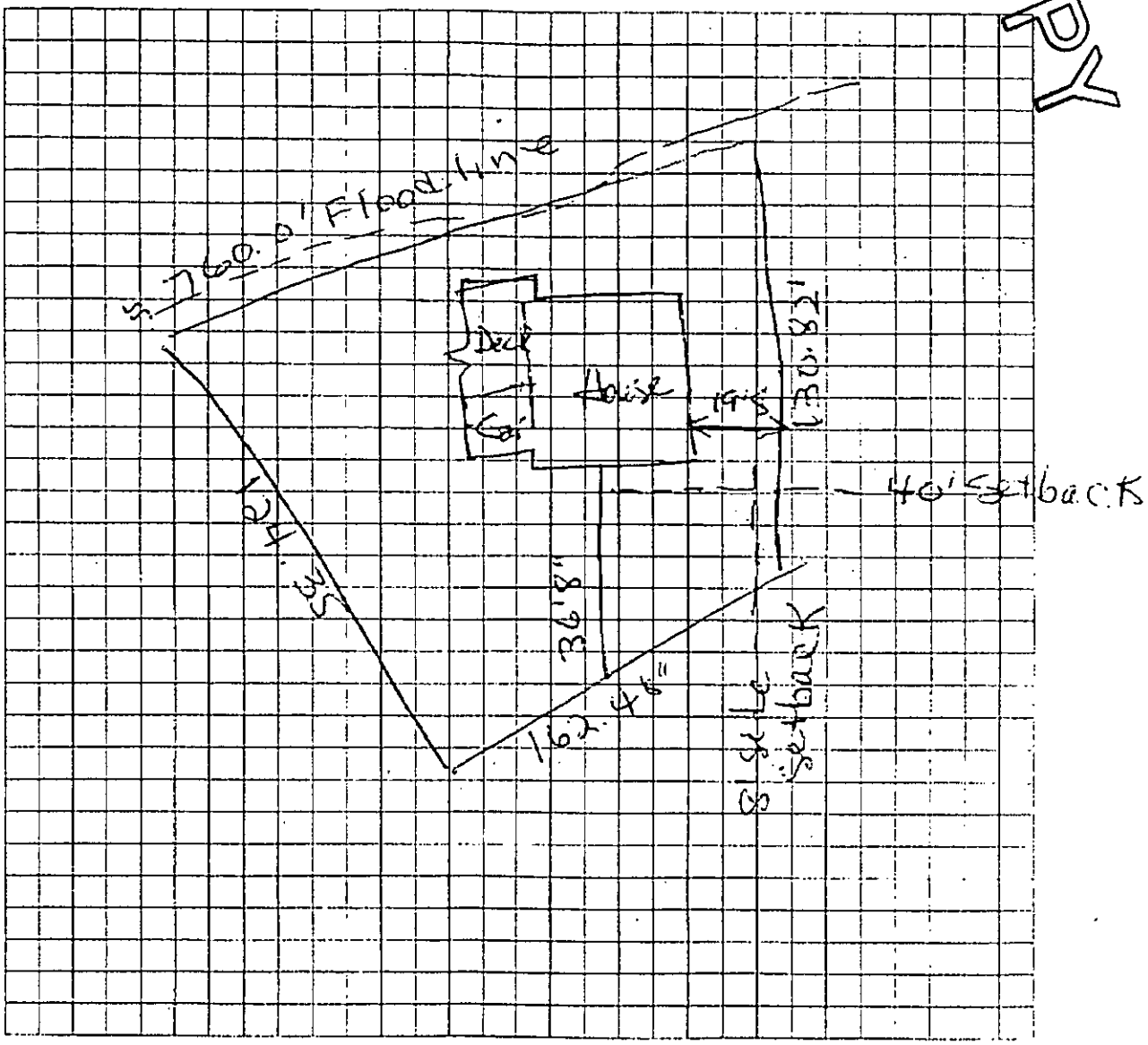
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COPY



Owner/Agent Signature	
Date	4/19/06

LBC 12/15/04

$50.00 fee

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
NOV 5 '87

APPLICATION FOR AN IMPROVEMENT PERMIT

pd 50.00 11/9/87
ck# 3415

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 14046
TC:
SERIAL: No 14943

ENVIRONMENTAL HEALTH DIVISION
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 22548 JOHN GAMBLE ROAD (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 001-161-28
⑤ SUBDIVISION: COUNTRY CLUB SHORES #5 ⑥ LOT: #10 ⑦ BLOCK:

OWNER

⑧ NAME: ROGER (FIRST) W. (MIDDLE) WINGE (LAST)
⑨ MAILING ADDRESS: RT. 2 BOX 199A
⑩ CITY: DAVIDSON ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) 594-5336 ⑭ (HOME) 892-5168

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) ADDITION OF A BOAT HOUSE

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Type?
㉔ Maximum occupancy?
㉕ Maximum number of employees?
㉖ Basement? ☐ yes ☐ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Roger W. Winge
Date: Nov. 3, 1987

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 the Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmental Health Specialist — Date: 11-12-87
Director or Authorized Section Head — Date: 11-13-87

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

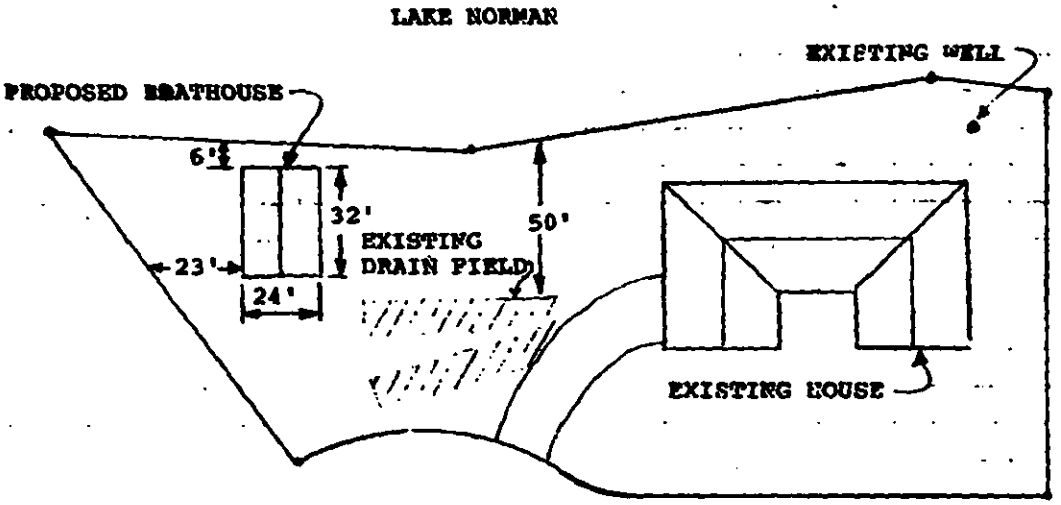
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

FILE: 14046

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.



ROGER WINGE
RT 8 BOX 199A
DAVIDSON, NC 28036

Signed: Roger W. Winge

Date: Nov. 3, 1987

C of A (s) No. 140446

Date Issued 1/28/82 Serial 4896 T C No. 001-161-28

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

~~CERTIFICATE OF COMPLETION~~
CERTIFICATE OF APPROVAL

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

Name of Owner WINGE (LAST) ROGER (FIRST) W. (MIDDLE)

Location of Property 22548 JOHN GAMBLE ROAD

Application Number 140446 Permit Number 140446

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 495'+125' Number of Lines 5+5+5

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected 1/28/82 (DATE)

Nitrification Field Inspected 1/28/82 (DATE)

Washing Machine Line Inspected, If Applicable 1/26/82 (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 As permitted

Adam Wofford
Environmentalist

EHD-5-7a

Environmental Health Department's Copy

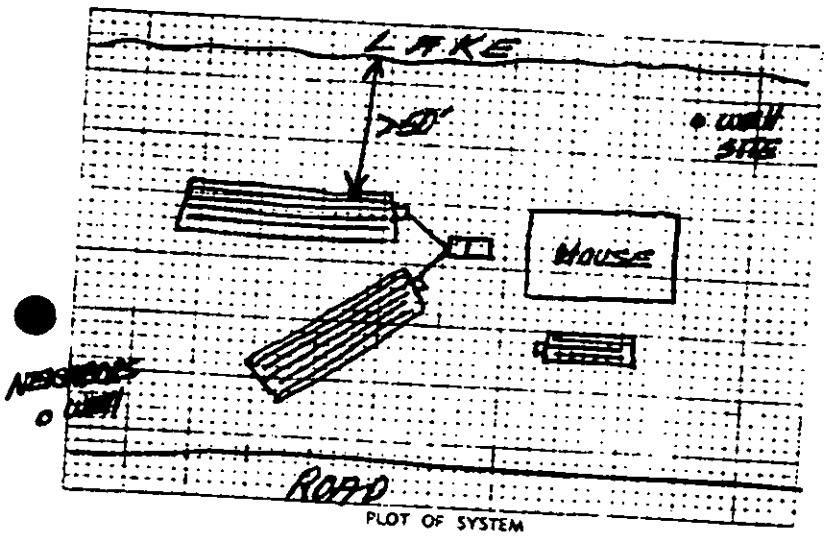
Date Issued 12/30/81 **Serial No. 5165** ICAR(S) Permit No. 140446

T C No 02-166-28

Map Date ___ ___

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 140446 dated 12/30/81 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 2/15/82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption area or Number of Lines

Total Line Length 495'+125'

Number of Lines 5+5+5

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50' (WOTTINGHOT)

" " LAKE is >50'

NAME OF OWNER ROGER W. WINGE

LOCATION OF PROPERTY 22548 John Gamble Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: 2 beds: 15'X56'X12" @ STONE; 15'X44'X12" @ STONE for SEPTIC TANK
15'X25'X12" @ STONE for 4plex

Division or Section Head ___

Environmentalist Adam Wigfield

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

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY