

7901 PINEWOOD CR

13706510

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

$50.00 08883 Rec'd 10/10 Check 1510A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] 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 1510A

Date: 10/9/97

PERSON FILING APPLICATION:

NAME: Griffin (last) William (first) F. (mi)

ADDRESS: 7901 Pinewood Circle PHONE: (704) 5458538

CITY: Charlotte, N.C. STATE: N.C ZIPCODE: 28227

PROPERTY OWNER:

NAME: (Same) (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-065-10

STREET ADDRESS: Same

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 42-47 + 67-72 | A LOT SIZE (in acres): Community Heights

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Garage & Den

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: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: N/A
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 [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: William F. Griffin Date: 10/9/97

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.

...Approval granted for garage + Den Addition

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

Phila A. Walker R.S. 10/15/97
Environmentalist Date

WATER : 122791

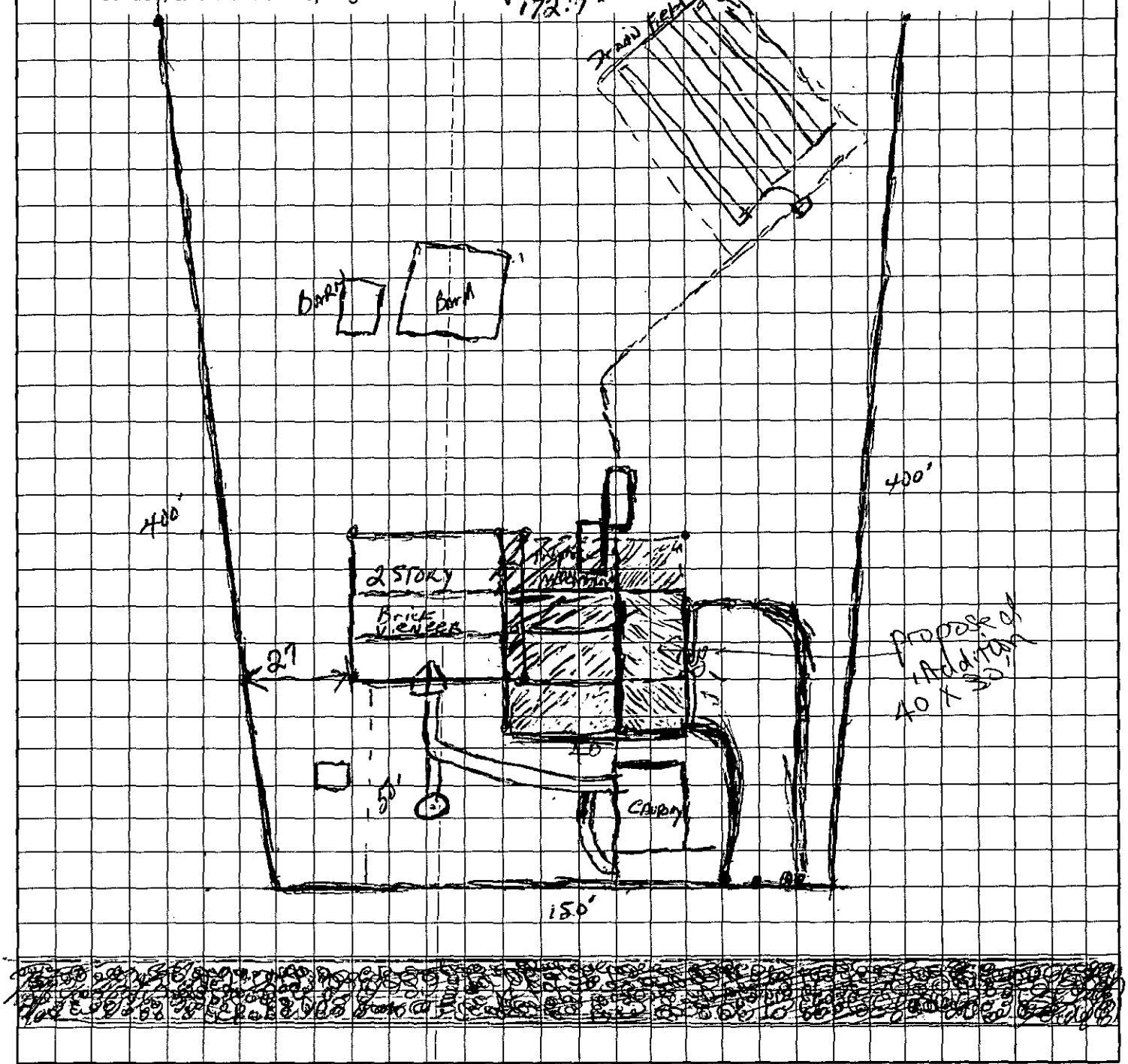
PROPOSED PLOT PLAN

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

FILE: 1510A

TC: 137-065-10

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 TBW UES 10/15/97

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Serial No. 09293

ICAR(S) Permit No. 15109

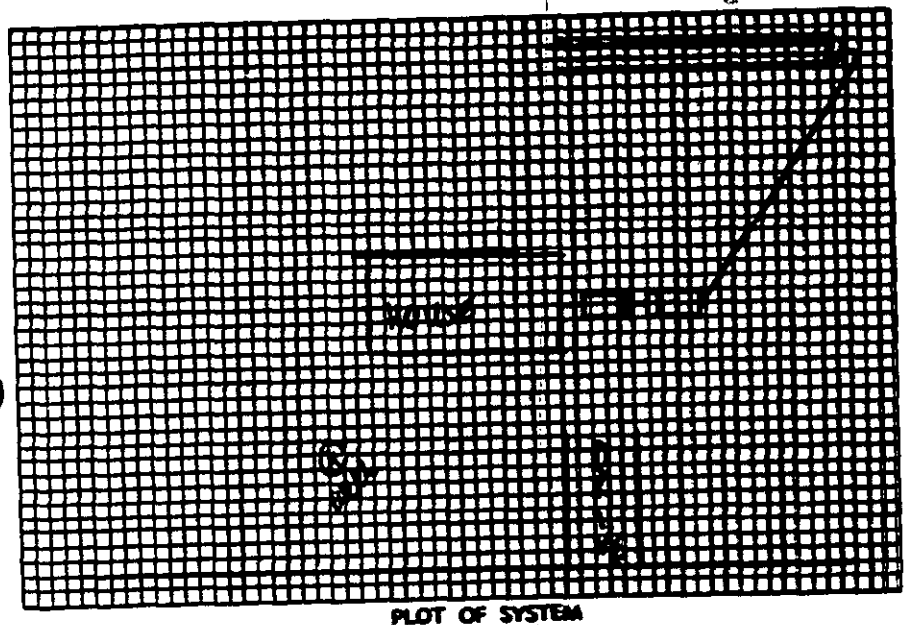
T. C. No. 151-064-10

Date Issued 5/15/86

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 15109 dated 3/3/86 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 6/15/86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IFa

Liquid Capacity of Tank 1500+1000

Tank Construction RC

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4X100'

Distance from House 5'

Distance from Property Line 10'

Distance from Well >100'

NAME OF OWNER Griffin, William T.

LOCATION OF PROPERTY 7101 Pinewood Circle

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.

4 Trenches 3'x100'x12" stone with gradeboards, strawas cover

Comments: System to be installed in area II south from main road. approx 1000'

R. Hardister
Division or Section Head

Cynthia G. Gibson
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 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-5-76

Environmental Health Department's Copy

C of A (s) No. 1510A

Serial 8607

Date Issued 5/30/86

T. C. No. 137-064-10

V CLT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Griffin (LAST) William (FIRST) T. (MIDDLE)

Location of Property 7901 Pinewood Circle

Application Number 1510A

Permit Number 1510A

Inspection Date:

Liquid Capacity of Tank 1500+1000

Tank Material PCC

Total Length of Drain Tile 400'

Number of Lines 4

Depth of Filter Material 12"

Cover Depth 10"

Water Supply Source well

Distance from Water Source >100'

Excavation Inspected 5/29/86; 5/30/86 (DATE)

Tank Inspected 5/29/86; 5/30/86 (DATE)

Nitrification Field Inspected 5/29/86; 5/30/86 (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 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.

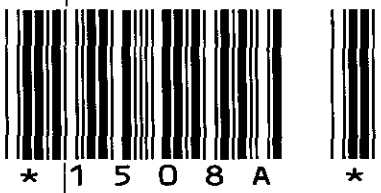
Comments: 1986, 1500ST, 1000DT, PI, CAV, 1200SFT, 126, CGCH

System was installed in area II Soils

Cynthia G. Bass
Environmentalist

EHD-S-76

Environmental Health Department's Copy



3438 BEECH MINT DR

19507113

4/16/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

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[ ] CRT

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700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 1508A

PERSON FILING APPLICATION:

NAME: Little (last) Douglas (first) M (mi)

ADDRESS: 14000 E Independence Blvd. PHONE: (704) 821-3113

CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 2-9-98

PROPERTY OWNER:

NAME: Coleman (last) Gene (first) (mi)

ADDRESS: 3438 Beech Mist Dr PHONE: (704) 545-7733

CITY: Mint Hill STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 195-071-13

STREET ADDRESS: 3438 Beech Mist Dr.
Mint Hill N.C.

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached

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: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: Douglas M Little Date: 2-9-98

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...This permit is not transferable.

...OK TO USE EXISTING SYSTEM.

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

Andrew Adolph 2-12-98
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

JW

COPY

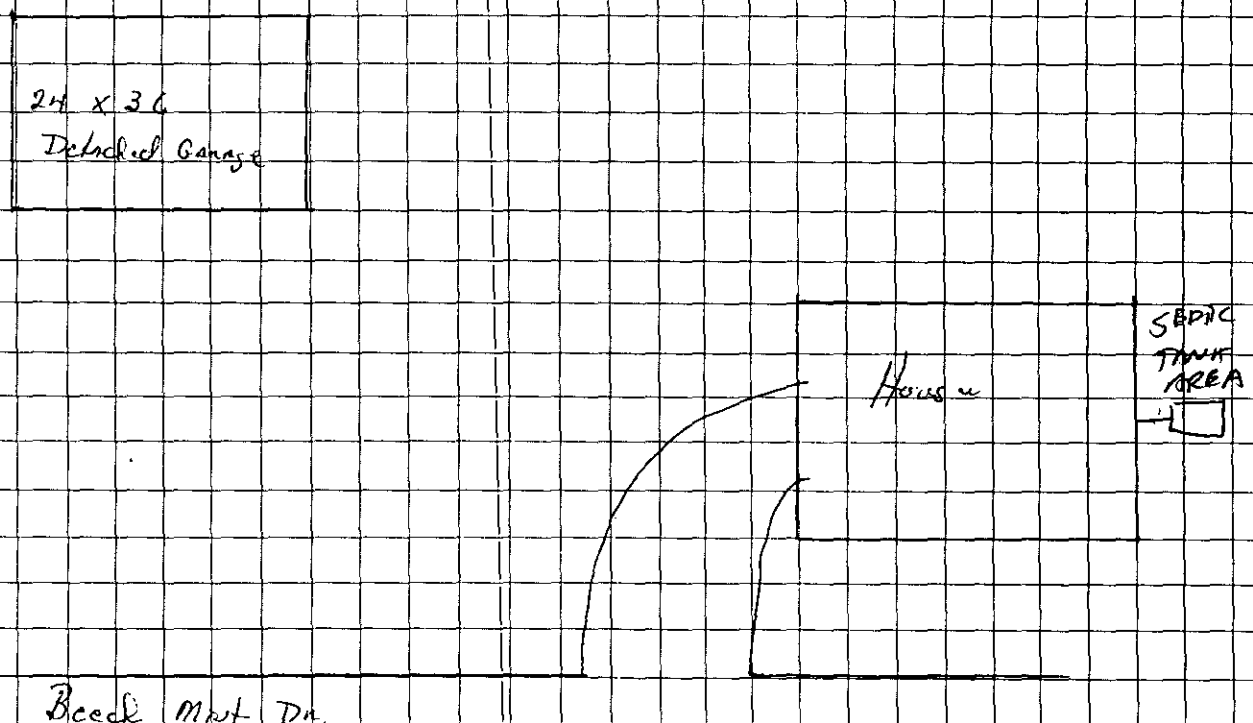
PROPOSED PLOT PLAN

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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1508A

TC: 195-071-13

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 2-9-98

APPROVAL DATE 2/12/98

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

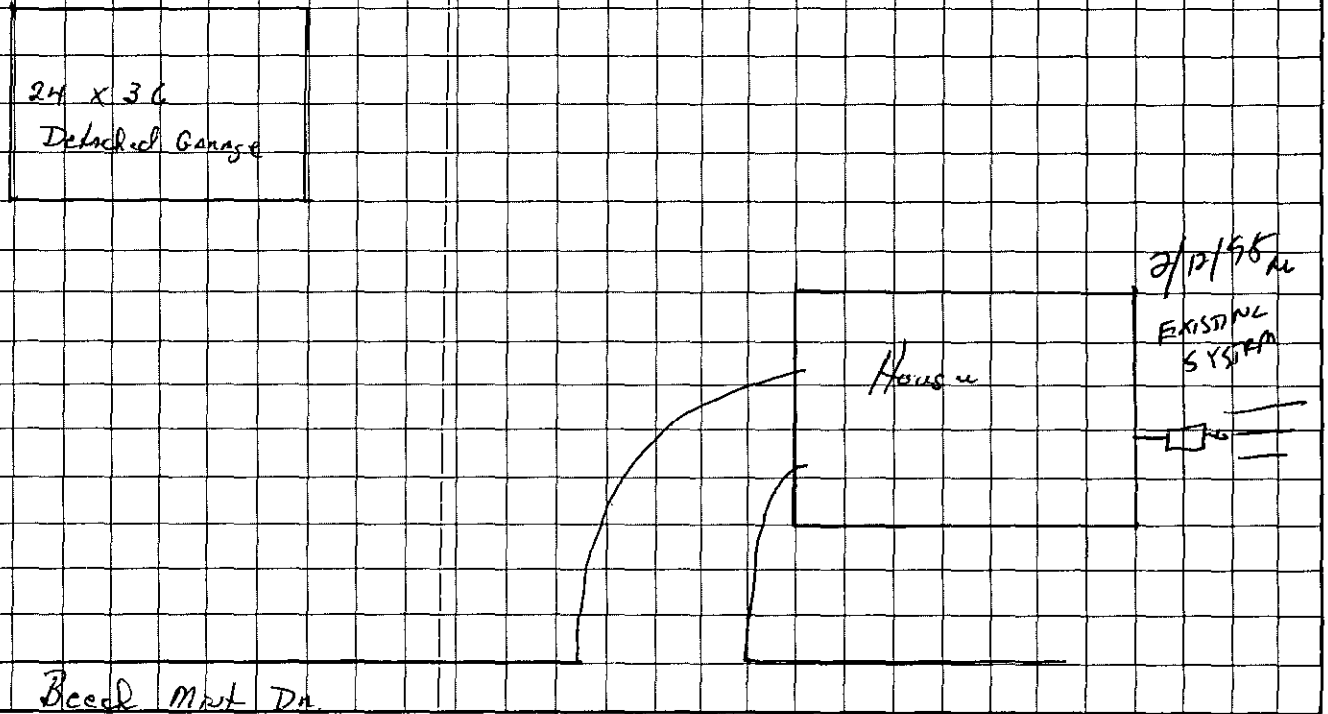
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PHONE (704) 336-5102

FILE: 1508A

TC: 195-07-13

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OWNER/AGENT SIGNATURE Dayla Lee

DATE 2-9-98

APPROVAL DATE 2-12-98 DEL

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy