Feb-03-2009 06:35 PM LUESA North 1
JAN-21-2009 14:23 MECKLENBURG CO GWS

FW

18567

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

4059

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ☐ N/A ☐ NEW SYSTEM ☒ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ N/A ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 00750107
STREET ADDRESS: 18650 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION NAME:
LOT #: LOT SIZE (acres): 6
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 2500
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1

6. WATER SUPPLY: ☐ MUNICIPAL ☒ PRIVATE WELL ☐ PUBLIC WELL ☐ SHARED WELL ☐ OTHER _____

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE (DRINKING WATER) ☐ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):
☐ N/A ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: 1 2 4 3 ___

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES	☒ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES	☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☒ YES	☐ NO	JURISDICTIONAL WETLANDS	☐ YES	☒ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES	☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES	☒ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES	☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES	☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS	☐ YES	☒ NO	KNOWN UNDERGROUND CONTAMINATION	☐ YES	☒ NO
WASTE STORAGE	☐ YES	☒ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	☐ YES	☒ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☒ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 4/17/09 ☐ N/A

12. PROPERTY OWNER:
NAME: Mark Thrower
ADDRESS: 18650 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
HOME PHONE: 704-892-0101
WORK PHONE:
MOBILE PHONE: 704-650-3644
FAX:

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME: Dianne May
ADDRESS: 18650 Shearer Rd
CITY: Davidson, NC 28036
STATE: ZIP:
HOME PHONE: 704-453-6028
WORK PHONE:
MOBILE PHONE:
FAX:

5/11/09

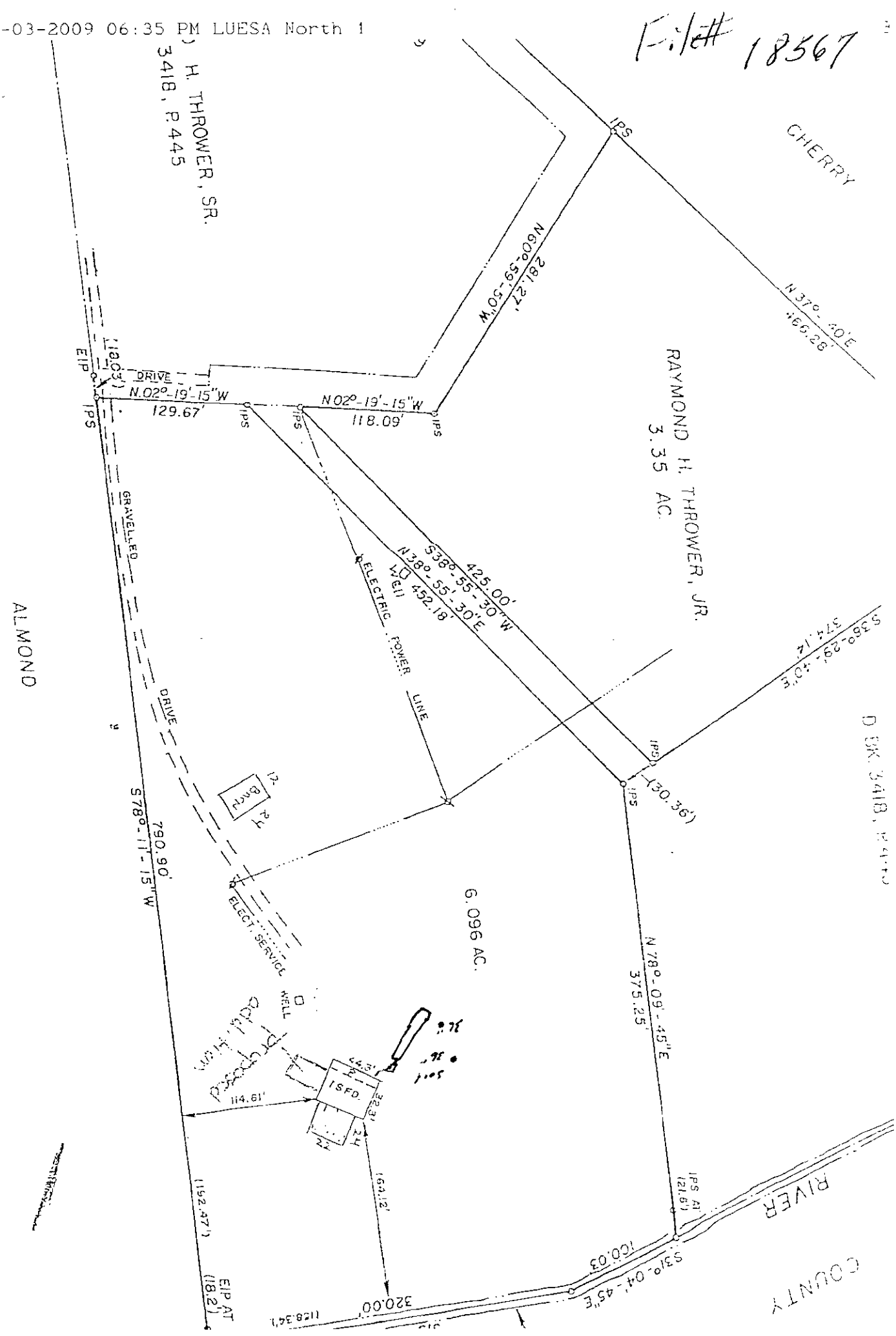
MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-8894

Revised on: 7/1/08

PO 300 ft
LUESA North

Feb-03-2009 06:35 PM LUESA North 1

F.i/ett 18567



6511 - 页 3644
1127 - 0101

CONDITIONS OF IMPROVEMENT PERMIT for an ALTERATION TO AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit Number: **18567** Tax Number: **00750107**

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement: ☒ Yes ☐ No ☐ Partial Basement

Primary Wastewater System

Type: ☐ I ☒ II ☐ III ☐ IV ☐ V ☐ VI

☒ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

.3 Long-term acceptance rate (GPD/ft^2)	480 Max gallons/day wastewater flow	na Absorption Area (ft^2)	na Trench spacing (min. on centers) (ft)
Serviced by private well: ☒ Yes ☐ No	exis Gallon septic tank	210 Total trench length (ft)	36 Maximum trench depth (in) (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions.)
4 Bedrooms in residence	na Gallon pump tank	18 Depth of media (in)	

Any surface water present: **no** Type: Minimum separation distance (ft):

Additional conditions: **ALTERATION FOR BEDROOM ADDITION**
INSTALL BED SYSTEM 9"WD@70"LONG@18" STONE REPAIR AREA MAXIMUM AVAILABLE SPACE

Repair Area System

Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

☐ Conventional
☐ Prefabricated, permeable block panel system
☐ Shallow Placed Conventional
☐ Low Pressure Pipe
☐ Large Diameter Pipe
☐ Fill
☐ Other
☐ Innovative or Experimental:

____ Absorption Area (ft^2) ____ Total trench length (ft)	__ Depth of media (in)	__ Trench spacing (min. on centers) (ft)	__ Maximum trench depth (in)

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. The approval is granted in accordance with the provisions of Laws and Rules For Sewage Treatment, and Disposal Systems 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 Approval is granted by this Department.

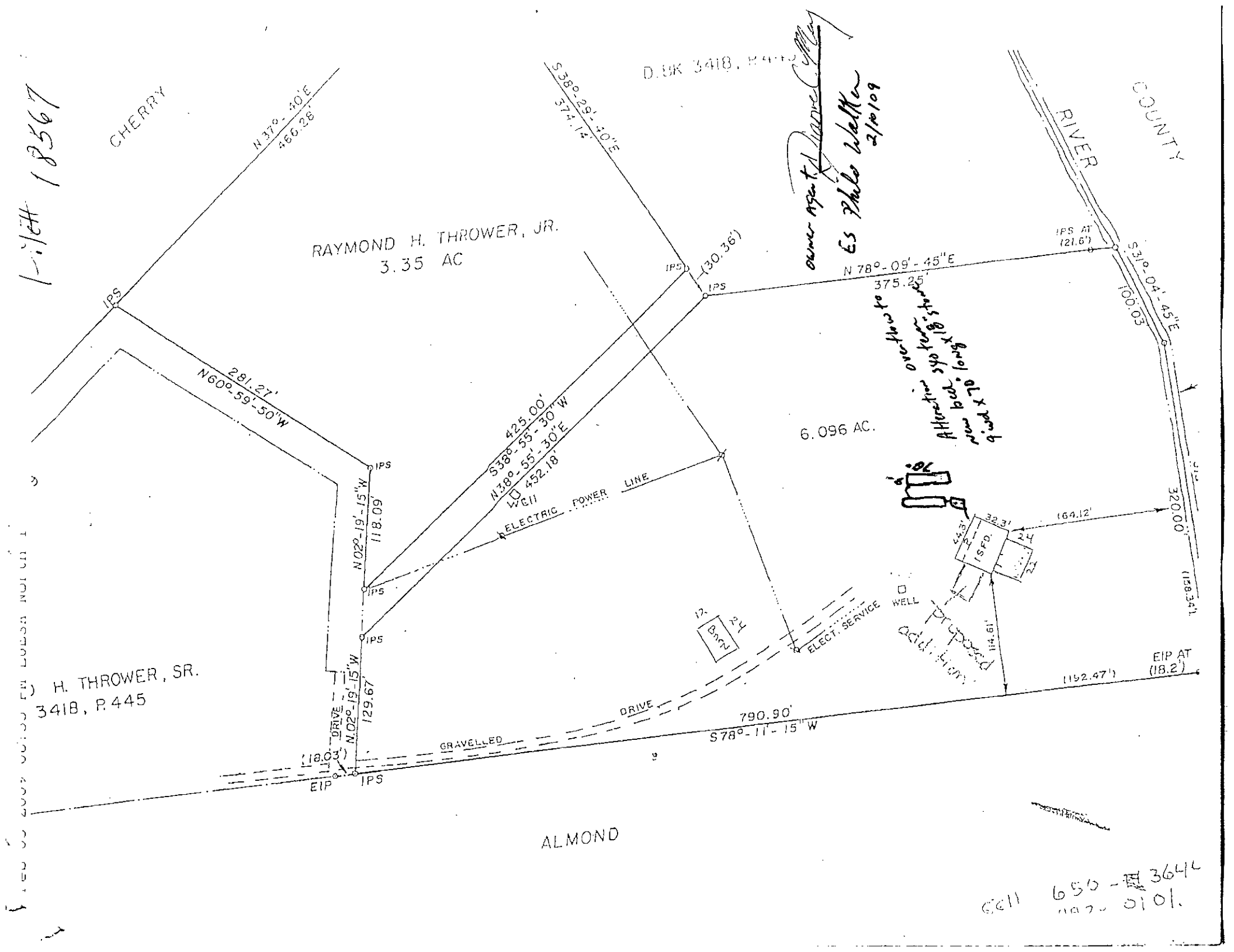
*** This Improvement permit is transferable.

Phila Walker 2/11/09
DENR Authorized Agent Date

Diane C. May 5/11/09
Owner/Agent Signature Date

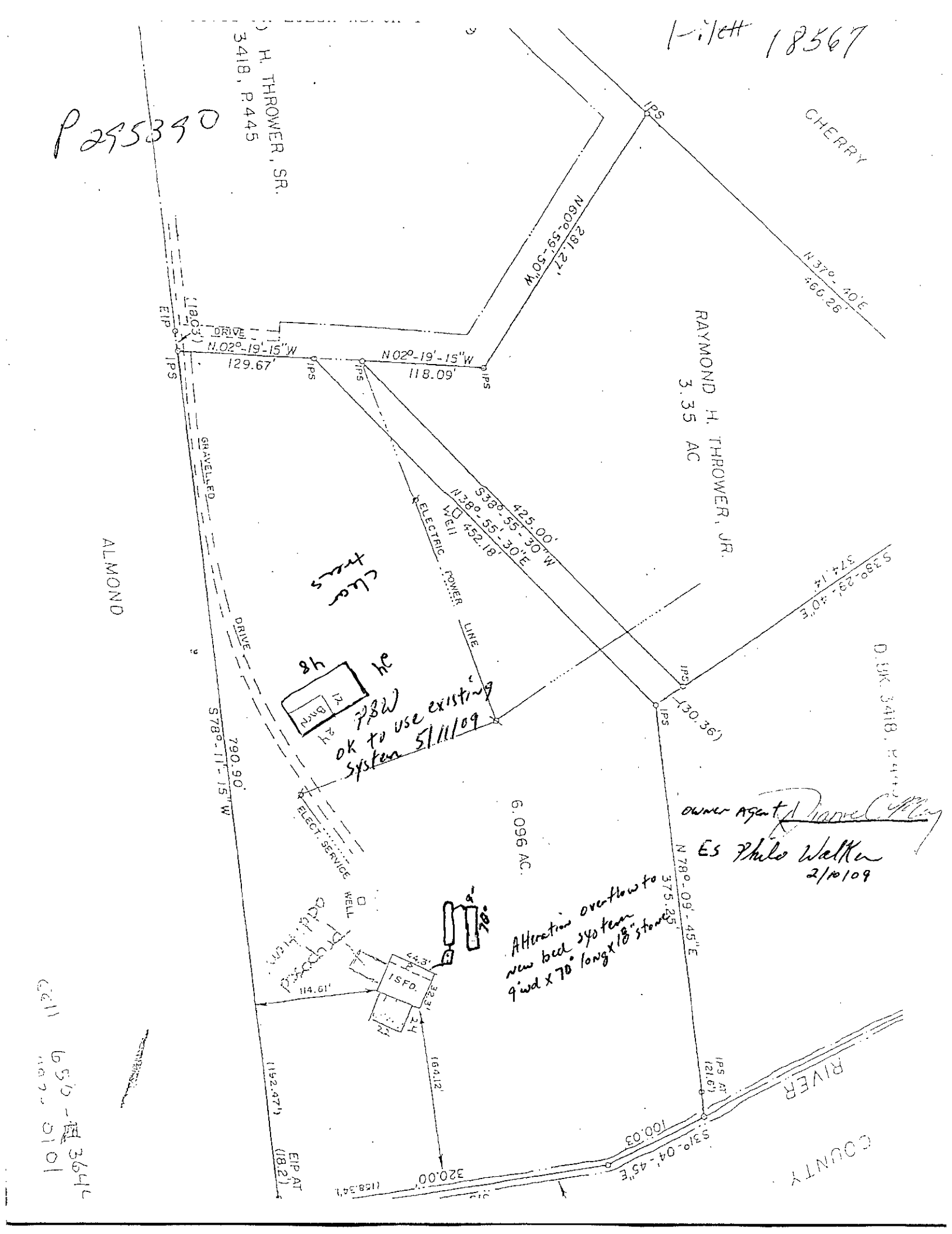
MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE: (704) 336-5103
FAX: (704) 336-6894

NC DENR
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION



Lot # 18567

Cell 650-364-0101


P255390
18567
H. THROWER, SR.
3418, P.445
CHERRY
IPS
N60°-59'-50"W
281.27'
N37°-40'E
466.26'
RAYMOND H. THROWER, JR.
3.35 AC
EIP
DRIVE
N.02°-19'-15"W
129.67'
IPS
N02°-19'-15"W
118.09'
GRAVELLED
ALMOND
S38°-55'-30"W
425.00'
N38°-55'-30"E
452.18'
WELL
ELECTRIC POWER LINE
DRIVE
S78°-11'-15"W
790.90'
ELECT. SERVICE
6.096 AC.
S78°-29'-30"E
374.14'
(30.36')
D.B.K. 3418, P.
owner Agent
ES Phillo Walker
2/10/09
N 78°-09'-45"E
375.25'
WELL
ISFD.
114.61'
(152.47')
EIP AT
(18.2')
320.00'
(158.54')
S30°-04'-45"E
100.03'
IPS AT
(21.6')
RIVER
COUNTY
Alteration overflow to new bed 240 feet 9'wd x 70' long x 18" stone
9'
70'
PSW
ok to use existing system 5/11/09
Close trees
8h
HC
12
Barn
Pig
Pond
Cell 650-3644
Home 510

12460

18567

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd. #50 12/13/95 CK # 4116 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: Thrower (last) Mark (first) D. (mi)

ADDRESS: 18650 Shearer Rd PHONE: 704, 892-1451

CITY: Davidson STATE: NC ZIPCODE: 28036

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-231-13

STREET ADDRESS: 18650 Shearer Rd

ZONING:

PROPERTY OWNER:

NAME: Thrower (last) Mark (first) D (mi)

ADDRESS: Same as above PHONE: (__) _____

CITY: " " " STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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): 6.09 Acres

~~[] SOIL TEST - INDIVIDUAL LOT (S)~~
~~[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)~~
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
~~[] SOIL TEST DEVELOPMENT (P)~~
[X] ADDITION GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Den
~~[] MODIFIED/ALTERNATIVE OR RESIDENCE > 4 BEDROOMS (Z)~~
~~[] REPAIR TO SYSTEM (R)~~

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: 3

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)
[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: Mark Thrower Date: 12-13-'95

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.

... No change in total number of bedrooms. Keep proposed addition min 5' from any part of wastewater treatment and disposal 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

Susan Gatewood 12-19-95
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

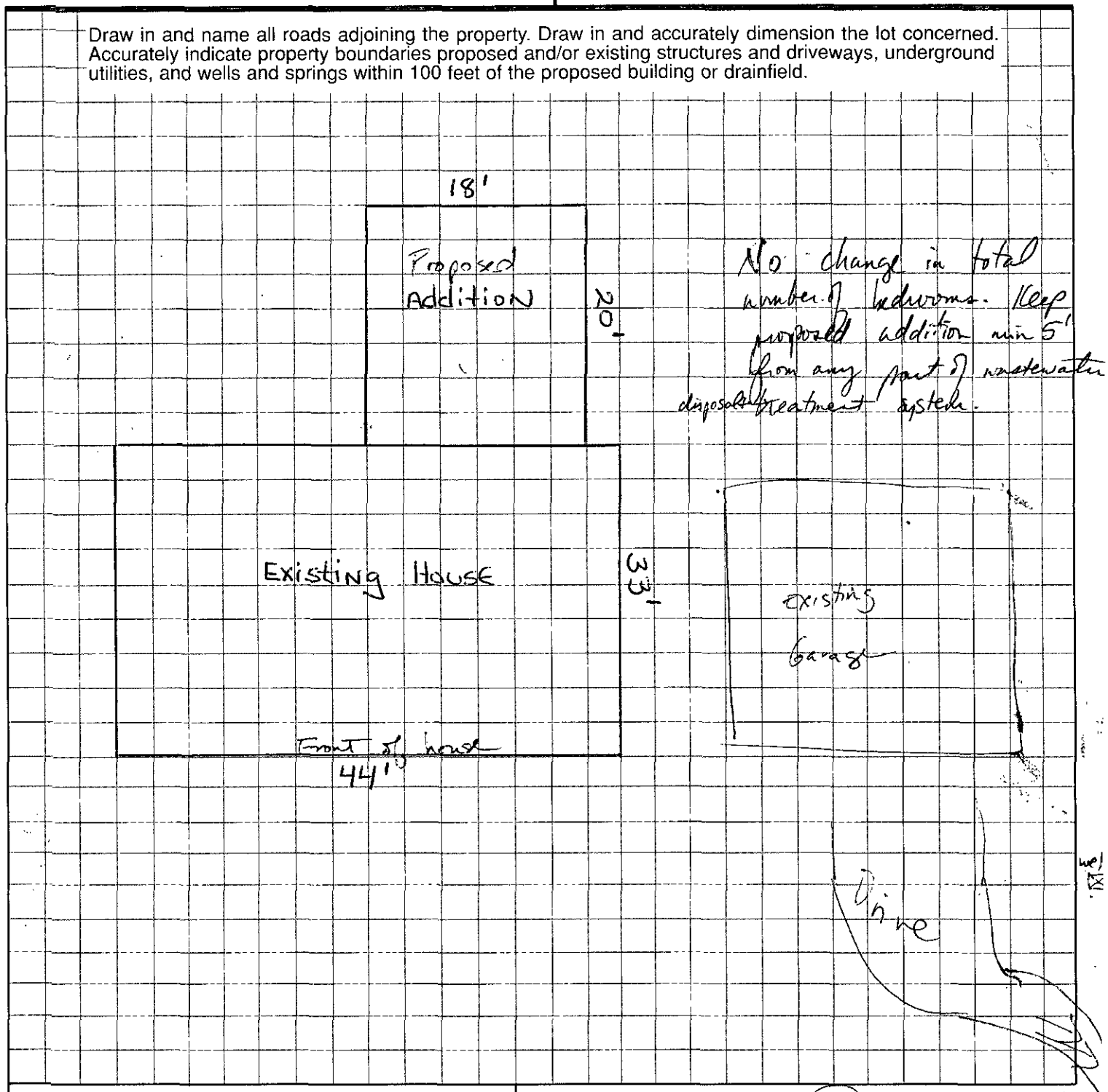
PROPOSED PLOT PLAN

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

FILE: 18567

TC: 007-231-13

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.



mark Thalwey
OWNER/AGENT SIGNATURE

DATE 12-13-'95

APPROVAL DATE 12-19-95 (SRS)

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