


7221 APPLE CREEK DR

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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

12572

P&50 check 500 8/30/96 [ ] 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

Date: 8/30/96

PERSON FILING APPLICATION:
NAME: FOUST, II (last) WILLIAM (first) E. (mi)
ADDRESS: 7221 APPLE CREEK DR PHONE: ( ) 545 4433
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-364-23
STREET ADDRESS: 7221 APPLE CREEK DR
CHARLOTTE NC
ZONING:

PROPERTY OWNER:
NAME: FOUST, II (last) WILLIAM (first) E. (mi) = MT MARGARET
ADDRESS: 7221 APPLE CREEK DR PHONE: ( ) 545 4433
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

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)
Ex Chvlg 3bdrm for office [X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
4th bdrm fam rm office
same # of bdrms

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: 4 NUMBER OCCUPANTS: 6

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):
[X] 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: William Foust, II Date: 8/30/96

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.

...9-3-96 Cannot approve addition with existing system - pump tank needs upgrades or they should connect to sewer. 9-4-96 Informed Mr. Foust of needed upgrades needed and his option to connect to municipal sewer.

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

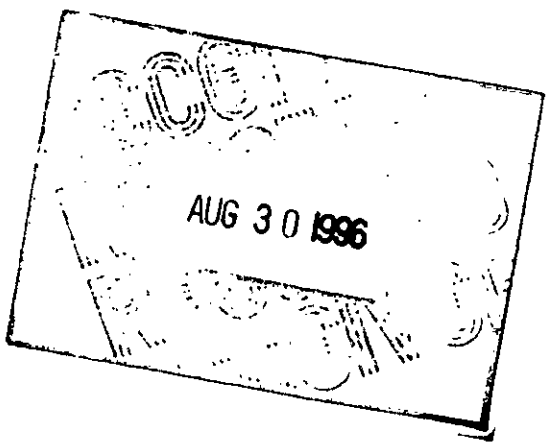
AUG 31 '96

Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

1981



COPY

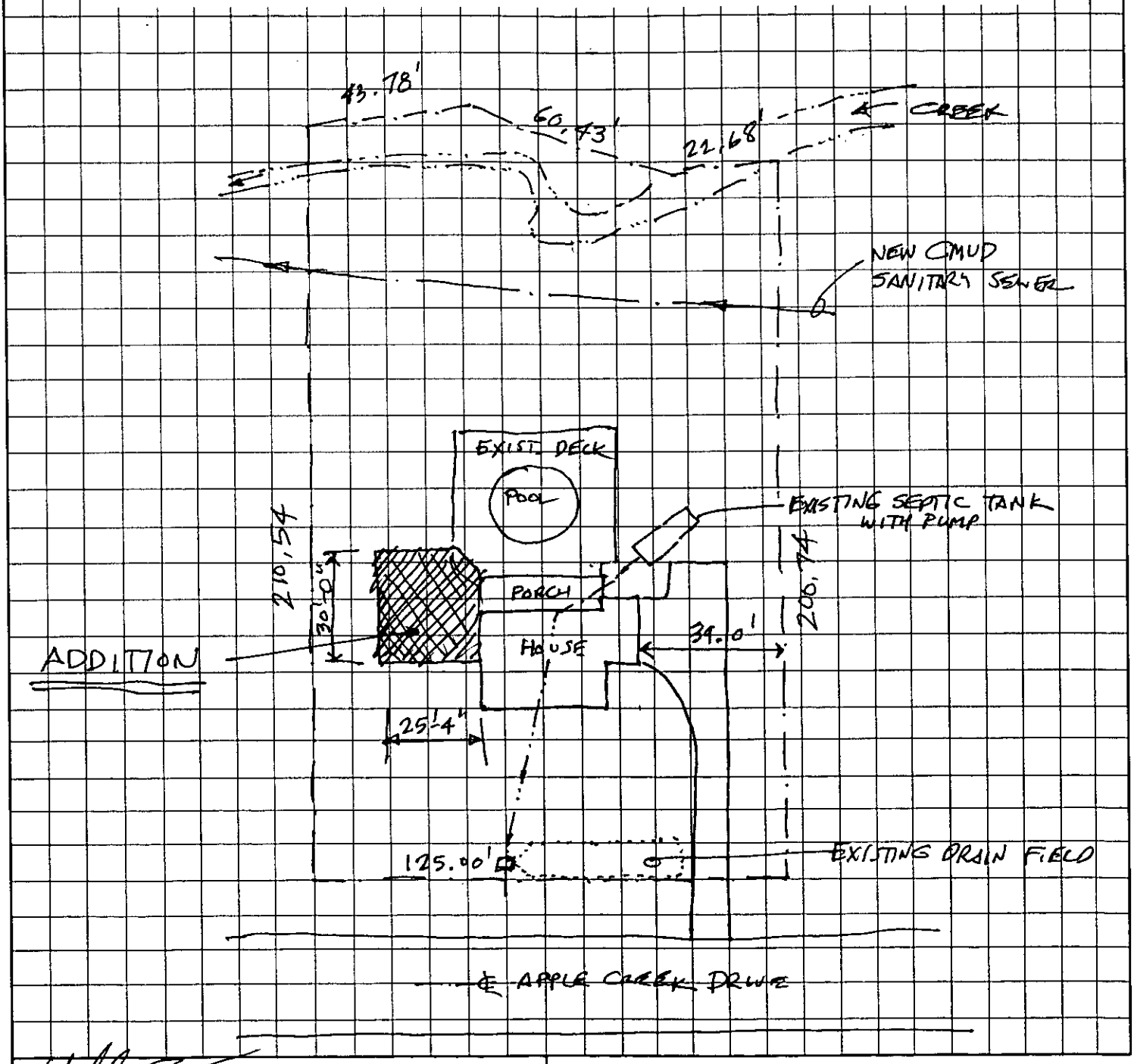
# PROPOSED PLOT PLAN

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

FILE: 12572

TC: 135-364-23

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.

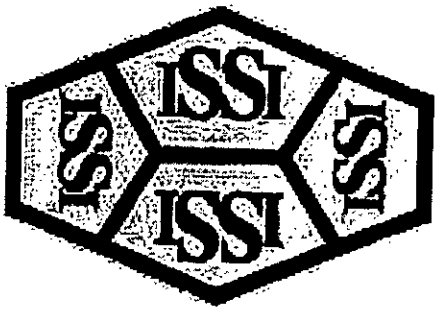



OWNER/AGENT SIGNATURE

DATE 8/30/96

APPROVAL DATE _____

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




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*ISSI Operations Center Staff*

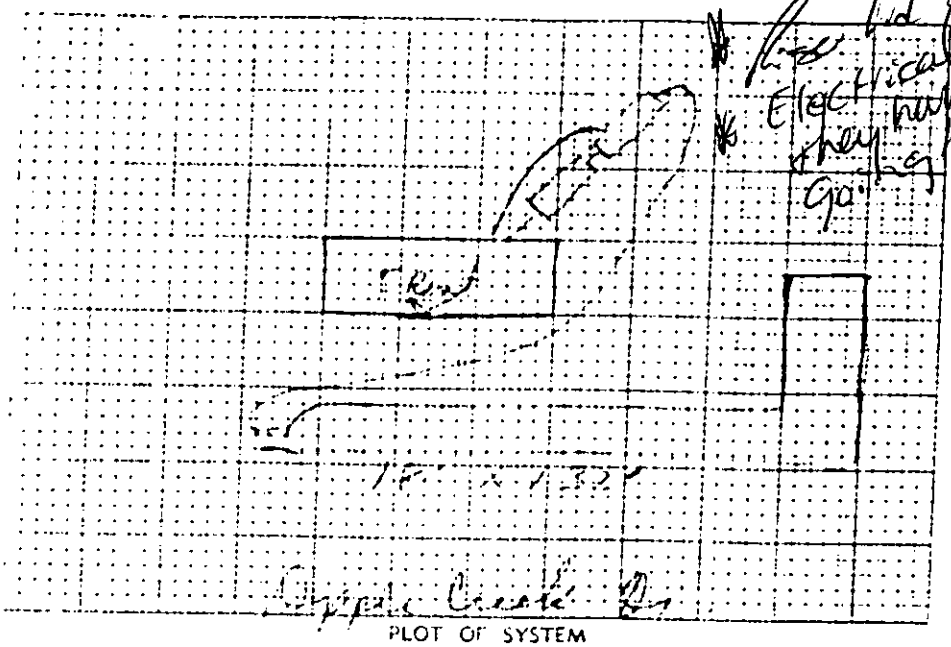
Serial No. 4581 ICAP/SI Permit No 125

T C No 25-30

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 granted to ___ Install or Construct, ___ Alter or Repair the individual septic tank waste-water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied on application 12577 dated ___ 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 9/15/77, after which date this permit shall be null and void




PLOT OF SYSTEM

Telephone No. 525

Liquid Capacity of Tank 1000 Gallons

Tank Construction R. C.

Absorption and/or Nitrification Lines.

Total Line Length 660' - 100'

Number of Lines 6

Distance from House 10'

Distance from Property Line 12'

Distance from Well 100' +

* Rec'd back electrical not working they have dropped 10 gal. to 50% bad connection

NAME OF OWNER Mrs. Emma Lee Lynch

LOCATION OF PROPERTY 7121 Upper Creek 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 as prepared 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:

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division 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.

Environmental Health Department's Copy

C of A Issued No. 12572

Date Issued 11-13-81 Serial 4865 T C No 125-364-2.7

# 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 McElmore (LAST) Bob (FIRST) Const. Co. (MIDDLE)

Location of Property 7221 Apple Creek Road

Application Number 12572 Permit Number 12572

**Inspection Data:**

Liquid Capacity of Tank 1500 ± 1000 gal Tank Material P-C

Total Length of Drain Tile 660' ± 167' Number of Lines 5

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Comm well Distance from Water Source 100' ±

Excavation Inspected 11-13-81 (DATE) Tank Inspected 11-13-81 (DATE)

Nitrification Field Inspected 11-13-81 (DATE)

Well, Spring, Water Line Inspected, If Applicable 11-13-81 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption et
fluent discharge as described a. e and it has been installed or constructed,
altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg Count
Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Ap
proval does not in any way guarantee that the system will operate properl, or relieve any person now o
hereafter owning, controlling, or using such system from any liabilit resulting from the failure of the
system to operate properly. This Certificate of Approval is issued subject to these restrictions and cond
tions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approva
shall be null and void if any information contained in the application is untrue or if any additions alt
ations are made to the property which would increase the requirements for said system.

Comment

Bob Wilson
Environmentalist

Environmental Health Department's Copy

12572

# Mecklenburg County
## Health Department

May 18, 1992

Mr. William E. Foust, II
7221 Apple Creek Drive
Charlotte, NC 28227

Dear Mr. & Mrs. Foust:

On April 20, 1992 a letter was mailed to you regarding a sewage violation at 7221 Apple Creek Drive, tax parcel 135-364-23,Charlotte, North Carolina. Our records indicate that you have not contacted this department for an appointment to repair as required.

Your prompt response is necessary to assure compliance before the due date of May 20, 1992. Failure to complete the repair will result in legal action being initiated against you on May 25, 1992.

If you have any questions concerning this matter, please contact me at 336-5572.

Sincerely,

William (Jerry) Stahl, R.S.I.
Individual Water and Wastewater Systems

cc: Ms. Sara Pressly
Associate County Attorney