

3832 HIGH RIDGE RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Phil 0

YES floor out

X3744 11/19/04 CK

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 14364

te:

PERSON FILING APPLICATION:
NAME: BROWN (last) STUART (first) R (mi)
ADDRESS: 9831 Thorn Ridge Rd PHONE: (W) 753-5503
CITY: Indian Trail STATE: NC ZIPCODE: 28079

OPERTY INFORMATION (FROM ENGINEERING FORM):
X/PARCEL NUMBER: 227-084-11
'REET DDRESS: 3832 High Ridge Rd
ONING: R-3

PROPERTY OWNER:
NAME: ~~Steve~~ Harris (last) STEVE (first) (mi)
ADDRESS: 3832 High Ridge Rd PHONE: (__) _____
CITY: CLT. STATE: NC ZIPCODE: 28270

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

UBDIVISION OR MOBILE HOME PARK NAME: Providence Plantation
LOT NUMBER: Lot 2 Blk 5 LOT SIZE (in acres): 1.654
1978

YPE APPLICATION (check one):

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

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

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
[X] Garage [ ] Storage Building [ ] Deck/Patio [X] 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: Stuart Brown Date: 11/19/04

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 a 2 bedroom garage/Apt w/plumbing 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

Philo S. Walker RS 11/24/04
Environmentalist Date

WATER : 122791

PH 105925

PROPOSED PLOT PLAN

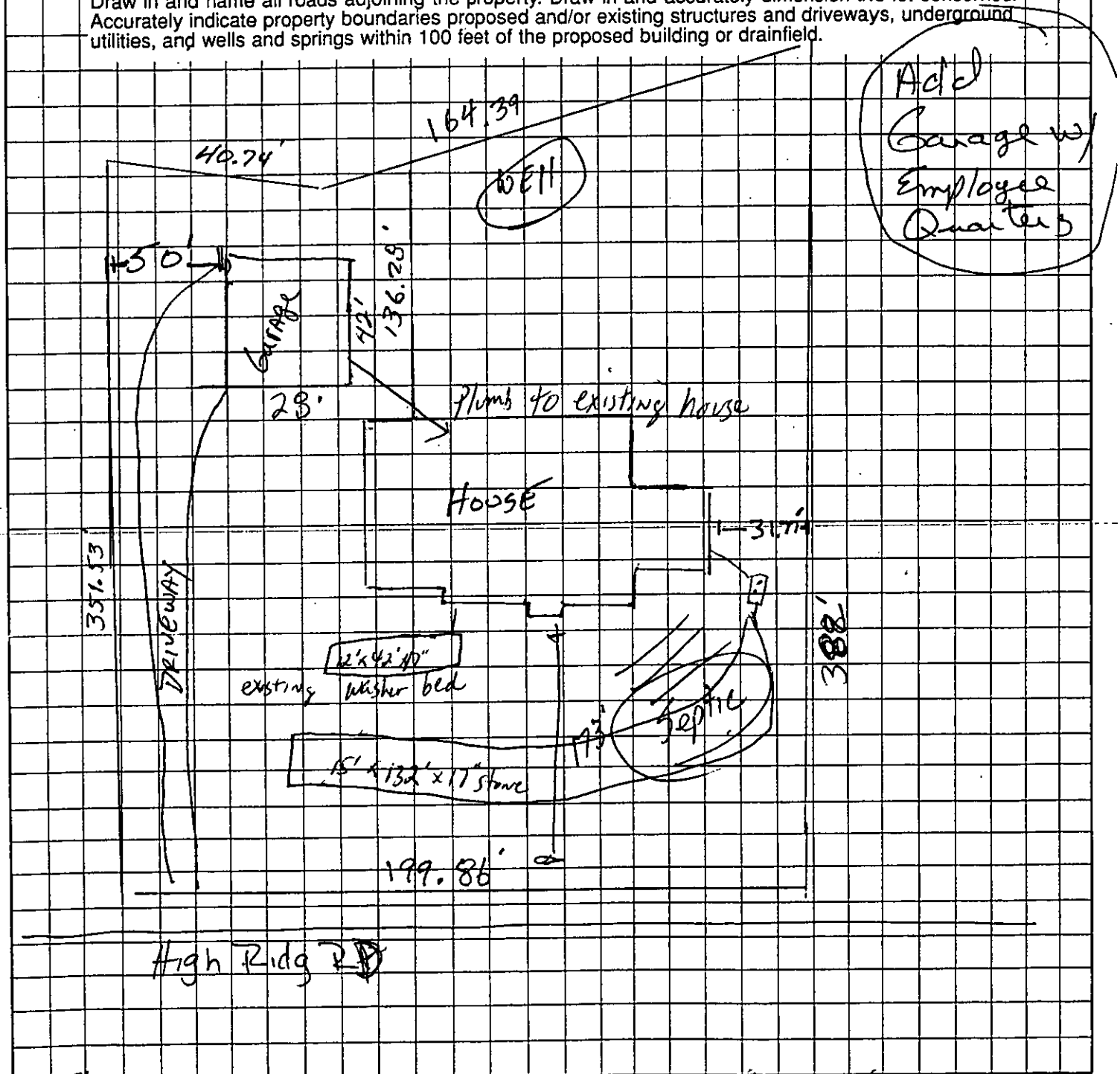
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5103

COPY

FILE: 14364

TC: 227-084-11

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 11/19/04

APPROVAL DATE FB W 11/24/04

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

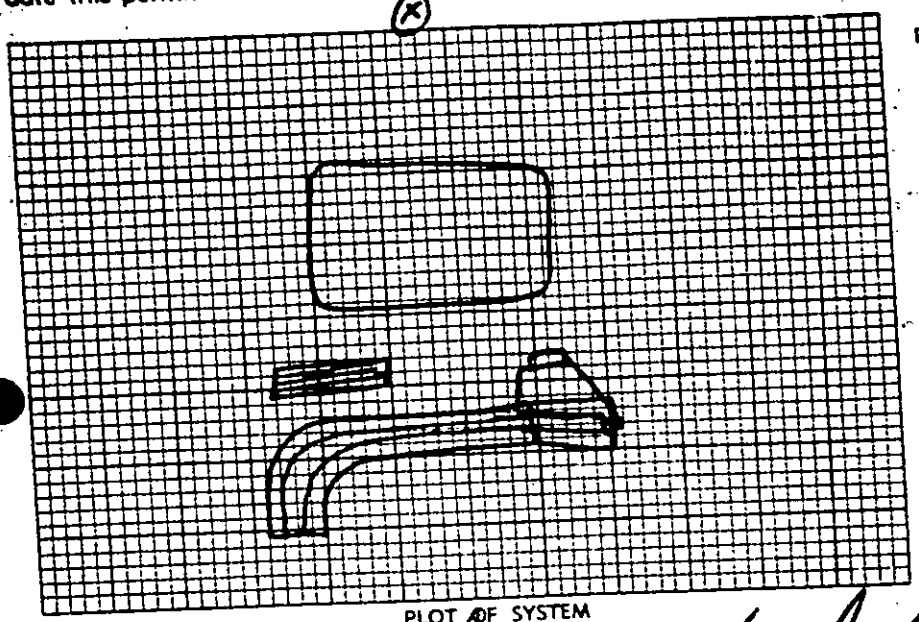
Date Issued 19 Apr. 79 Serial No. 2605 ICAR(S) Permit No. L[illegible]

T. C. No. 232-[illegible]

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 [illegible] dated July 24 78 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 19 May, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction P.C. Conc.

Absorption and/or Nitrification Lines:

Total Line Length 660' & 167'

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100' +

NAME OF OWNER Charles A. Cookafield

LOCATION OF PROPERTY High Ridge Rd. lot 2

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:

(15'x132'x17" stone)

(12'x42'x17" stone)

Steve Wood

Environmentalist

Division or Section Head

* 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

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 Leadenhall Ridge RL Inc. 4.

Location of Property 5332 Mt. Ridge Rd.

Application Number 14364

Permit Number 14364

Inspection Date:

Liquid Capacity of Tank 1500 gal

Total Length of Drain Tile 160' @ 17'

Depth of Filter Material 17"

Water Supply Source well

Excavation Inspected —

Nitrification Field Inspected 24 Apr. (DATE)

Washing Machine Line Inspected, If Applicable 24 Apr. (DATE)

Tank Material P.C. Conc.

Number of Lines 5 in 4

Cover Depth 15"

Distance from Water Source 100'

Tank Inspected 19 Apr. (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 changes are made to the property which would increase the requirements for said system.

Comments:

