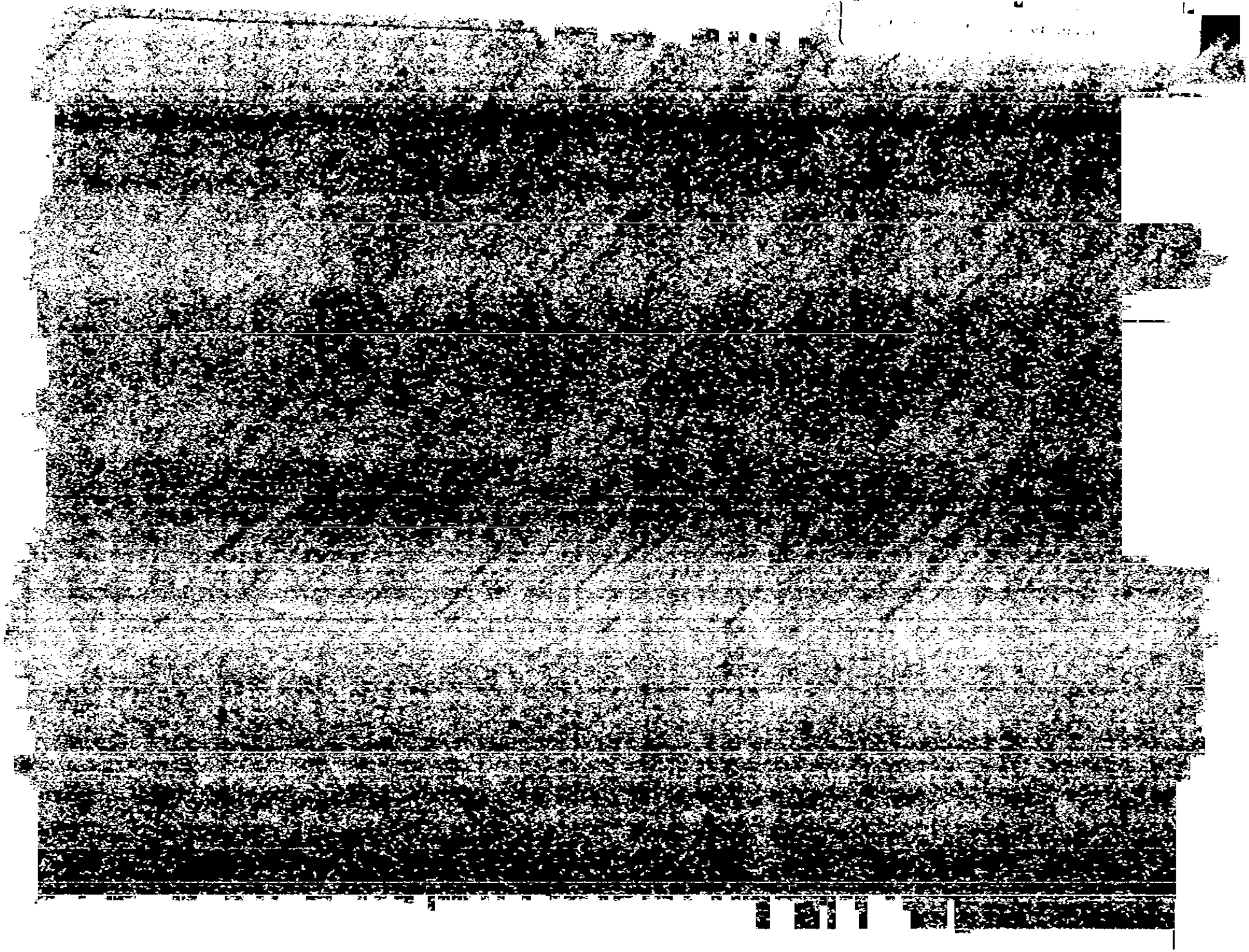


INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

19708 ~~12~~ 40 — PD 50.00 CK 5959 MJ 6/14/93

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5100

Date:

PERSON FILING APPLICATION:
NAME: Rolnick (last) Dennis (first) H (mi)
ADDRESS: 15901 Sunset Dr PHONE: (__) _____
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING PERM):
TAX/PARCEL NUMBER: 001-023-35
STREET ADDRESS: 15901 Sunset Drive
Huntersville NC
ZONING: R3

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): .691

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] 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) ADD Rec Room/Bath Above GARAGE
[ ] 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: 5
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: D. H Rolnick Date: 6-11-93

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.

... Use existing system (with plumbing)

[ ] 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 6/22/93
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122701

50.00

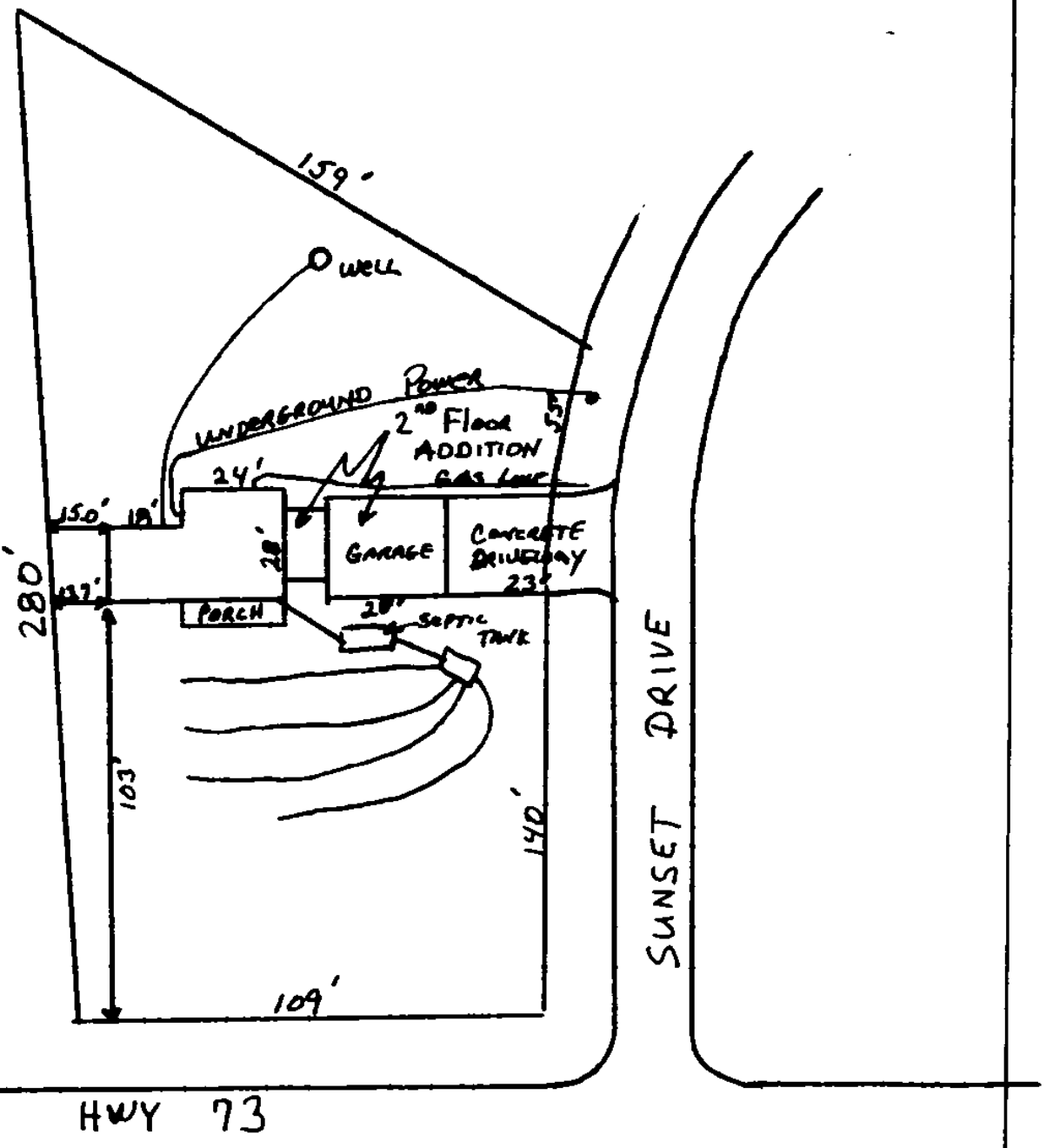
PROPOSED PLOT PLAN

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

FILE: 19708

TC: 001023-35

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

DHW DES appr 6/22/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

RECEIVED
Date Received 6-3-83
ENVIRONMENTAL HEALTH

INSTRUCTIONS ON BACK

ICAR(S) Application No 19[illegible]

T C No [illegible]

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that property described hereinafter hereby applies to the Mecklenburg County [illegible] Environmental Health for a permit to

1) ✓ Install or Construct 2) Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge system

SEE ATTACHED DRAWING

3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No of Bedrooms 3

5 Business Use [illegible] Employees

6 Washing Machine ✓ No

7 Garbage Disposal ✓ No

8 Other

9 Water Supply
A Individual Well
B Community System
1 Well Source
2 Governmental

10 Sewage System
House located within 200' of public sewer ✓ Yes No
House located within 400' of public sewer Yes ✓ No

FHA Case No N/A

VA Case No N/A

13) NAME OF OWNER [illegible] LAST FIRST

14) ADDRESS OF OWNER RT 4 Box 634 SUNSET Drive Huntersville, NC 28078

15) PHONE NO Home 875-9412 Office 375-6357 EXT 4553 15233

16) LOCATION OF SYSTEM Lot Sunset Dr NC 23
STREET OR COUNTY ROAD

17) SUBDIVISION N/A Lot No N/A Block No [illegible]

Map Book No N/A Page No N/A

18) DEED REFERENCE -- DEED BOOK 4323 AT PAGE 0455

19) HAS A SOIL INVESTIGATION BEEN RUN? YES DATE RUN 5

20) PTR NUMBER (See Instructions) 19708

The undersigned [illegible] hereby agrees that he has read the foregoing [illegible] of same or [illegible] understands that any permit applied for [illegible] the above facts are not true.

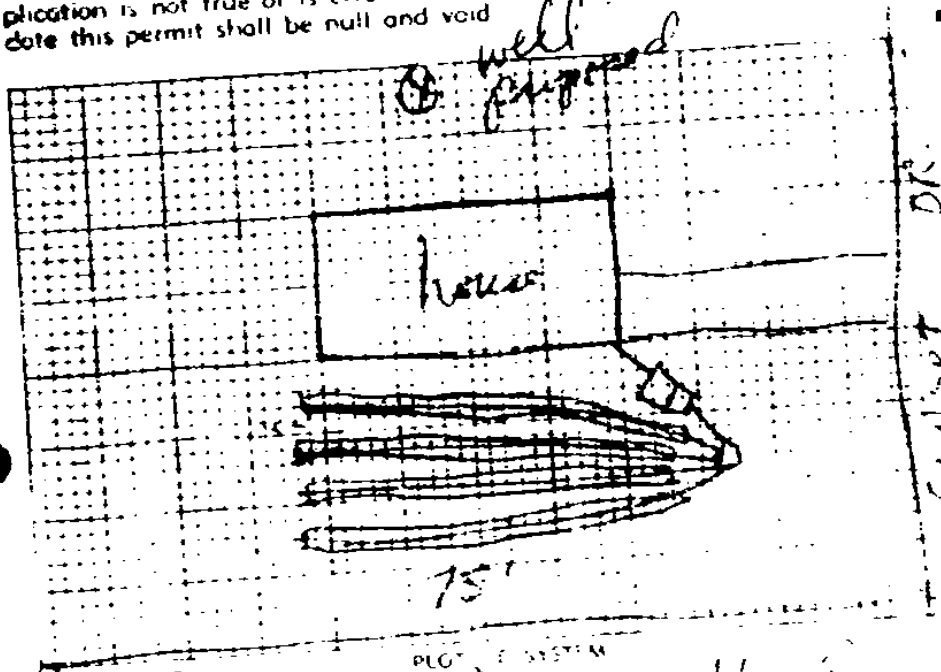
6-[illegible]-83

Serial No 6353

Date Issued 6-14-83

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTIOIL, 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 ... water treatment system with subsurface, soil absorption, effluent ... scribed location. This permit is granted based upon the information ... dated 6-2-83 and this permit shall be void and of no effect ... plication is not true or is erroneous. All work shall be completed ... date this permit shall be null and void.



PLOT PLAN OF SYSTEM

NAME OF OWNER

LOCATION OF PROPERTY

The ... Health ... rendered ... trolling ...

Comments

C of A Iss No 19801

Serial 6577

T C No 001-C-3-35
L CR

Date Issued 4-26-84

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 ROINICK, DENNIS
LAST FIRST MIDDLE

Location of Property 15233 N.C. #73

Application Number 19708

Permit Number 19708

Inspection Date:

Liquid Capacity of Tank 1500 gal

Total Length of Drain Tile 300 lin Ft.

Depth of Filter Material 12 inches

Water Supply Source well

Excavation Inspected 4-26-84
DATE

Nitrification Field Inspected 4-26-84
DATE

Washing Machine Line Inspected If Applicable
DATE

Tank Material Pre Cast Con...

Number of Lines Four

Cover Depth 12 inches

Distance from Water Source 75'

Tank Inspected 4-26-84
DATE

The undersigned has inspected the Individual Septic Tank ... soil ... effluent discharge as described above and it has been ... altered or repaired in accordance with the permit issued ... Mecklenburg Health Commission in effect on the date of issuance of the ... approval does not in any way guarantee that the system will ... hereafter owning, occupying, or using such system from responsibility resulting from the system to operate properly. This Certificate of Approval is issued subject to ... tions shown on the permit in addition to those listed below or hereon. This Certificate shall be null and void of any misrepresentation contained in the application or any ... made to the property which would increase the requirements for such system.

Comments

Sanitarian