


6810 ALANBROOK RD

10804543

6/5/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

Q4705

8804

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

Pd - $450.00 cash 5/10/95

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

PERSON FILING APPLICATION: WATTS REMODELING OF CHAR. INC.

NAME: WATTS (last) JOHN (first) H. (mi)

ADDRESS: 6031 PLEASANT GROVE RD PHONE: (704) 394-1824

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28216

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 045-43 108-~~045~~-02

STREET ADDRESS: 6810 ALAN BROOK RD 28215

ZONING:

PROPERTY OWNER:

NAME: NORMAN (last) SAMUEL (first) R. (mi)

ADDRESS: 6810 ALANBROOK DR PHONE: (704) 568-4692

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):

- [ ] 0 Mecklenburg County
- [x] 1 Charlotte
- [ ] 2 Davidson
- [ ] 3 Cornelius
- [ ] 4 Pineville
- [ ] 5 Matthews
- [ ] 6 Huntersville
- [ ] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: PLN19 LOT #5 LOT SIZE (in acres):

- [ ] 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 N)
- [ ] COMMERCIAL OR INDUSTRIAL (N)
- [ ] SOIL TEST DEVELOPMENT (P)
- [x] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Family Room
- [ ] 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: 4 NUMBER OCCUPANTS: 3-5

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)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [x] None
- [ ] 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: John H. Watts Date: 5-10-95

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.

...Family room addition

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 A. Walker 5/17/95
Environmentalist Date

Sylvia Daniel for Sylvia Daniel Program Chief 5/17/95
Director or Authorized Section Head Date

WATER : 22 91

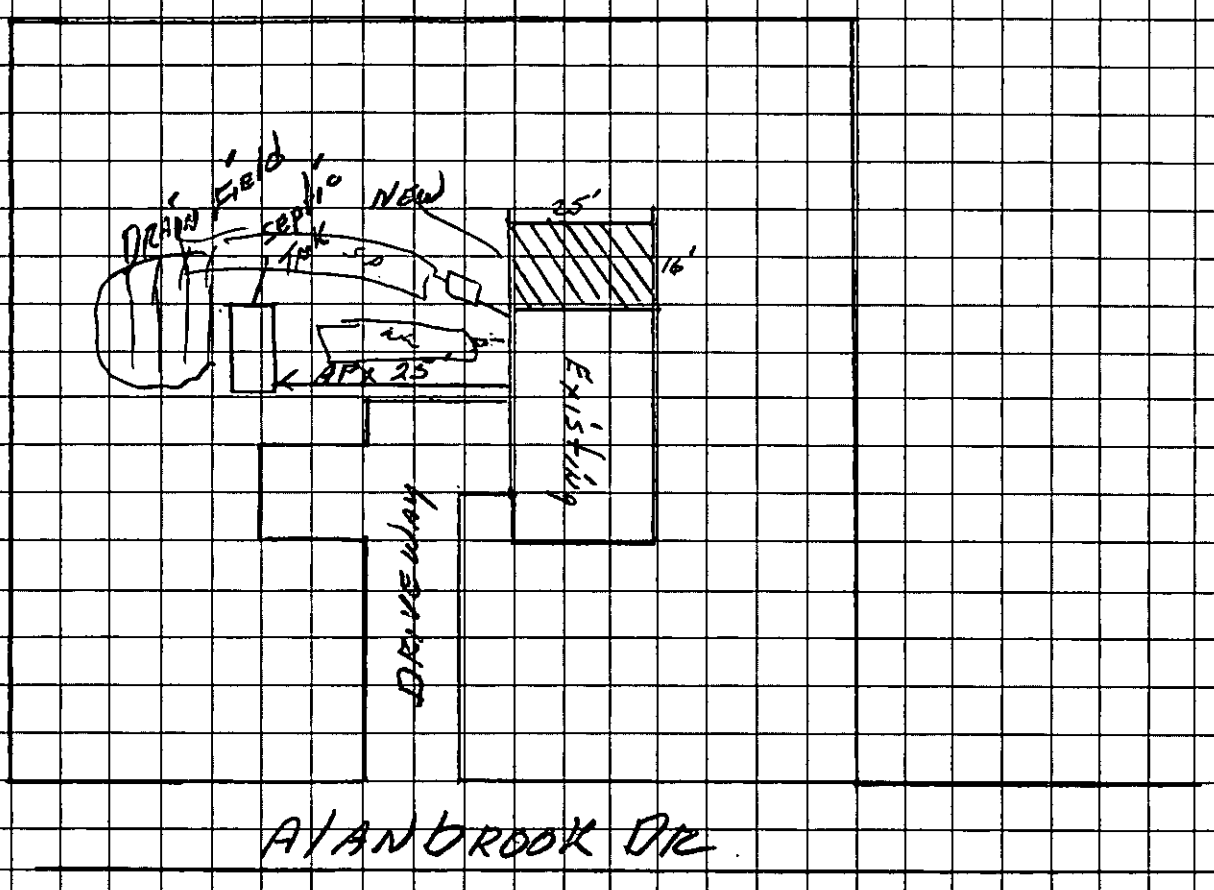
# PROPOSED PLOT PLAN

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

FILE: 8804

TC: _____

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.

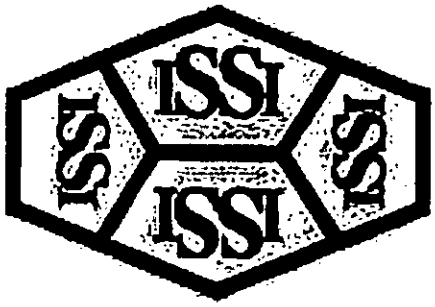



WATTS REMODELING OF CHAR. INC.
John R. Watts
OWNER/AGENT SIGNATURE

DATE 5-10-95

APPROVAL DATE JRW 5/17/95 VES

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




Imaging Solutions and Services, Inc

The following is a

# Poor Original

*The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.*

*ISSI Operations Center Staff*

Serial No.

Date Issued MAY 22 1975

CERTIFICATE OF COMPLETION

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner GIBSON GEORGE
LAST FIRST

Location of Property ALLEN-BROOK DRIVE

Application Number 7204 Permit Number

**Inspection Data:**

Liquid Capacity of Tank 1000 GAL Tank Material PC

Total Length of Drain Tile 300', 150' Number of Lines (3'75' x 12' x 2')

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source PRIVATE WELL Distance from Water Source 100'

Excavation Inspected MAY 21, 1975 DATE Tank Inspected MAY 22, 1975 DATE

Nitrification Field Inspected MAY 22, 1975 DATE

Washing Machine Line Inspected, If Applicable MAY 22, 1975 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 Board of Health 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: WASHER LINE (50' x 7½' x 17")
ABSORPTION PIT OK

R. A. Kuegle
Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No.

Date Issued MAY 5, 1975

ICAR (S) Permit No 2804

T C No 103-311-01

Map Date 6-10-74

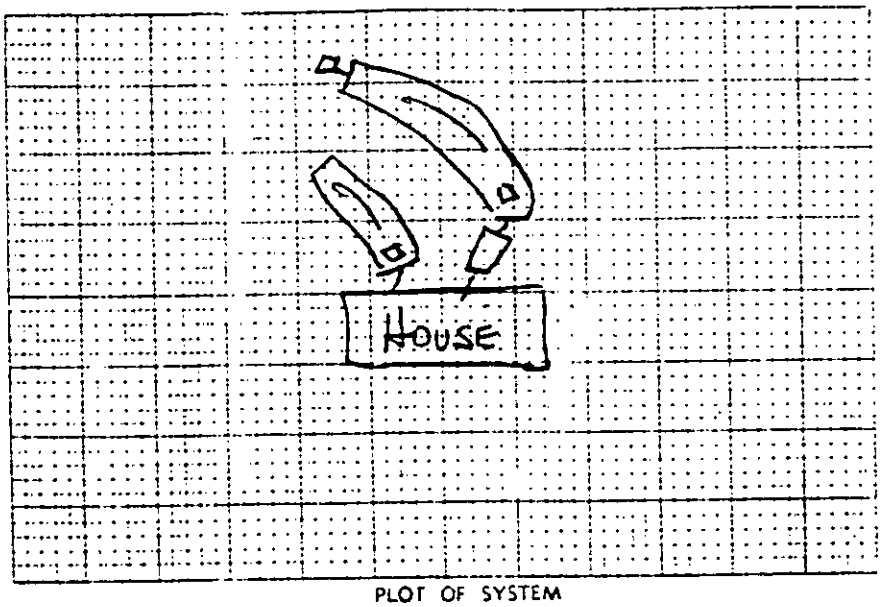
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### 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 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 in application 8804 dated 2-3-75, 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 JUNE 5, 1975, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 GAL

Tank Construction PRECAST CONCRETE

Absorption and/or Nitrification Lines

Total Line Length 300', 150'

Number of Lines ④ 75' x 10' x 17"

Distance from House 10'

Distance from Property Line 10'

Distance from Well —

NAME OF OWNER GEORGE GIBSON

LOCATION OF PROPERTY ALLEN-BROOK DRIVE

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: WASHER LINE (50' x 7½' x 17")
AERATION PIT (2½' x 4' x 7')

Division or Section Head

Environmentalist Paul A. Keffe

If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-8-1-72

Health Department's Copy

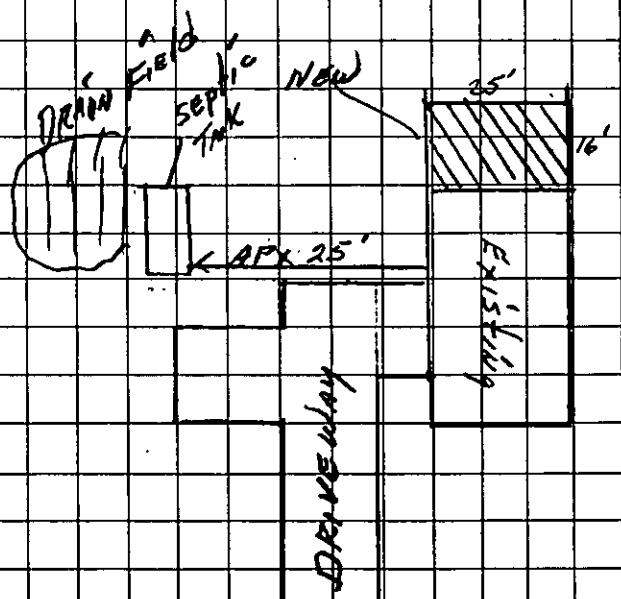
# PROPOSED PLOT PLAN

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

FILE: 8804

TC: _____

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.




WATTS REMODELING OF CHAR. INC.
John K. Watts
OWNER/AGENT SIGNATURE

DATE 5-10-95

APPROVAL DATE NW 5/17/95 VES

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