

9715 SURREY RD

13926240

4/30/08

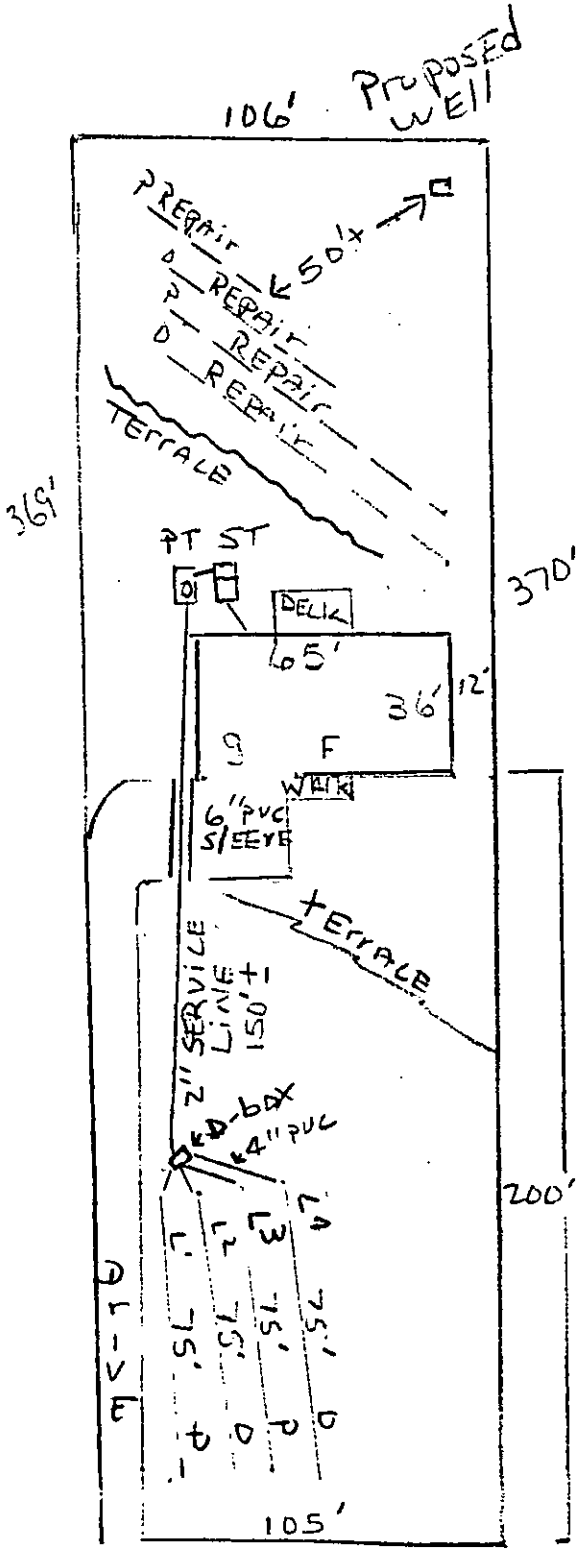
marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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KR

(3) Bedrm. Infiltrator Pressure Distribution

MCHD
FILE: 2362-A
TC: 139-263-07
Lot 19, Fox Ridge



□ Existing WELL

REPAIR AREA
(PPBPS) - 270' shown

* Primary PLAN
1,500 gal. SEPTIC TANK
1,000 gal. PUMP TANK
(4) 75' LINES 300' TOTAL
(13) UNITS PER LINE
360 gpd / 1.3 LTAR = 1,200 ft.²
1,200 ft.² / 4.0 = 300'
1,200 / 24 = 50 or 52 UNITS

T. Wilhelm
866-9540
SCALE: 50

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2362A DATE: 10/24/95

TC: 139 262 40 ☐ L ~~☐ CBJ~~

SERIAL Nº 16417

Name of Owner Don W. Carver Jr Juris.: _____

Address of Property 9715 Surrey Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 300' (IWWS 93-2-R1)

Number of Lines 4 @ 75'

Cover Depth 8" - 12"

Water Supply Source well

Distance to Water Source 60'

Excavation Inspected 10/12/95

Tank(s) Inspected 10/12/95

Wash Line Inspected -

High Water Alarm Inspected 10/12/95

PLOT

Design 1995, 1500 ST, 1000 DT, PI, ~~AMD~~ NW, IWWS 93-2-R1 Innovative System CTR# B. McCarver 117

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Elec. inspection 10/23/95 Septic system designed for 3 bedroom residence. Septic system installed in accordance with approved plot plan. Innovative system Type III

Philip L. Walker
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

SP

FILE: 2362A DATE: 10/9/95

TC: 139 262-40 ☐ L

SERIAL Nº 16441

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 the application dated 6/28/93. All work shall be completed on or before 11/9/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction PCC

Trench Depth 2'

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous ✓

Total Line Length 300' feet

Number of Lines 4 (75')

Depth of Stone NA inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >60' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Don W. Carver Jr

LOCATION OF PROPERTY 9715 Surrey Rd

Comments: Install septic system in accordance with approved plot plan. Keep septic system >50' from existing well

/s/ Steven for Daniel Morgan Chief 10-20-95

Phil S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Lorraine –

This needs a new file, I believe, since there is a microfiche card in this one.

Mecklenburg County
Health Department

October 16, 1995

Mr. Don Carver
4323 Chuckwood Drive
Charlotte, North Carolina 28227

Dear Mr. Carver:

Re: 9715 Surrey Road
File: 2362A/(Tax Parcel No. 139-262-40)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is <u>required</u> for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

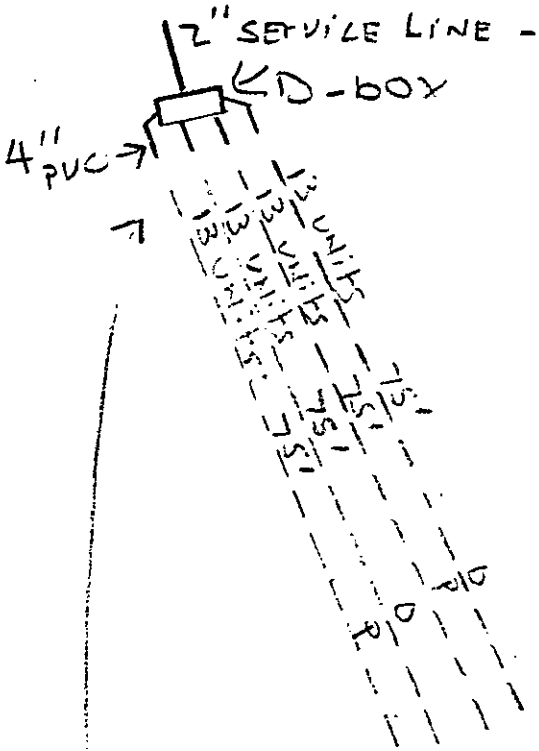
MCHD

3 Bedrm. Infiltrator
Pressure Distribution

File: 2362-A

* KEEP lines straight on contour 9' on center.
* Pressurize to D-box., serve units with 4" PVC from D-box.

2" service line - Approx. 150'± pending P/Tank placement


D-box
4" PVC
UNITS
UNITS
UNITS

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 6/28/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER # 139-262-40 correct

ASSIGNED ADDRESS 9715 Surrey Rd

EXISTING ADDRESS 9711 ~~pc. Mrs. Glover~~

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank & Well

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Grace

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

139-263-09

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OWNER'S ACKNOWLEDGMENT OF MODIFIED/ALTERNATIVE REPLACEMENT SYSTEM REQUIREMENT

Site Address: 9715 Surry Rd.

File Number: 2362-A

Parcel Number: 139-263-07

Owner/Agent Name: Don W. Carver Jr.
(Please print)

Date: 2/9/95 Number of Bedrooms: 3

Receipt of the plan and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 - "Sewage Treatment and Disposal Systems." The plan as submitted is disapproved because there is not sufficient available space for a repair area for a conventional replacement system.

This site may be developed if the repair area is found to be acceptable for either a modified system (Rule .1956) or an alternative system (Rule .1957) for the replacement system as allowed by the following Rule 15A NCAC 18A .1945(b).

(b) Sites shall have sufficient available space for a repair area separate from the area determined in Paragraph (a) of this Rule. The repair area shall be based upon the area of the nitrification field required to accommodate the installation of a replacement system as specified in Rule .1955, .1956, or .1957 of this Section. Prior to issuance of the initial Improvement Permit for a site, the local health department shall designate on the permit the original system layout, the repair area, and the type of replacement system.

Please be advised that you have the right of an informal review by this Department and the right of appeal under G.S. 130A-335(g) and 130A-24, which appeal can be held in Mecklenburg County.

By signing this form, and signing and recording in the Mecklenburg County Register of Deeds Office the attached reclassification form entitled, "**ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)**, you, the property owner,

understand and acknowledge your option to develop this site initially with a conventional sewage system and when needed, subsequently to repair or replace said system with a modified or alternative system as described in Rules .1956 "Modification to Septic Tank Systems," or .1957(a), (b), or (c) "Design Criteria for Design of Alternative Sewage Systems." The completed reclassification form must be approved by this office before it can be recorded.

In addition, you the property owner, also understand that the following conditions will apply:

- Any changes on the property may make the Improvement Permit null and void and may make the Improvement Permit subject to revocation.

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

Environmental Health Specialist _____ Date _____

I have reviewed this document and understand its provisions and implications concerning the issuance of the Improvement Permit for the above-referenced site.

Don Carver Sr. _____ 2/9/95 _____

Property Owner Signature Date

700 North Tryon Street, Suite 211, Charlotte, North Carolina 28202,
(704) 336-5102

INFILTRATOR® SYSTEMS INC

Leading the way in septic and stormwater chamber systems

February 3, 1995

Mr. Kelly Randall, Field Supervisor
Mecklenbury County IWWS
700 North Tryon Street, Suite 211
Charlotte, NC 28202

Re: Use of Infiltrator chambers in a lift station septic system

Dear Mr. Randall:

Infiltrator Systems, Inc. encourages the use of their chambers in septic systems where septic tank effluent is pumped to a distribution box and then allowed to gravity feed to the leaching area.

The main concern with such systems lies with the equal distribution. Obviously, individual trenches must be loaded equally or the potential for overloading the receiving trenches rises significantly. This concern can be addressed effectively and inexpensively by using "Dial-a-Flow" or other similar devices which simply insert into the pipes exiting the distribution box. In addition to providing equal flow, these devices can be used to "rest" individual trenches.

The attached sheet illustrates the estimated discharge from each "Dial-a-Flow" in relationship to the ponding depth above the holes. This can be valuable in determining dosing quantity and frequency based upon the size of the distribution box and the number of trenches.

I have taken your advice in that we are looking to develop detailed installation notes for this type of system. We hope to have something formalized by late spring.

Please contact me or Steve Dix if you have any questions.

Sincerely,

Michael G. Schaefer
Staff Engineer

MGS/lcs

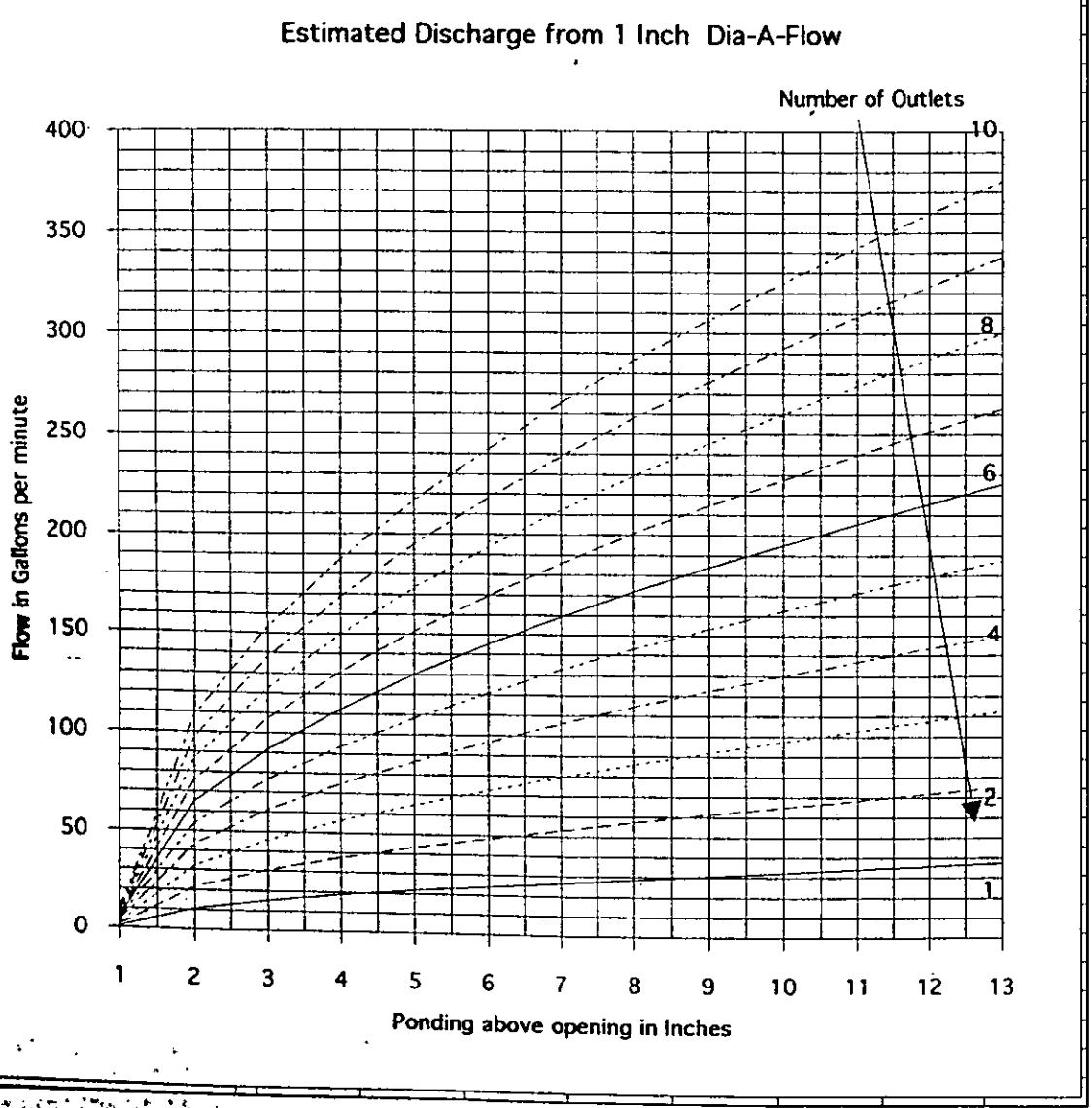
cc: Richard Crumley

Enclosure

Corporate Office
4 Business Park Road • P.O. Box 768 • Old Saybrook, CT 06475 • (203)-388-6639 • Fax (203) 388-6810

1 15/16 Inch flow estimate for Dial-A-Flow

Flow projection based on ponding depth above invert								
Based on orifice equation q=10 (h/12)^.5*d^2 where d is in inches, head in inches and q in gpm.								
Coefficent adjusted for 11.79 to fit actual hydrualic testing of outlet by American Manufacturing								
Coefficent	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Orifice (inches)	1.94	1.94	1.94	1.94	1.94	1.94	1.94	1.94
Ponding in inches above bottom of orifice =>	2	3	4	5	6	7	8	9
Number of D Box Outlets	Flow estimate from the box in gallons per minute							
1	15.33	18.77	21.67	24.23	26.54	28.67	30.65	32.51
2	30.65	37.54	43.35	48.46	53.09	57.34	61.30	65.02
3	45.98	56.31	65.02	72.69	79.63	86.01	91.95	97.53
4	61.30	75.08	86.69	96.93	106.18	114.68	122.60	130.04
5	76.63	93.85	108.37	121.16	132.72	143.35	153.25	162.55
6	91.95	112.62	130.04	145.39	159.26	172.03	183.90	195.06
7	107.28	131.39	151.71	169.62	185.81	200.70	214.55	227.57
8	122.60	150.16	173.39	193.85	212.35	229.37	245.20	260.08
9	137.93	168.93	195.06	218.08	238.90	258.04	275.85	292.59
10	153.25	187.70	216.73	242.31	265.44	286.71	306.51	325.10

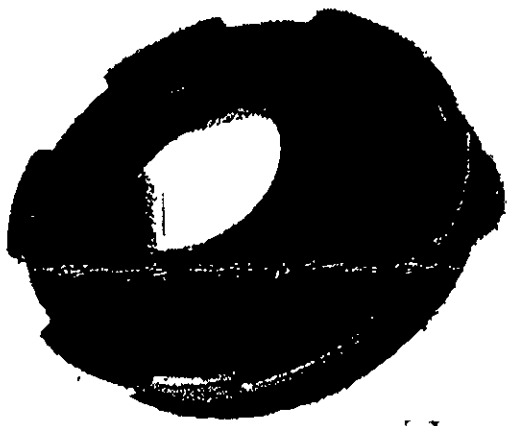


THE AMERICAN DIAL-A-FLOW

The American **DIAL-A-FLOW** is a new and innovative device for equally distributing flow out of distribution boxes. With the eccentrically located opening the installer can rotate the **DIAL-A-FLOW** with a single flip of the wrist to balance all discharge ports for equal flow.

Installation Instructions

1. Cut pipe as evenly as possible and remove shavings.
2. Insert pipe into distribution box and extend pipe 1" into box.
3. Insert dial-a-flow into pipe ends with opening to one side. (Do not use glue) Note: Proper cutting of corrugated pipe will result in dial-a-flow snapping behind one corrugation.
4. Level pipe individually or place level on orifice lip.
5. Purge pipes in concrete boxes into place with suitable material.
6. Fill with water and "dial up" each pipe to water surface.



4" Nominal	
Schedule40	Sdr 35
Astm 3034	Astm 2729
S & D	Corrugated

Note:
ASTM does not set standards for I.d. of many types of pipe. Many types of pipe are specified by o.d. and wall thickness tolerances. Make sure you check your regionally available pipe for fit prior to ordering the green or the gray. Ask for our free sample for size check.

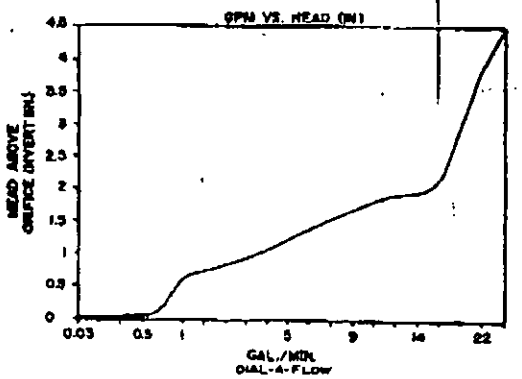
SPECIFICATION: DIAL-A-FLOW

Provide a non-corrosive flow control device to be rotatably secured in the discharge piping of the drainfield distribution box. The device shall have a 1-15/16" diameter eccentrically located circular opening to provide a uniform in any rotated position. the device shall have a leveling lip extending into the box 1/8". The sealing means shall be a cylindrical extension inside the pipe with radially extending seal to initiate contact with pipe at least 3/4" inside the pipe. The device shall be provided with a gripping edge on the periphery of the end faces for easy rotation. the gripping edge shall consist of six uniform extensions and valleys for easy finger gripping.

The device shall be made of low density polyethylene, and one piece construction. This seal shall also be capable of snapping behind a corrugation of standard 4" corrugated pipe. The flow control device shall be Dial-A-Flow as manufactured by American Manufacturing Co., Inc., Manassas, Va.

Flow Control:

The American Dial-A-Flow provides a circular weir. Each outlet of the distribution box will equally discharge wastewater upon rising water level in the box. When the opening becomes submerged the dial-a-flow becomes an orifice and further enhances equal distribution. The discharge rate of each dial-a-flow is depicted in the graph. The head condition is noted in inches above the invert of the orifice and is based on open discharge. The graph was derived from testing in a laboratory environment.



Featuring
One Piece Consruction

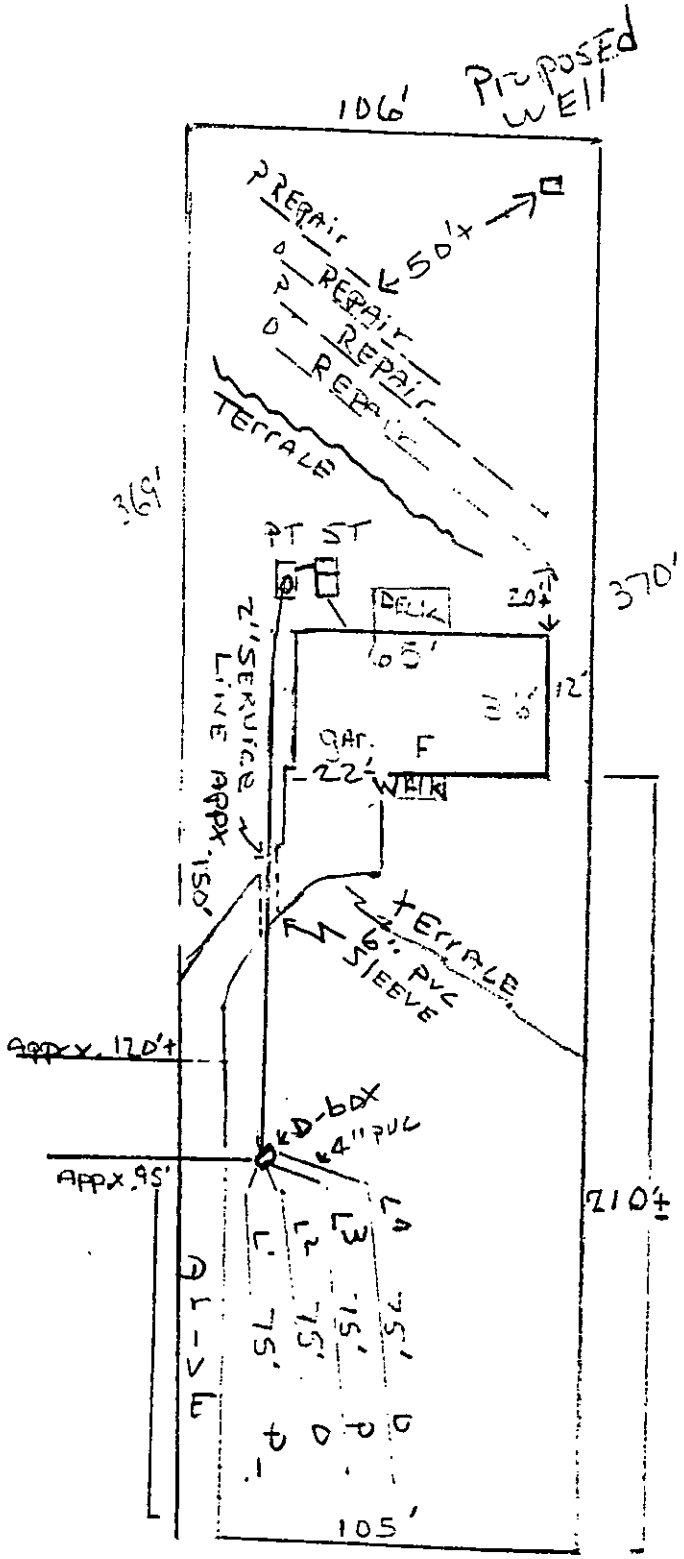
ATTN: STEVE DIX 1 PAGE

waiting on

Infiltrator pump Info

(3) Bedrm. Infiltrator Pressure Distribution

MCHD
File: 2362-A
TC: 139-263-07
Lot 19, Fox Ridge



□ Existing well

Repair Area
(PPBPS) - 270' shown

* SPEED LEVELERS REQUIRED.

* Primary plan

1,500 gal. Septic Tank
1,000 gal. Pump Tank
(4) 75' Lines 300' Total
(13) units per line
360 sqft / 1.3 LTAR = 1,200 ft²
1,200 ft² / 40 = 300'
1,200 / 24 = 50 or 52 units

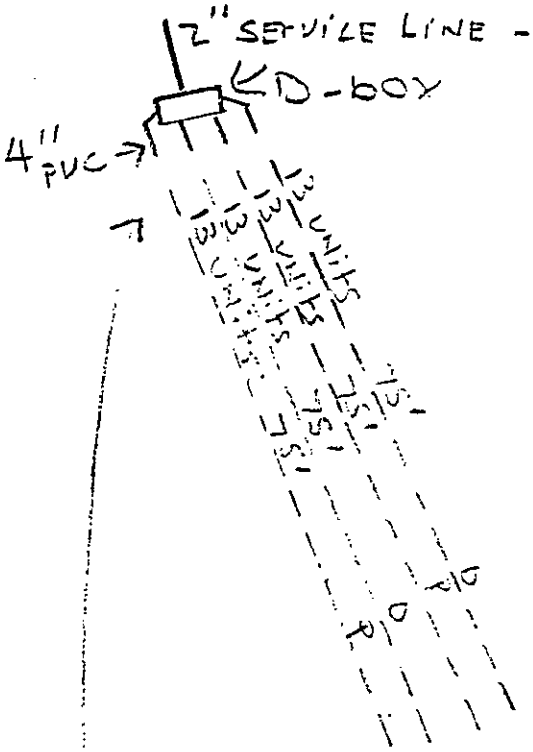
T. Wilhelm
916-9540
Scale: 50

MCHD

3 Bedrm. Infiltrator
Pressure Distribution

File: 2362-A

* KEEP lines straight on contour 9' on center.
* Pressurize to D-box., serve units with 4" PVC from D-box.


2" SERVICE LINE - Approx. 150' ± PENDING P/T Tank PLACEMENT
D-box
4" PVC
3 UNITS
3 UNITS
3 UNITS

INFILTRATOR SYSTEMS INC.

4 Business Park Road, P.O. Box 768
Old Saybrook, CT 06475
Phone:(800) 221-4436 Fax: (203) 388-6810

FAX MESSAGE

DATE: 2/2/95

TO: Kelly Randall

COMPANY: Mecklenburg County Health Dept.

FAX#: 704-336-6894

FROM: Andrea

Of pages (including this sheet): 3

MESSAGE:

Pressure Dosing Information

Mecklenburg County
Health Department

LAC. BASE.
DO YOU WANT
THE FIELD

January 10, 1995

Don W. Carver, Jr.
4323 Chuckwood Drive
Charlotte, NC 28227

Re: 9711 Surrey Road
File: 2362A
Parcel: 139-262-40

Dear Mr. Carver:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, state regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15 NCAC 18A .1948 (c) are met.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to contact me at 336-5568.

Sincerely,

Larry B. Thompson, Jr., R.S.
Individual Water and Wastewater Systems

LT:gf

12100 06/28/93

2362A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK# 1514 $200.00 CRI

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: 06/28/93

PERSON FILING APPLICATION:
NAME: CARVER JR. (last) DON (first) W. (mi)
ADDRESS: 4323 CHUCKWOOD DR PHONE: (704) 573-0209
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-262-40
STREET ADDRESS: 9715 SURREY ROAD
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: #19 LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] 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: Joan Marie Carver Date: 6-28-93

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.

...INOVATIVE SYSTEM . 1969 TYPE III

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

Environmental Health Specialist Date
Kelly Randall
Director or Authorized Section Head Date

WWATER : 122791

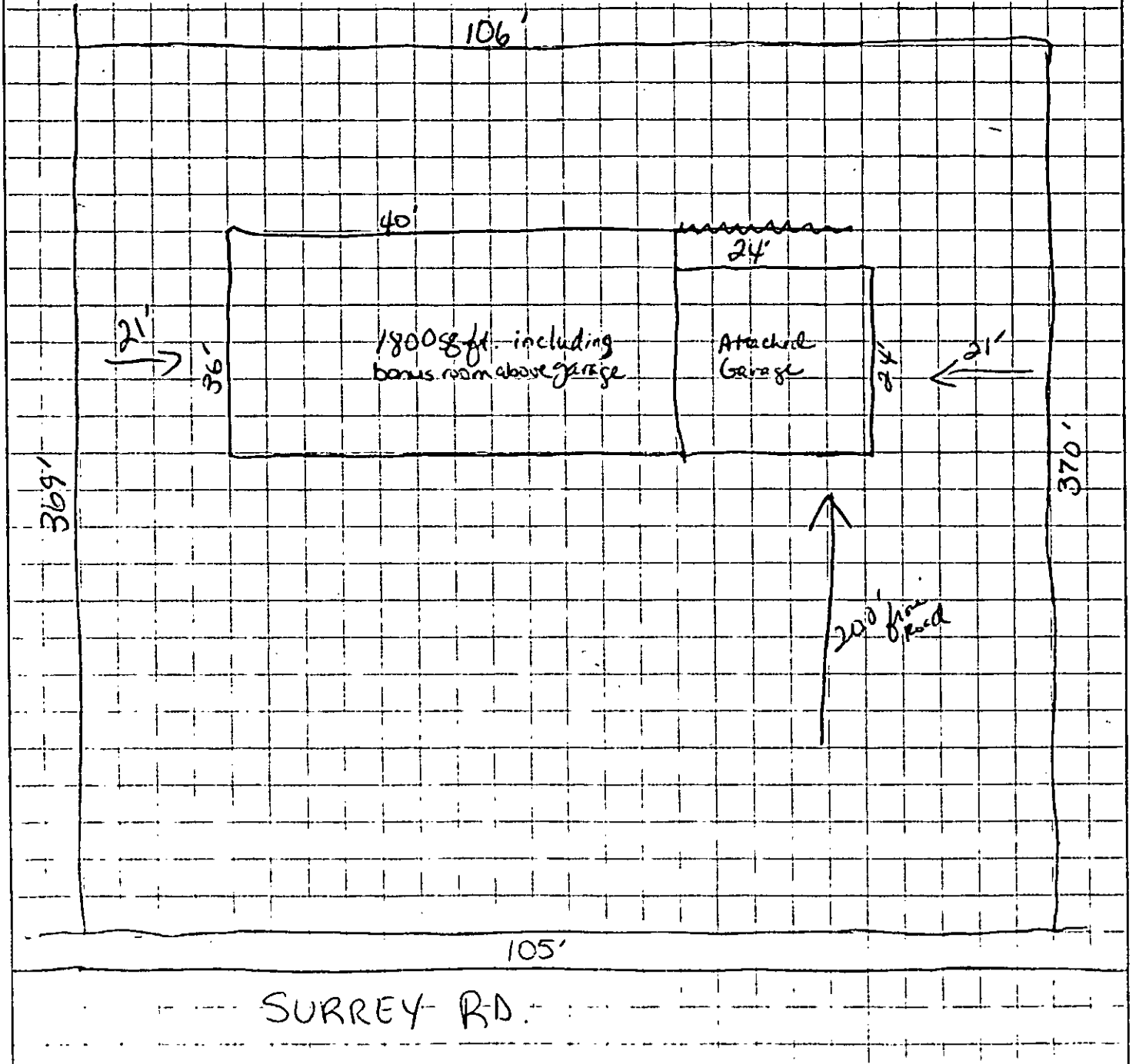
PROPOSED PLOT PLAN

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

FILE: 2362A

TC: 139-263-07

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 _____

Gwen,

I need to send Mr. Carver a (DISI) letter on this.

Thanks,

Larry ?.

06/28/93 $200.00

2362A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK# 1514

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nat Hershall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: CARVER JR. (last) DON (first) W. (mi)
ADDRESS: 4323 CHUCKWOOD DR PHONE: (704) 535-4614 573-0209
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

Date: 06/28/93

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: ~~139-262-04~~
STREET ADDRESS: 139-262-40 9116 SURREY ROAD
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: #19 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] 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: Dan Marie Carver Date: 6-28-93

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.

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

will call when lot ready for me
6 June - 7-13 will call when ready