

3807 ELDERWOOD LN

05319214

5/19/08

marliwr

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

608

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50 5/15/95 ck # 3177 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:

PERSON FILING APPLICATION:

NAME: BASS (last) OSCAR JR. (first) (mi)

ADDRESS: 3807 ELDERWOOD LN PHONE: (704) 392 2257

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-192-14

STREET ADDRESS: 3807 ELDERWOOD LN.

ZONING:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [ ] NEW CONSTRUCTION ON VACANT LOT - 6 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) SCREENPORCH
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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)
- [ ] 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
- [ ] 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: Oscar Bass Jr. Date: 5-15-95

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..

... Use existing system.

- [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

Orrin Higgins - Bunny Rd 5/22/95
Environmentalist Date

Susan Scatena for Sylvia Barnett Program Chief
Director or Authorized Section Head Date

WATER : 12291

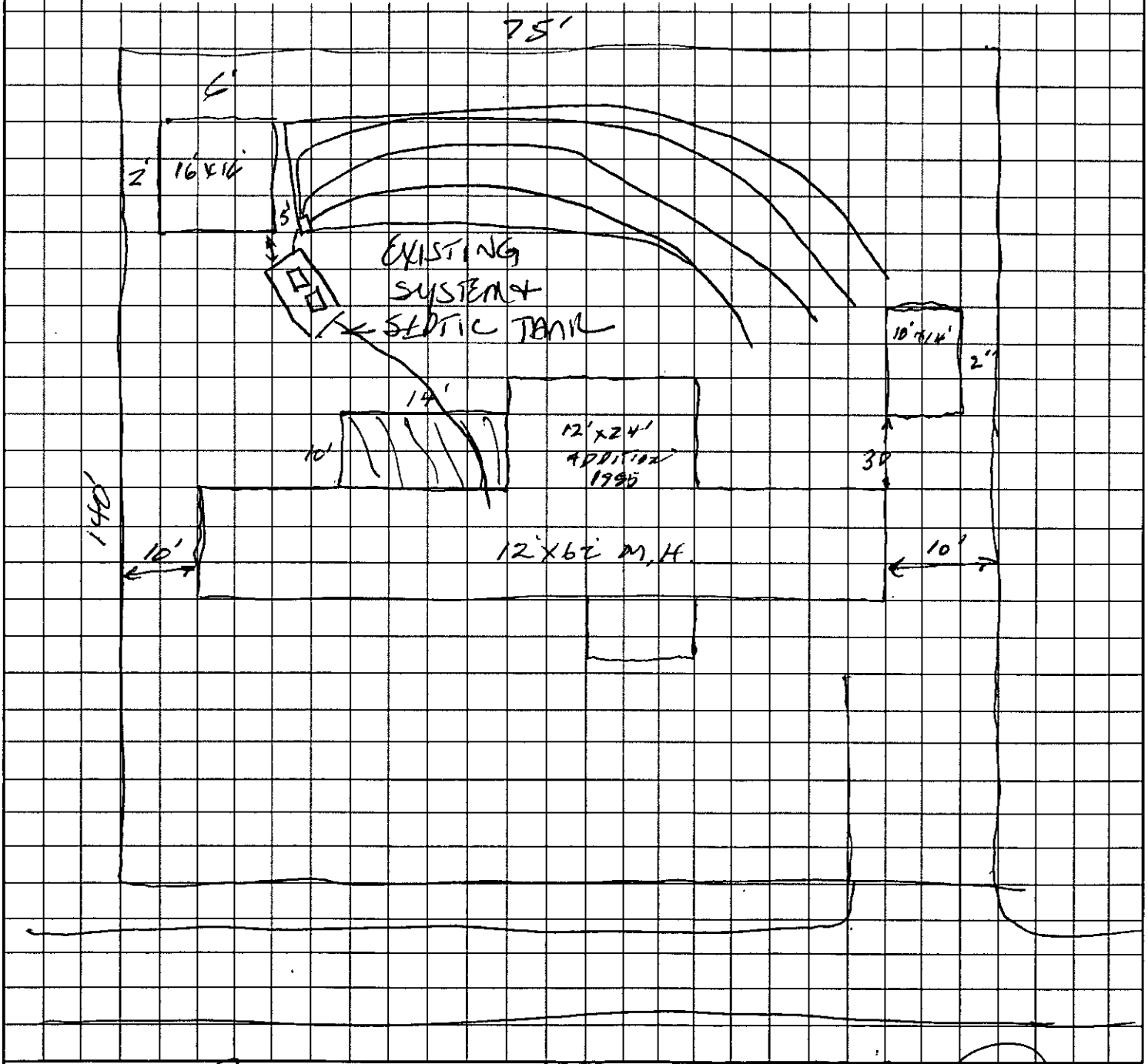
PROPOSED PLOT PLAN

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

FILE: 608

TC: 053-192-14

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 Oscar Bass Jr.

DATE 5-15-95

APPROVAL DATE 5/22/95 (JB)

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Serial N° 342

Date Issued 12/11/70

ICAR(S) Permit No. 608

T. C. No. 65-127

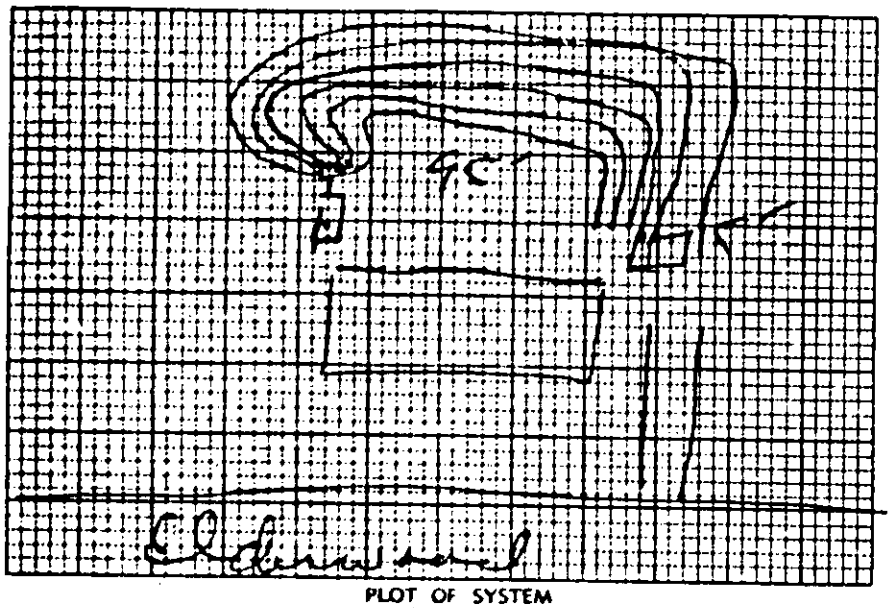
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 608 dated 11/10/70 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 1/6/71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 54

Liquid Capacity of Tank 1,000 gal

Tank Construction pre cast

Absorption and/or Nitrification Lines

Total Line Lenght 500'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Westside Development Co.

LOCATION OF PROPERTY Lot 134 Eldenwood 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: 15' x 65' trench pit.

D. R. Dickson
Division or Section Head

Thomas R. Ward
Environmentalist

* 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 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.

FORM NO. E-5-7-1-70

HEALTH DEPARTMENT'S COPY

A

Serial No. 213

Date Issued 11-10-70

LA No. 608

P. O.

T. C. No. 053-131-01
192-14

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Westside Development Company, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1740 E. Independence Blvd. ZIP 28205

LOCATION OF LOT Elderwood Lane
(STREET OR COUNTY ROAD)

SUBDIVISION Westwood Forest LOT NO. 134 BLOCK NO.

MAP BOOK NO. 15 PAGE NO. 113 & 114

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 54 min/in. on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 608. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Thomas R. Ward
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-7-1-70

HEALTH DEPARTMENT'S COPY

Serial Nº 173

Date Issued 12/15/70

C of A (s) No. 605

T. C. No. 053-[illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Westfield Development Corp.
LAST FIRST MIDDLE

Location of Property Lot #4 Eldorado Road

Application Number 605 Permit Number 605

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material [illegible]

Total Length of Drain Tile [redacted] 500 (approx) Number of Lines 6

Depth of Filter Material 0" Cover Depth 18"

Water Supply Source Community Distance from Water Source 100'

Excavation Inspected 12/15/70 DATE Tank Inspected 12/15/70 DATE

Nitrification Field Inspected 12/15/70 DATE

Washing Machine Line Inspected, If Applicable N/A 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: Installed by Thomas Ward
on alternate #4

Thomas R. Ward
Sanitarian

FORM NO. 8-6-71-70

HEALTH DEPARTMENT'S COPY

Outside

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Eldenwood Lane
Subdivision Hotwood Forest
Lot No. & Block No. 134
FHA Case No.

Owner Investment Land Sales
Builder
No. Perc. Holes

6-Hole Average

1st. Perc. Rate	54	Min./In. Date	6/3/70
2nd. Perc. Rate		Min./In. Date	
3rd. Perc. Rate		Min./In. Date	
4th. Perc. Rate		Min./In. Date	

Lowest Rate Above = Average Perc. Rate

No. Bedrooms mobile home Baths 6/3/70
Washing Machine Yes No Disposal Yes No

Separate Yes No Separate Yes No

Tank Capacity Gallons
Nitrification Line Lin. Ft. Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. Urinals Lavoratories
Showers Sinks Other

Check:
Approved ✓
Disapproved
Conditional

Agreement Card Signed

J R Johnson
Sanitarian - Engineer

EH: #85
9/1968