

22618 TORRENCE CHAPEL RD

00155121

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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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

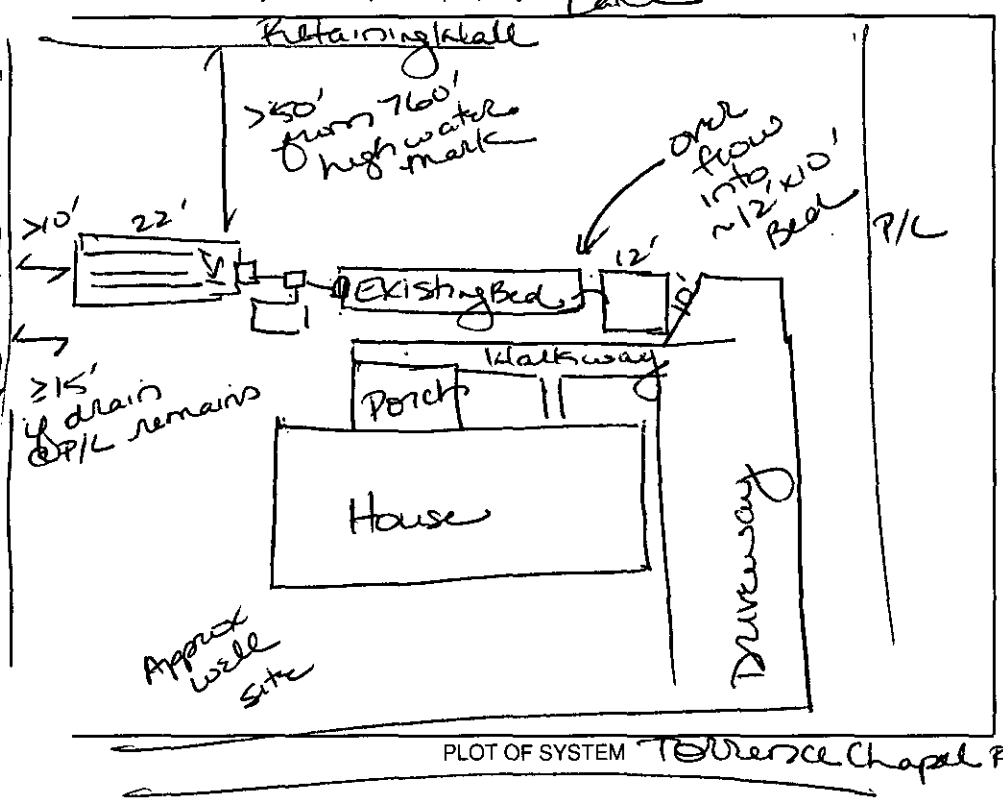
DWQ

FILE: 3880B DATE: 3/14/96

TC: 001-551-21 ☐ L

SERIAL Nº 16665

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 1-1-96. All work shall be completed on or before 4/14/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A 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 Torrence Chapel Rd

Liquid Capacity of Septic Tank Existing gallons

Liquid Capacity of Dosing Tank / gallons

Tank Construction /

Trench Depth 36"

Absorption and/or Nitrification Lines:
~15'x22' Bed &
Trench Width 10'x12' Bed feet

Trench Walls Scored and Porous ✓

~15'x22' Bed
Total Line Length ~~66'~~ feet

Number of Lines 3 @ 22' each

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 50' min feet

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

NAME OF OWNER Robert P. Allen

LOCATION OF PROPERTY 2218 Torrence Chapel Rd

Comments: Have Env. Health Specialist on-site @ beginning of job for any installation changes, if necessary

Install new sanitary tee @ ST (if necessary); install new D-Box with speed-levelers feeding old + new bed.

~~Keep 10' x 22' bed below 3/8"~~

Lisa B. Mialik, RS
Environmental Health Specialist

* Gutter downspout subsurface drains shall be removed if necessary upon installation.

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 3880B

Tax Number 001-451-21

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:	Cut & down spout subsurface drain pipes to be removed if necessary for repair installation 15' min separation from drain pipe		
Additional Conditions:	Keep 75' from any well Repair to existing septic system. - See installation repair approval Existing Bed to overflow into ~10'x12' bed with 24" gravel. New Bed - 15'x22' with 24" gravel to be fed from new D-Box off ST. See repair approval		
Repair Area System Type Type (circle one): I II III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
1265 / 330 Absorption Area (Sq ft) ~66' Total Trench Length (Ft) (4 @ 22' Bed)	24" Depth of Stone Trench	___ Trench spacing (min. on centers)	36" Maximum Trench Depth
For existing system, enter the year originally installed: 1970			

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 Sewage, 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 Improvement permit is transferable.

Lisa B. Mialik RS 3/14/96
DENR Authorized Agent Date

Robert P. Allen 3/14/96
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 3/14/96 **PERMIT NO:** 3880B
PARCEL NO: 001-551-21
JOB LOCATION ADDRESS: 22618 Torrence Chapel Rd
PROPERTY OWNER: Robert P. Allen
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Joan B. Mialik, RS **DATE:** 3/14/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3880B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: See repair approval + conditions of improvement permit.
Repair to Septic syptem.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT. (Since 3/14/96 from the date of application for repair to syptem - 1-1-96)

Robert P. Allen 3/14/96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____
DATE: 1-1-96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

W4600

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 3880B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-551-21

STREET ADDRESS: 22618 TORRENCE CHAPEL RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: L#9

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S) __ MODULAR HOME (M)
__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
✓ HOUSE (H) __ OTHER (O)

HEATED SQUARE FOOTAGE: 2200

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
✓ 3 CORNELIUS – LEMLEY
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C) __ MUNICIPAL (M) ✓ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	✓ YES __ NO	WELL, SPRINGS OR WATERLINES	✓ YES __ NO
EXISTING WASTEWATER SYSTEMS	✓ YES __ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	✓ YES __ NO		

PROPERTY OWNER:

NAME: ALLEN, ROBERT P.
(LAST) (FIRST) (MI)

ADDRESS: 22618 TORRENCE CHAPEL RD

CITY: DAVIDSON STATE: NC ZIP: 28036

DAYTIME PHONE: (704) 827-5836 x 19

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

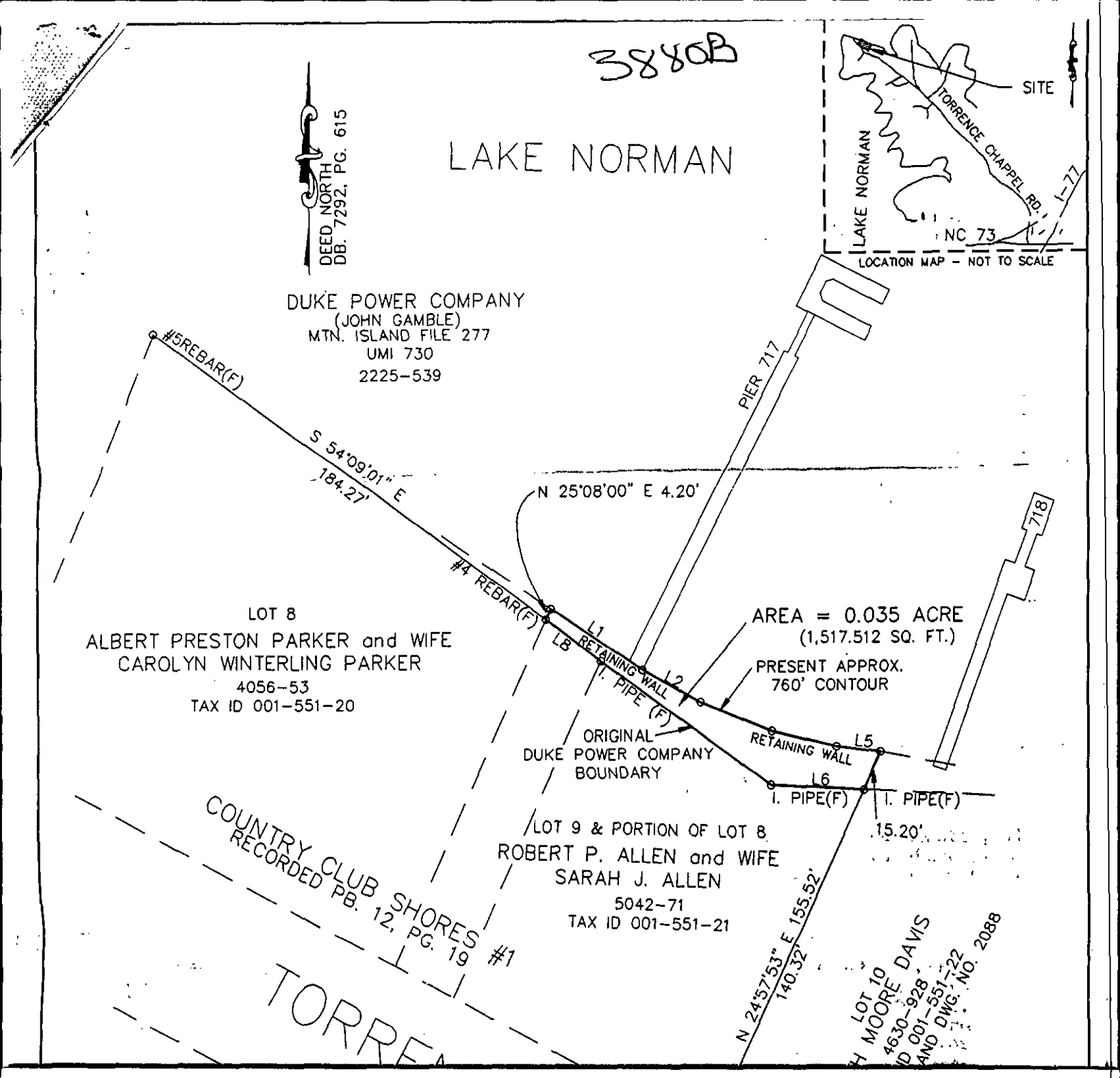
DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/7/65

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Robert P. Allen DATE: 1-1-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102


3840B
LAKE NORMAN
DEED NORTH
DB. 7292, PG. 615
SITE
TORRENCE CHAPPEL RD.
I-77
LAKE NORMAN
NC 73
LOCATION MAP - NOT TO SCALE
DUKE POWER COMPANY
(JOHN GAMBLE)
MTN. ISLAND FILE 277
UMI 730
2225-539
#5REBAR(F)
S 54°09'01" E
184.27'
N 25°08'00" E 4.20'
PIER 717
718
#4 REBAR(F)
LB
L1
RETAINING WALL
I. PIPE (F)
L2
AREA = 0.035 ACRE
(1,517.512 SQ. FT.)
PRESENT APPROX.
760' CONTOUR
LOT 8
ALBERT PRESTON PARKER and WIFE
CAROLYN WINTERLING PARKER
4056-53
TAX ID 001-551-20
ORIGINAL
DUKE POWER COMPANY
BOUNDARY
RETAINING WALL
L5
L6
I. PIPE(F)
I. PIPE(F)
15.20'
COUNTRY CLUB SHORES
RECORDED PB. 12, PG. 19 #1
LOT 9 & PORTION OF LOT 8
ROBERT P. ALLEN and WIFE
SARAH J. ALLEN
5042-71
TAX ID 001-551-21
N 24°57'53" E 155.52'
140.32'
LOT 10
H MOORE DAVIS
4630-928
D 001-551-22
AND DWG. NO. 2088
TORRE

File 3880B

THIS IS TO CERTIFY THAT ON THE 22nd DAY OF June 19 85 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

BY Reece F. McRorie
REGISTERED SURVEYOR STATE OF NORTH CAROLINA

L-759

