

6243 DELIAH LN

10714106

1/9/2008

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM APPLICATION FOR SERVICES

ACS

1/2 CERT

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

Drew
file 57428

PERSON FILING APPLICATION:
NAME: Kennedy (last) Robert (first) L (mi)
ADDRESS: 6243 Deliah Ln PHONE: 704 568-3358
CITY: Charlotte STATE: NC ZIPCODE: 28215

te:

OPERTY INFORMATION (FROM ENGINEERING FORM):
X/PARCEL NUMBER: 107-141-06
'REET
DRESS:

OWNING:

PROPERTY OWNER:
NAME: Robert Kennedy (last) Paul Allen (first) (mi)
ADDRESS: 6243 Deliah Ln PHONE: 704 568-3358
CITY: Charlotte STATE: NC ZIPCODE: 28215

UBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER:

LOT SIZE (in acres):

YPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
1 Bedroom

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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

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 [X] ~~Bedroom~~ [ ] 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: Robert Kennedy Date:

NOTICE:

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 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

See bill from plumber in file

WWATER : 122791

1/6/05 - CMUD tap confirmed, CAB

ALL AROUND PLUMBING
1637 MARLWOOD CR.
CHARLOTTE, N.C. 28227
309-1571

27978

DATE [redacted]

NAME PAUL ALLEN

ADDRESS 6243 DELIAH LN.

CITY CHARLOTTE STATE N.C. ZIP 28215

ORDER NO.	SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT

NO.	QUAN.	DESCRIPTION	PRICE	AMOUNT
1	1	BALANCE DUE FOR SEWER	—	36100
2	1	PUMPOUT SEPIC TANK	—	200 00
3	1	DISMANTEL SEPTIC TANK		
		& PACK FULL	—	300 00
	1	RUN 3/4 PEX WATER LINE	—	75 00
				711500
		TOTAL.		
		PAID		
		CHECK # 1007		

TAX

TOTAL

RECEIVED BY

FM 35805 REV.

File
5700

Septic/Water Options
6243 Deliah Lane, Charlotte, NC 28215

Option 1 Tap onto City Water (well can be used for landscape watering but must be disconnected from the house). Also you would need to add 480 square feet of drain field area (equivalent to 160 linear feet).

Option 2 Tap onto City Sewer, pump septic tank, and remain on current well. Water testing is recommended.

Option 3 Drill new water well at rear of property and add 480 square feet of drain field area (equivalent to 160 linear feet).

Option 4 If soil is found to be acceptable, install new septic system with necessary drain field area to rear of property. This system would require a pump to distribute effluent to drain field area due to elevation change.

Option 5 Hook onto City Water and City Sewer.

Option 6 Do not add bedroom addition.

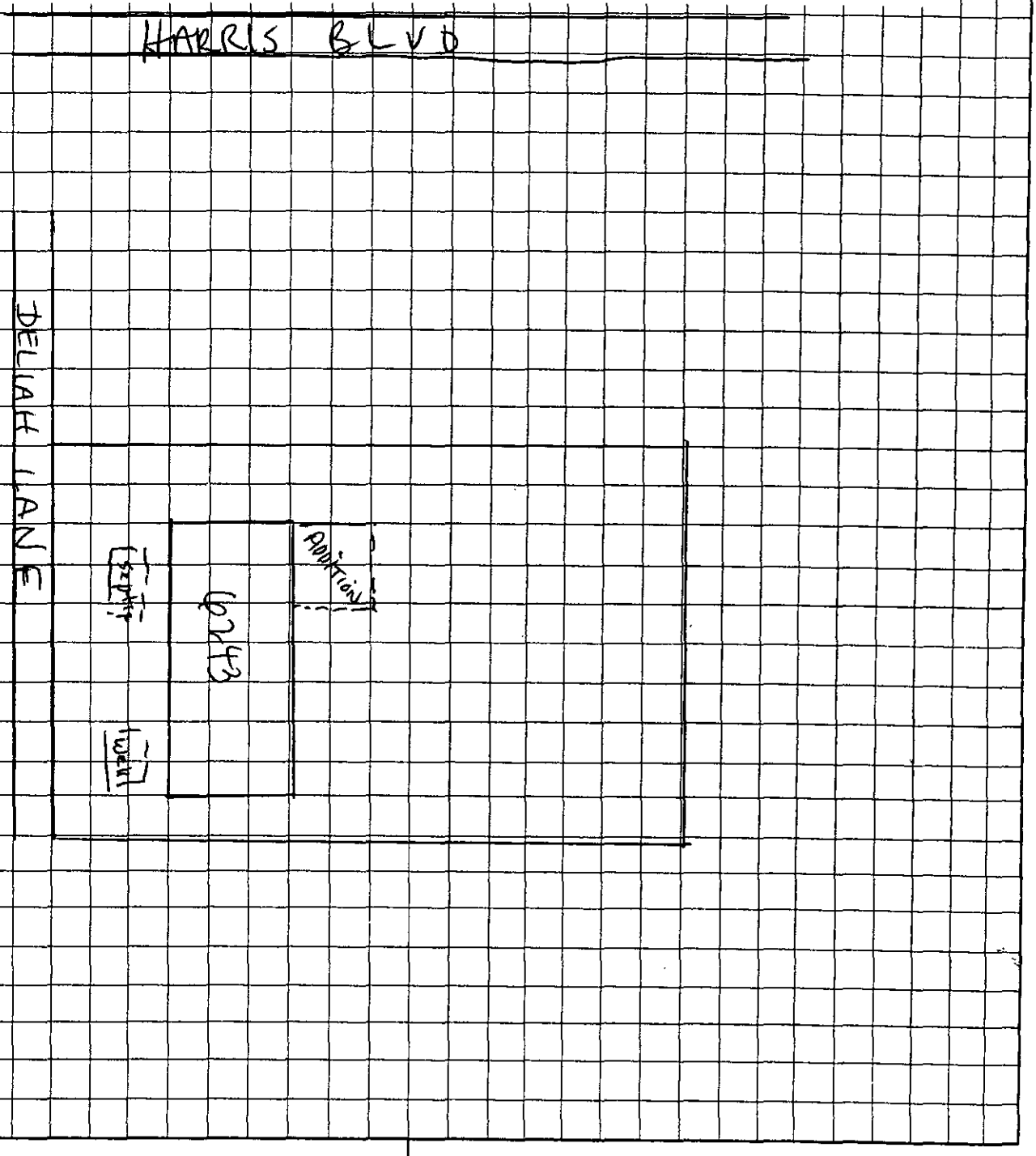
PROPOSED PLOT PLAN

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

FILE: 5742B

TC: 107-141-06

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 _____

OWNER/AGENT SIGNATURE

DATE

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