

18340 KALABASH RD

21718111

1/7/2008

duponbj

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

SEPTIC FEE: _____
DATE: _____
CRT [ ]

PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

WELL FEE: _____
DATE: _____
CRT [ ]

FILE # 5083B

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☑ REPAIR ☐ MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:

TAX/PARCEL #: 217-181-11
STREET ADDRESS: 18340 KALABASH RD.
CITY: CHARLOTTE
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 63 1951
TOWNSHIP:

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1707
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☑ NO TYPE:

WATER SUPPLY:

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO	WELLS, SPRINGS, OR WATER LINES	☑ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☑ YES ☐ NO	DESIGNATED WETLANDS	☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☐ NO

PROPERTY OWNER

NAME: GEORGE R. FOSTER
ADDRESS: 10537 CRESTON RD.
CITY: GLEN ALLEN
STATE: VA ZIP: 23060
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature 7/26/05 Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-5894

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

FILE: 5083B DATE: 7/27/05

TC: Z17-181-11 ☐ L ☒

SERIAL 19964

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 7/26/05. All work shall be completed on or before 7/27/05, 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.

SEE OPERATION PERMIT

PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 36" BED

Absorption and/or Nitrification Lines:

Trench Width 9' feet

Trench Walls Scored and Porous YES

Total Line Length 9'X75' BED feet

Number of Lines 9'X75' BED

Depth of Stone N/A inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 750' feet

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

NAME OF OWNER GEORGE R. FOSTER

LOCATION OF PROPERTY 18340 KALABASH RD.

Comments: INSTALL 9'X75' BED, INV. E-Z FLOW, EXISTING TANK NEW D-BOX, STAY 50' FROM LAKE, 50' FROM WELL, 710' FROM PROPERTY LINE, 5' FROM HOUSE.

RS 7/27/05

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5083B DATE: 7/27/05

TC: 217-181-11 ☐ L ☒ CRT

SERIAL 19835

Name of Owner GEORGE R FOSTER Juris.: _____

Address of Property 18340 KALABASH RD.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 9'X75' BED

Number of Lines _____ @ _____

Cover Depth 12"-18"

Water Supply Source WELL

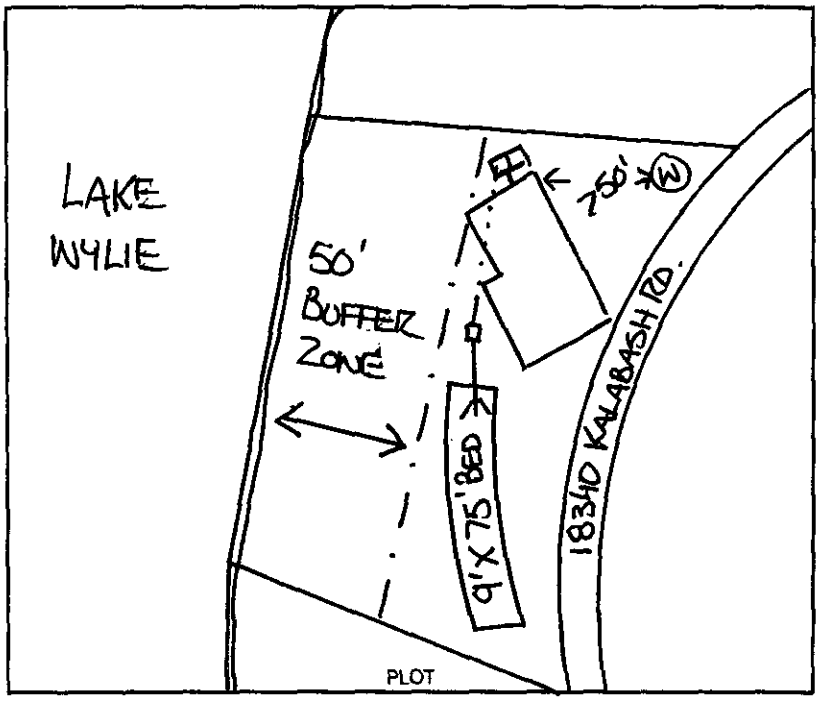
Distance to Water Source 750'

Excavation Inspected 7/27/05

Tank(s) Inspected EXISTING

Wash Line Inspected N/A

High Water Alarm Inspected N/A



Design 2005, REPAIR, 9'X75' BED, INV., E-Z FLOW, 675SF, CTR# AUTRY

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 15A 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 15A 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: REPAIR, USE EXISTING ST, INSTALL 9'X75' BED, E-Z FLOW NEW D-BOX,

TYPE IIIG

RS 7/27/05
Environmental Health Specialist

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

Burden

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#10 cc Ap 001600 10/1/02 ☐ CHK

5083B

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:
NAME: Liles Foster (last) Beverley George (first) F. R. (mi)
ADDRESS: 2331 Flintwood Ln PHONE: 704 366-3183
CITY: Charlotte STATE: NC ZIPCODE: 28226

Date: 10/1/02

PROPERTY OWNER:
NAME: Liles Foster (last) Beverley George (first) F. R. (mi)
ADDRESS: 2331 Flintwood Ln PHONE: 704 366-3183
CITY: Charlotte STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 21718111
STREET ADDRESS: 18340 KALABASH RD Charlotte N.C.
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: 63 on 43 LOT SIZE (in acres): 46

TYPE APPLICATION (check one):

[redacted] 1951

☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☑ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)

[redacted]
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Enlarge bed + bathroom
[redacted] Add bonus room, ½ bath, washer dryer hookup

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: Vacation home
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)
☑ 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 See as noted above

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: Beverley F. Liles Date: 10/1/02

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.

... System is ok to use for bonus room, enlarge bedroom and bathroom

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

[signature] 10/1/02
Environmentalist Date

Project # 15276

WWATER : 122791

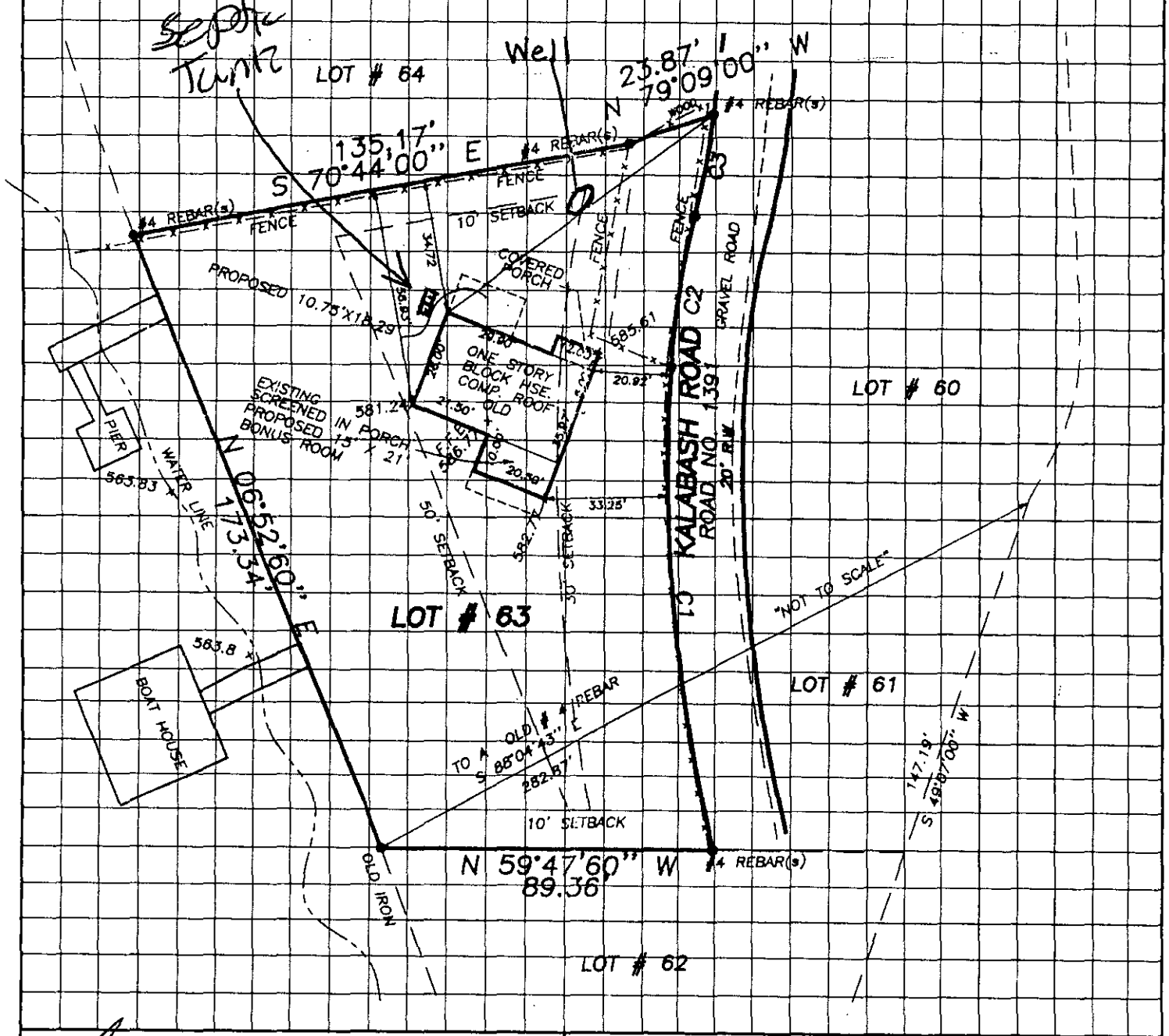
PROPOSED PLOT PLAN

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

FILE: 5083B

TC: 217-181-11

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.



X Beverly J. Lyles
(OWNER/AGENT SIGNATURE)

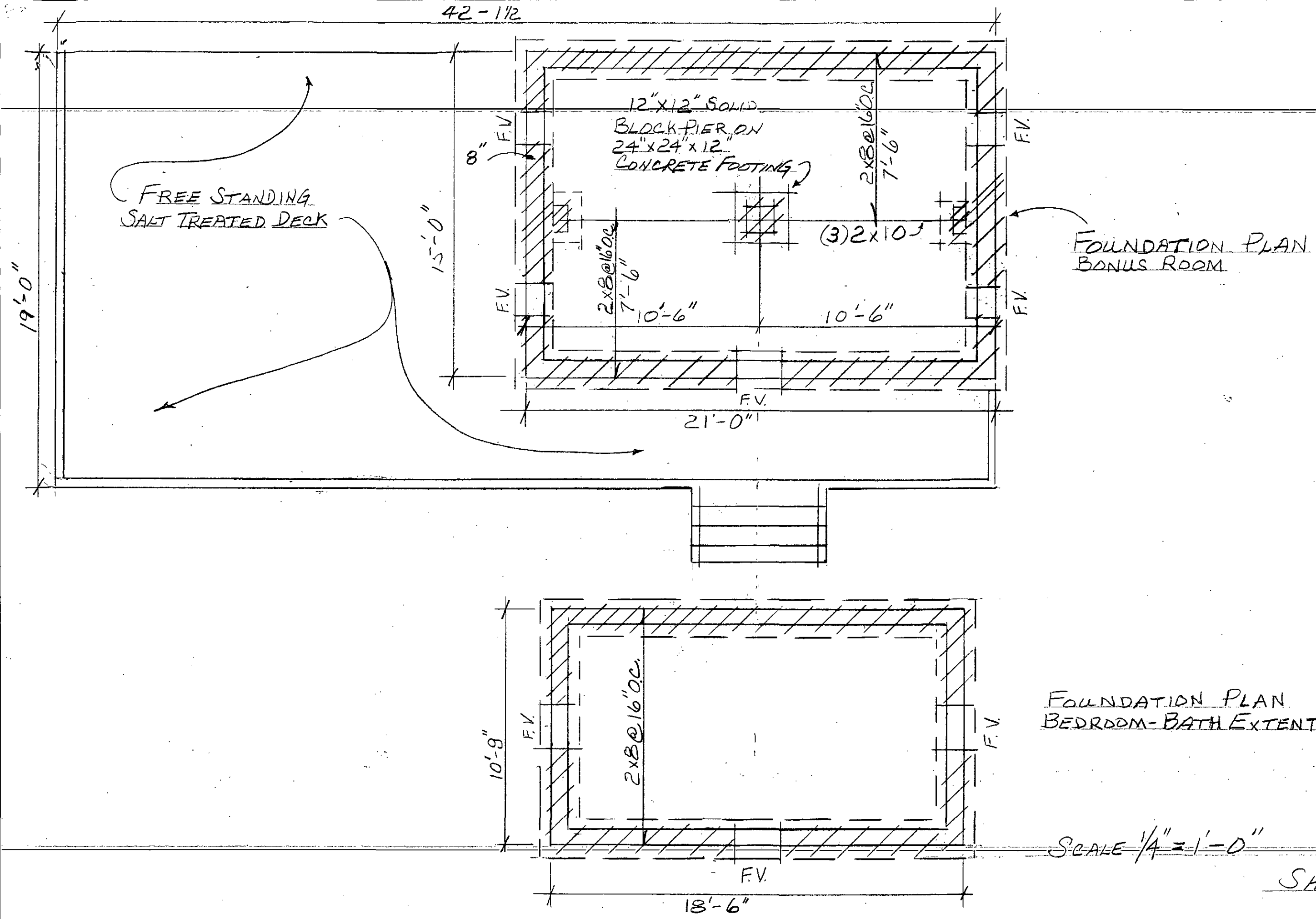
DATE 10/1/02

APPROVAL DATE 10/8/02

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



FOUNDATION PLAN
BEDROOM-BATH EXTENTION

SCALE 1/4" = 1'-0"

21'-0" x 15'-0" (SEE ATTACHED)

7'-3/4" | 9'-10" | 7'-0 1/4" | 12'-9" | 5'-5 1/2"

8'-9 1/2" x 5'-1 1/2" R.O.

4'-4 3/4" x 5'-1 1/2" R.O.

3'-0" x 3'-1 1/2" R.O.

2'-8"

4'-1 1/2" 3'-0" x 2'-2" R.O.

9'-4 1/2" 3'-0" x 2'-2" R.O.

7'-8 1/2" 3'-0" x 3'-1 1/2" R.O.

4'-10 1/4"

REF.

DW

SINK

ISLAND BAR 5'0"x3'-0"

23'-10"

RANGE

2'-8"

PAN.

2'-0" x 2'-0"

4'-2 5/8"

3'-0" x 3'-1 1/2" R.O. 6'-6 1/8"

2'-10"

3'-0" x 3'-1 1/2" R.O.

12'-7 1/2"

F.R.

2'-6 1/4" 4'-0"

W

5'-0" BIFOLD

D

11'-9 1/4"

2/6

2/6

13'-5"

3'-0" x 3'-1 1/2" R.O. 6'-1 3/4"

3'-0" x 3'-1 1/2" R.O.

13'-9 1/8"

26'-0 3/4"

12'-7 3/4"

15'-0"

6'-1 1/8"

2/0

2/0

8'-4 3/4"

10'-9"

SHELF & ROD

REMOVE 4" BLOCK WALL

EXISTING CONCRETE WALL TO BE REPLACED BY HEADER W6 x 20

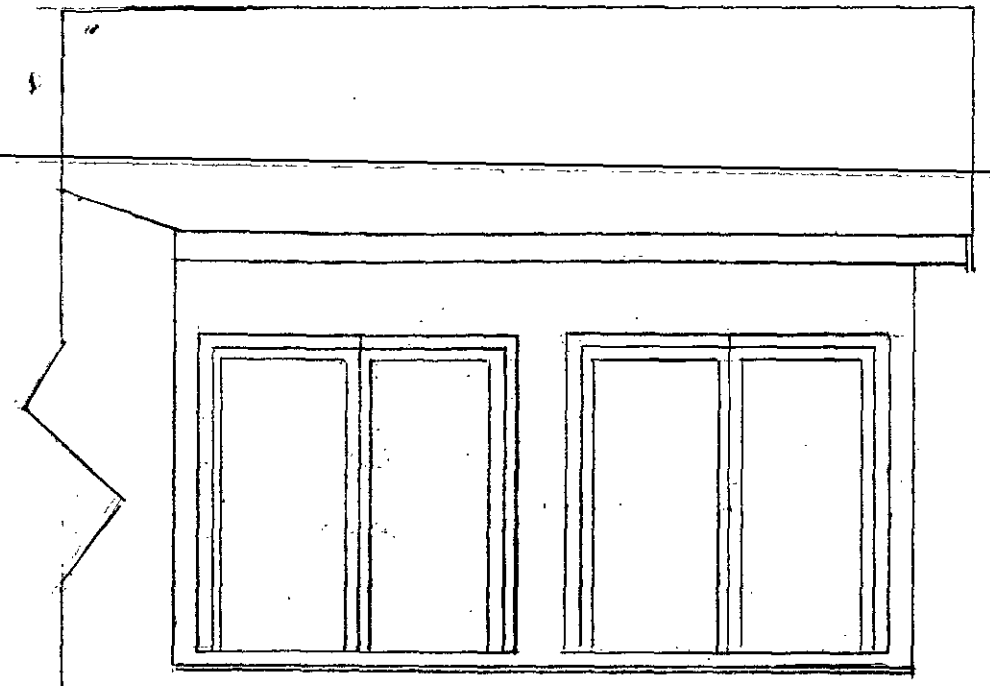
23'-7 1/2

18'-6"

FLOOR PLAN OF EXISTING HOUSE, PROPOSED BONUS ROOM, BEDROOM-BATH EXTENTION, 1/2 BATH & WASHER-DRYER ADDITION

SCALE 1/4" = 1'-0"

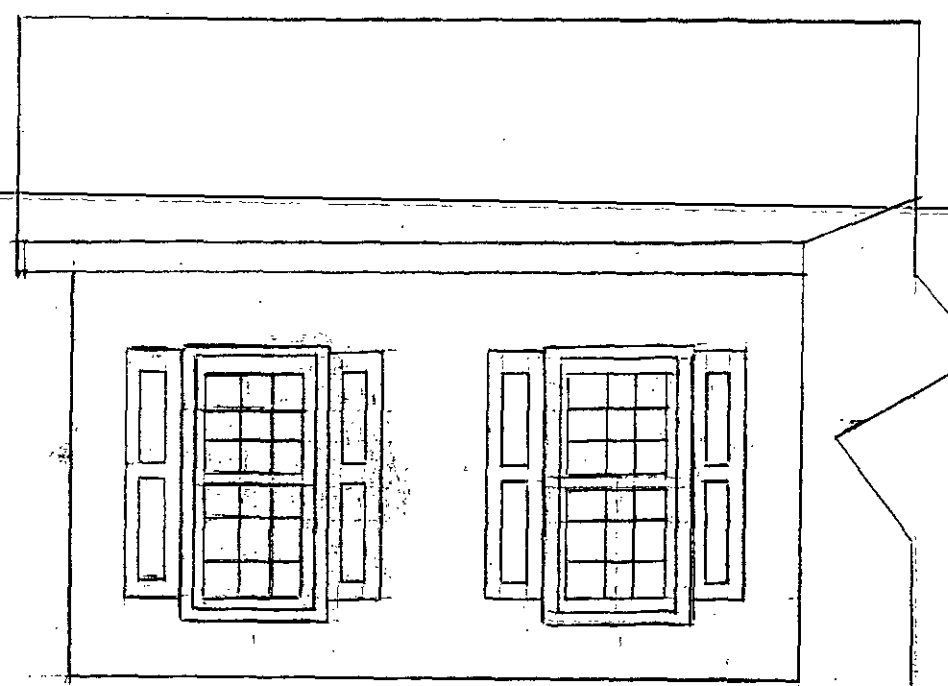
SCALE 1/4" = 1'-0"



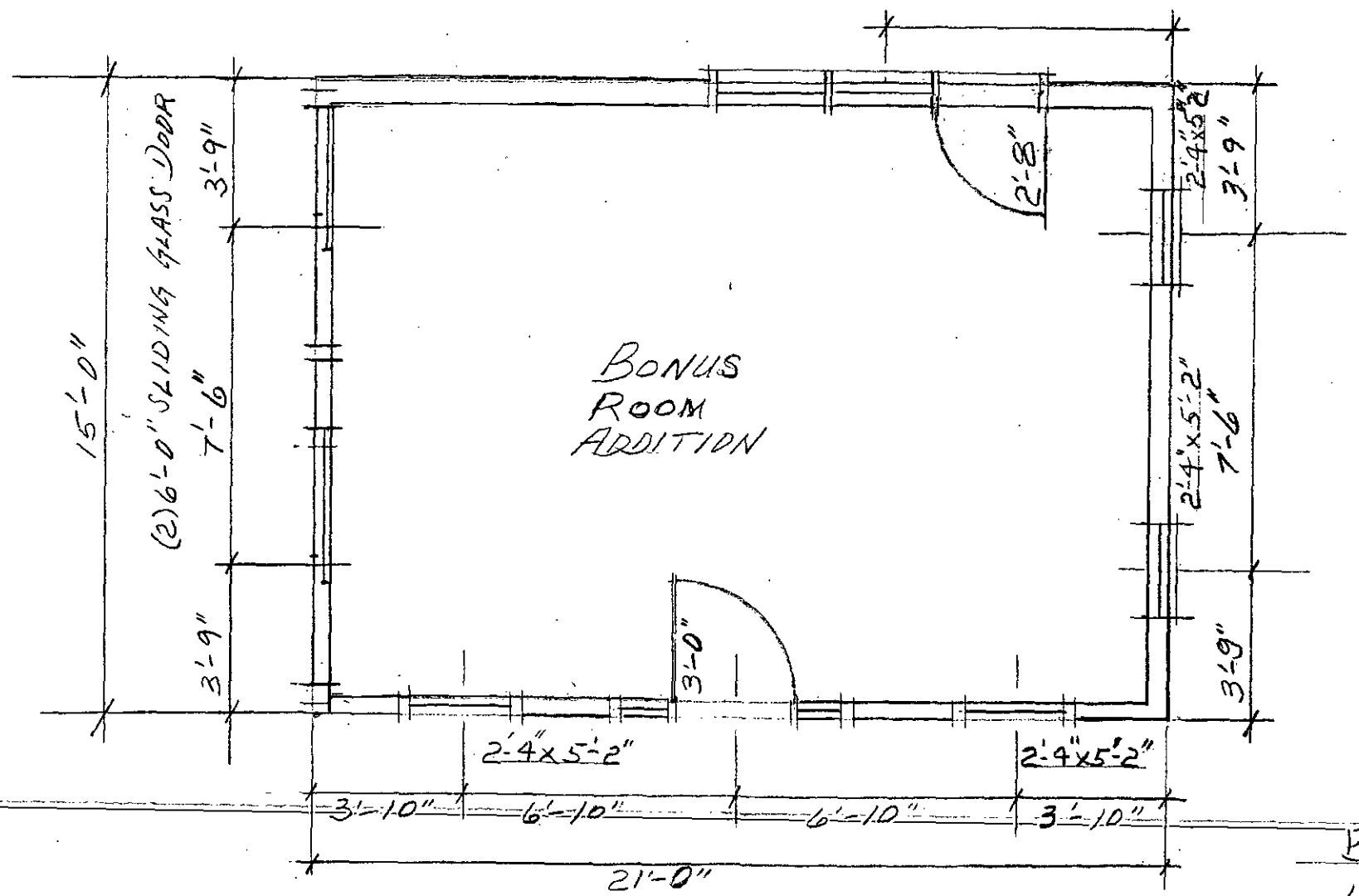
LEFT ELEVATION



FRONT ELEVATION



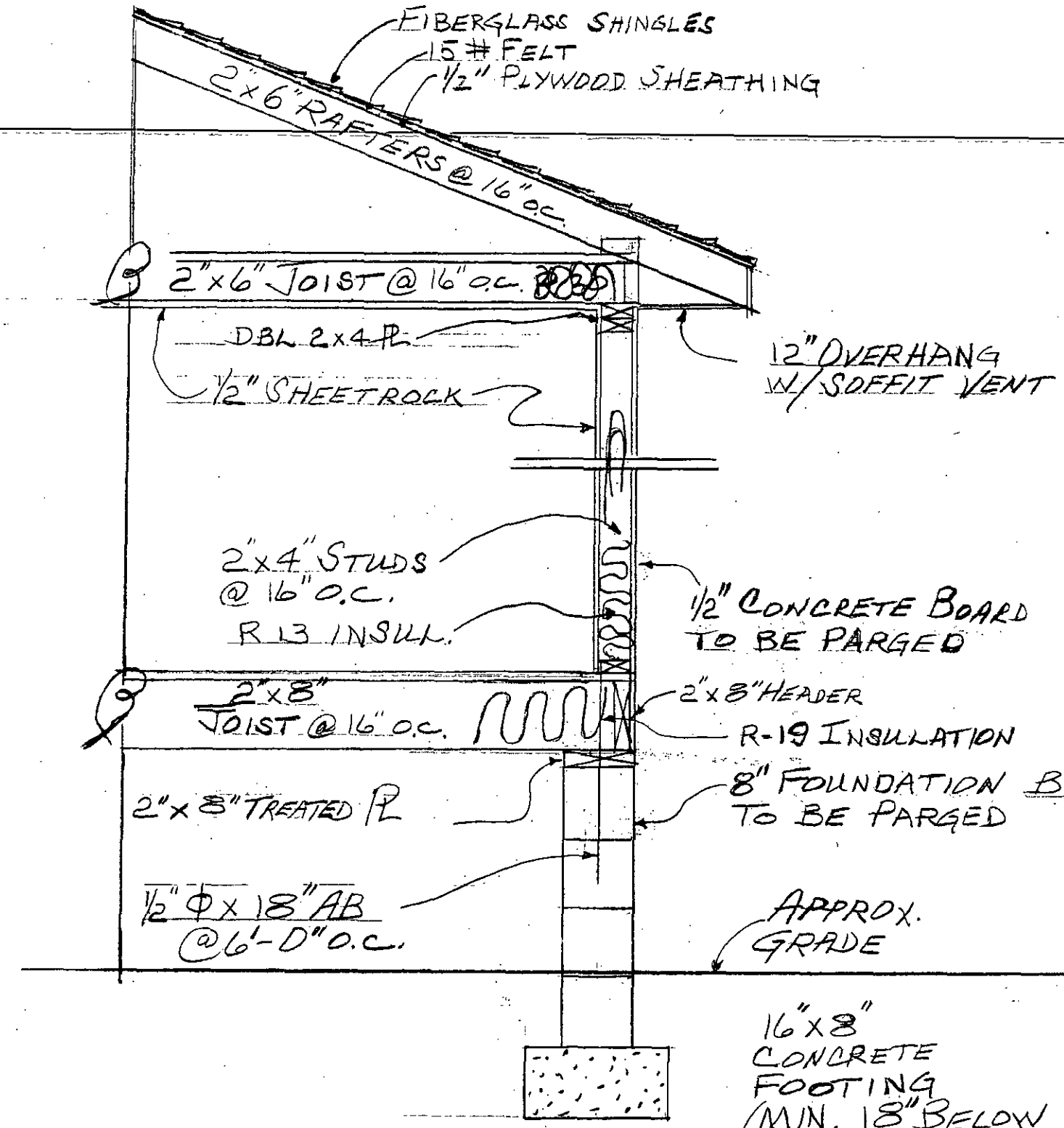
RIGHT ELEVATION



FLOOR PLAN

SHEET 3 OF 4

BONUS ROOM ADDITION
LYNWAY @ LAKE WYLIE
SCALE 1/4" = 1'-0"



SECTION

SCALE 3/4" = 1'-0"