

132 SHADY CR

03701503

1/3/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

35746

Pd #50 5/11/95 CK #1296 Fast

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: Tribue (last) Jason (first) K. (mi)

ADDRESS: 5019 San Francisco Ct. PHONE: (704) 598-0702

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 5/11/95

PROPERTY OWNER:

NAME: Catoe (last) Frank (first) (mi)

ADDRESS: 132 Shady Cr. PHONE: (704) 392-1622

CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 037-015.03

STREET ADDRESS: 132 Shady Cr. 28216

ZONING: R-3

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 132 LOT SIZE (in acres): 1

TYPE APPLICATION (check one):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [ ] 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)
- [X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Family Room Bath
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

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)
- [ ] 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: Jason K Tribue Date: 5/10/95

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.

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

...Use Existing system - No change in total number of bedrooms (See owners plot plan dated 5/17/95); the proposed addition does not appear to impact sewage disposal system. Keep foundation a minimum of 5' from any part of sewage disposal system.

Ivona B. Trialik, RS Jason Bateman 6/6/95
Environmentalist Date

J Bateman for S Daniel, Program Chief 6-12-95
Director or Authorized Section Head Date

WATER : 12291

off Double Ld. - dogs in yard.

35746

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☐ CRT

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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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...use existing system

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Environmentalist Date

Director or Authorized Section Head Date

WATER 12291

5-23-95 SD requested from Phil Edwards if plumbing can check/require pipe be uncovered as to where going.

6-2-95 conversation with Phil Edwards - He cannot keep hold (no violation) on plumbing for washer so it will not prevent need addition unless washer location moved in house.

5/16 PC to Mr. Catoe. NC. LM.
5:10 OSV. Mr. Catoe present. Located St. No visible malfunction of septic system, however, per Mr. Catoe Washer hooked to "community line".
5/17 4:00

5/17/95 cont. -
No washeline discharge found. Sewer in road. Residence hooked to municipal water. JBR

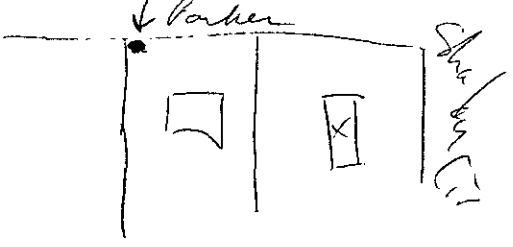
Contact city stormwater + well see if pipe going into stormdrain as Mr. Catoe indicates. We will probably find more than one washer going into stormdrain.

5-31
Joe Talbot will meet me at site.

7246
6-2 Left message for Joe T. Talbot.

Tommy - Stormwater Maintenance
Greg Peters Engineering
336-7034

/ storm drain found here
could not tell anything concerning washer line.



6-6-95 spoke with Joe Talbot, City Stormwater in reference to this. He said there are no stormdrains for city maintenance for stormwater in this house's immediate area so he said he had no jurisdiction over this.

6-6-95 left message for Jason Tribue.

No signs of wastewater violation could be identified. 6-6-95 JBR

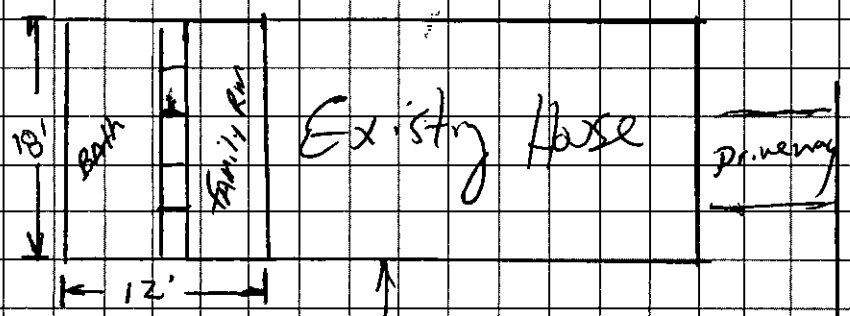
PROPOSED PLOT PLAN

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

FILE: 3574B

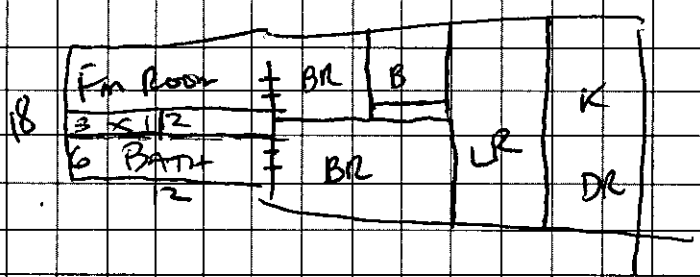
TC: 037-015-03

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.



SHADY CT.

Approx. ST location



Joan B. Mialik 6/6/95

NEW CLOSET FOR BATH + FM ROOM NO CLOSETS

5-17-95

OWNER/AGENT SIGNATURE

DATE 5/16/95

APPROVAL DATE _____

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

COPY

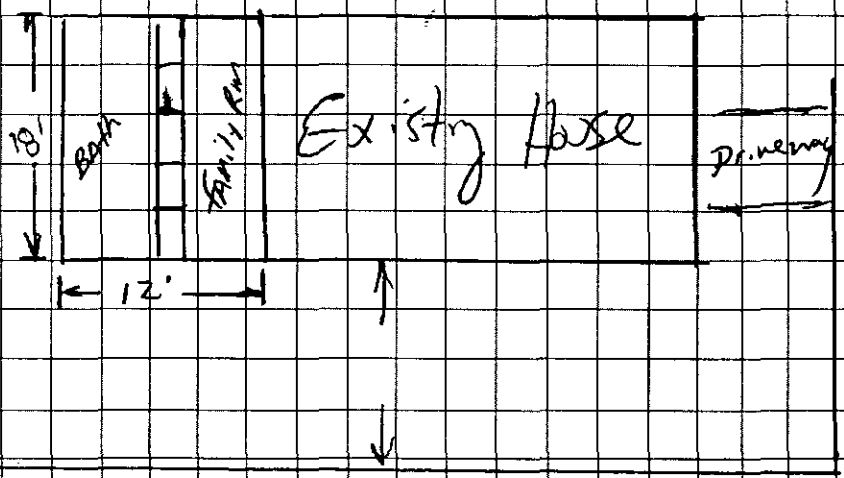
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