

4712 MORNINGWOOD DR

22722123

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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

[X] 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

PERSON FILING APPLICATION: Son of Everett P. Wilson

NAME: Tim Wilson (last) (first) E (mi)

ADDRESS: 4718 Morningwood Drive PHONE: (__) _____

CITY: Matthews STATE: ZIPCODE:

Date: 9/4/97

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-221-23

STREET ADDRESS: 4718 Morningwood Dr.

ZONING:

PROPERTY OWNER:

NAME: Wilson (last) Everette (first) P (mi)

ADDRESS: 4718 Morningwood PHONE: 708 821-2469

CITY: Matthews STATE: N.C ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 11 LOT SIZE (in acres):

TYPE 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)

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:

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) [] 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

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: Tim Wilson Date: 9-4-97

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
Detached garage - No plumbing

Lisa B. Mialik, RS 9/5/97
Environmentalist Date

...9/5/97 obs. Everette Wilson's son, Tim Wilson and ~~Tim Robertson present.~~ Drainfield location - as best as could be determined - via excavated holes + probing.

WWS for detached garage (no plumbing) 5' minimum from septic tank system.

WWATER : 122791

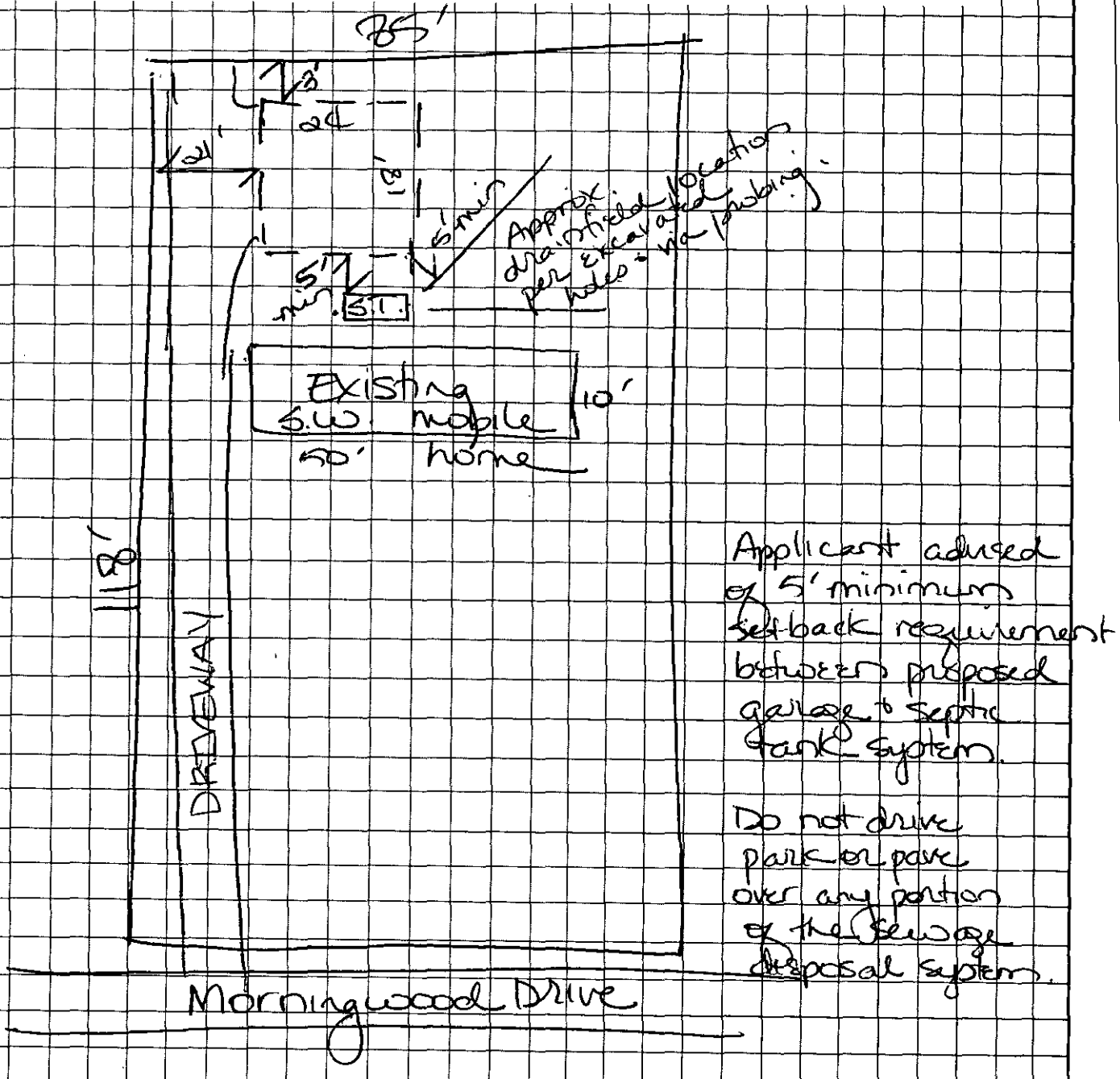
PROPOSED PLOT PLAN

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

FILE: 3963B

TC: 227-221-23

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.



Applicant advised of 5' minimum setback requirement between proposed garage & septic tank system.

Do not drive park or pave over any portion of the sewage disposal system.

Jim Wilson 9-5-97
OWNER/AGENT SIGNATURE
DATE

APPROVAL DATE 9/5/97 Joan B. Malik, RS
LWS for detached garage - No plumbing.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

8/15/97 ew
Case #50.00

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PERSON FILING APPLICATION:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: WILSON (last) EVERETT P. (first) (mi)

ADDRESS: 4718 MORNINGWOOD PHONE: (704) 821-7469

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

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Signed: Everett P. Wilson Date: 8-15-1997

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...This permit is not transferable.

...8/21/97 OSV. Everett Wilsons son, Tim Wilson & Tim Robertson present. Request denied - proposed garage over drainfield.

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

See plot plan dated 9/5/97 for new proposed garage site.

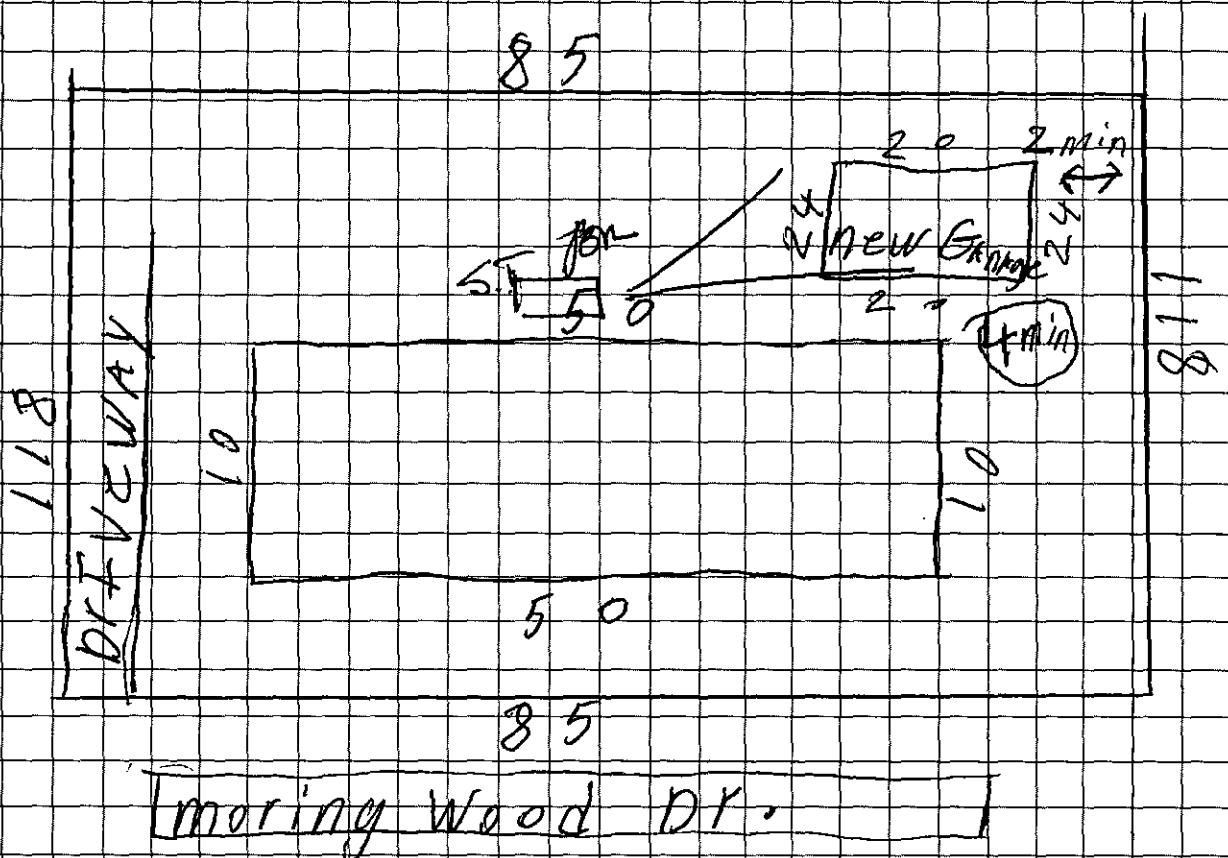
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Everitte P. Wilson
OWNER/AGENT SIGNATURE

DATE 8-15-1979

APPROVAL DATE _____

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