

6925 FIELDLARK LN

19707305

6/23/08

marliwr

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

Drew

ACS

100 mcc

APP# 068682

CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 11380

PERSON FILING APPLICATION:
NAME: Clark (last) Todd (first) E. (mi) 3/6/01 SCE
ADDRESS: 6925 Fieldlark Trl. PHONE: (704) 573-3565
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Clark (last) Todd (first) E. (mi)
ADDRESS: 6925 Fieldlark Trl. PHONE: (704) 573-3565
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-073-05
STREET ADDRESS: 6925 Fieldlark Trl. Charlotte, NC 28227
ZONING:

Township (check one):
[X] 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: LOT SIZE (in acres): .46

TYPE APPLICATION (check one):

[redacted]
[redacted]
[ ] 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)
Attached
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

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
[X] 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: X Trinity E Clark Date: X 3/6/01

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.

... 3-8-01 OK TO USE EXISTING SYSTEM

[ ] 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 3-8-01 Date

WATER : 122791

COPY

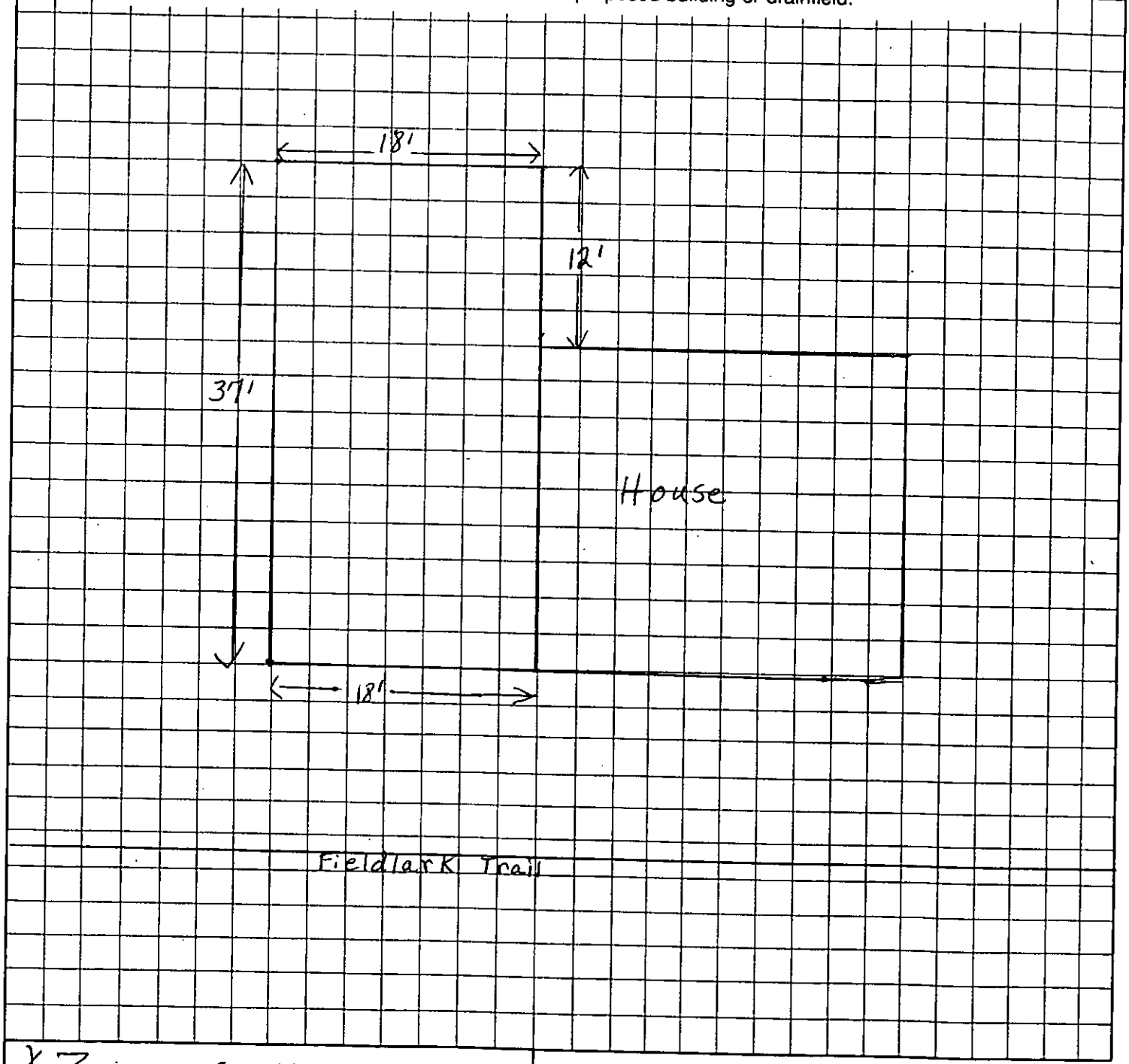
PROPOSED PLOT PLAN

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

FILE: 11380

TC: 197-073-05

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 Linney E. Clark
OWNER/AGENT SIGNATURE

DATE 3/6/01

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

400 P

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 11/15/95 CK# 3351 CRT X

11380

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: CLARK (last) TODD (first) E (mi)
ADDRESS: 6925 FIELDLARK LN PHONE: 704 573-3565
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: CLARK (last) TODD (first) E (mi)
ADDRESS: 6925 FIELD LARK LN PHONE: (__) 573-3565
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197-073-05
STREET ADDRESS: 6925 FIELDLARK LN
ZONING:

Township (check one):
[X] 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: L5B1B LOT SIZE (in acres): .461

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 M)
~~[] COMMERCIAL OR INDUSTRIAL (N)~~
~~[] SOIL TEST DEVELOPMENT (R)~~
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Attached
~~[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)~~
~~[] REPAIR TO SYSTEM (R)~~

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1
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
[X] 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: Linney E Clark Date: 10/15/95

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.

... Approval for attached garage

Use existing system

[] 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

Philip L. Walker R.S. 11/17/95
Environmentalist Date

S Bateman for S Jarnil Program Chief 11-22-95
Director or Authorized Section Head Date

WATER : 122791

"Prior 1977"

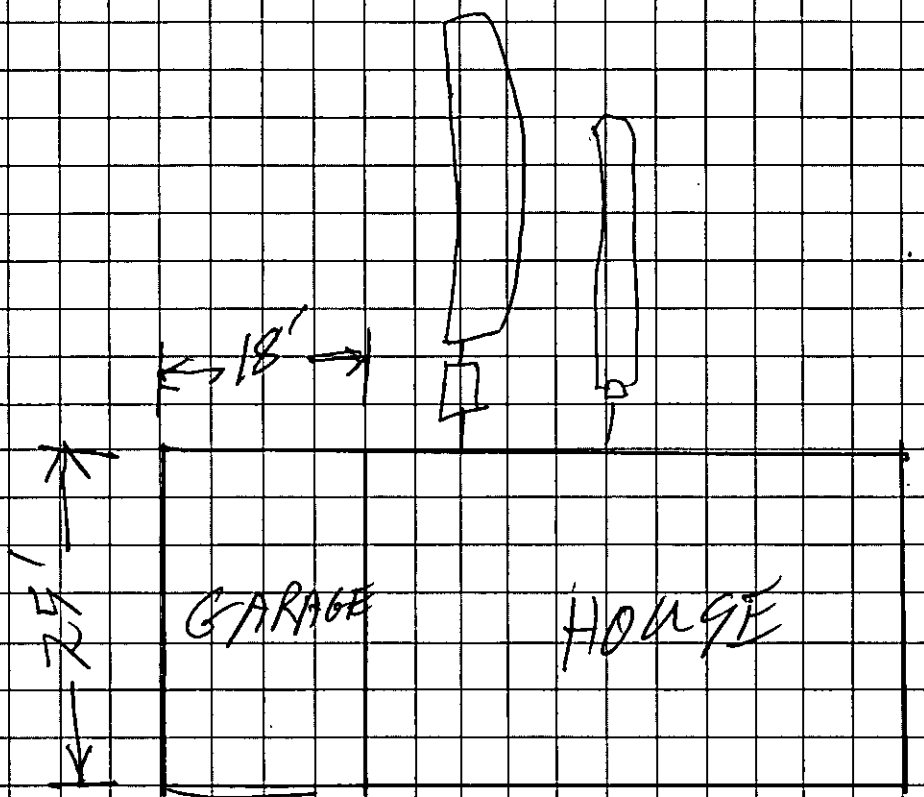
PROPOSED PLOT PLAN

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

FILE: 11380

TC: 197-073-05

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.

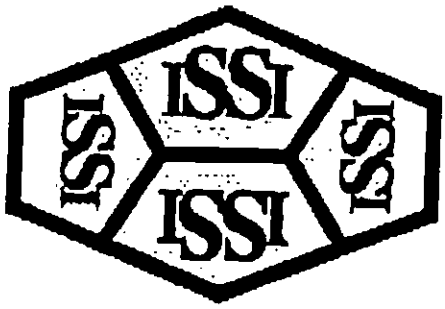


APPROVAL DATE SRW 11/17/95 VES

OWNER/AGENT SIGNATURE

DATE

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



Imaging Solutions and Services, Inc

The following is a

Poor Original

The following document has been identified as a poor quality original (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up paramenters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

Serial No. [illegible]

ICAP Sr Permit No. 11350

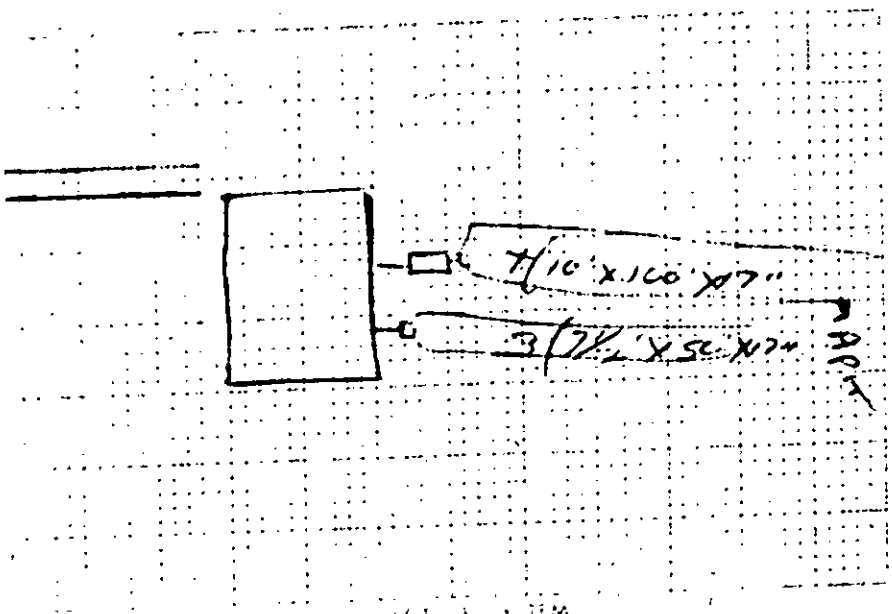
T C No. 177-0730

Map Date

Issued 2/23/77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

X Install at Cul-de-sac. After an inspection of the proposed septic tank waste disposal system with subsurface, soil absorption, effluent discharge as described herein at the property located [illegible] this permit is granted based upon the information supplied on application dated 11350 9-10-76 and this permit shall be void and of no effect if the installation provided in the application is not completed on or before 3/1/77 after which date this permit is to be null and void. All work shall be completed on or before 3/1/77



Permit No. 6C

Liquid Capacity of Tank 1000 gal PC

Absorption Area Required 400 150

Number of Lines 4 3

Length of Lines 10'

Length of Trench per Line 10

Depth of Trench NOT IN (100')

Location of System

Owner REALTY FUND INC.

Address 6925 FIELD LARK LN. (58)

CONST S.C.

L. F. Buchanan

Authorized Representative

Date

Approved or Rejected

Reason