

14321 SPRINGWATER DR

21526134

5/20/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd 50' cpk 7/28/98 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 2912

Date: 7-28-98

PERSON FILING APPLICATION:

NAME: Gaiser (last) Larry (first) C (mi)

ADDRESS: 14011 Mareshead Ln PHONE: (704) 847-6832

CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-152-09

STREET ADDRESS: 14321 Springwater Dr

ZONING:

PROPERTY OWNER:

NAME: Morgan (last) Clay (first) Dr. (mi)

ADDRESS: 14321 Springwater PHONE: (__) 844-0975

CITY: Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 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)
[ ]) Front porch

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: 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):
[ ] Community (C) [ ] Shared Well (S)
[X] 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 [X] 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: Larry Gaiser Date: 7-28-98

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

Jeffrey A. Knight 7/30/98
Environmentalist Date

WATER : 1227

PROPOSED PLOT PLAN

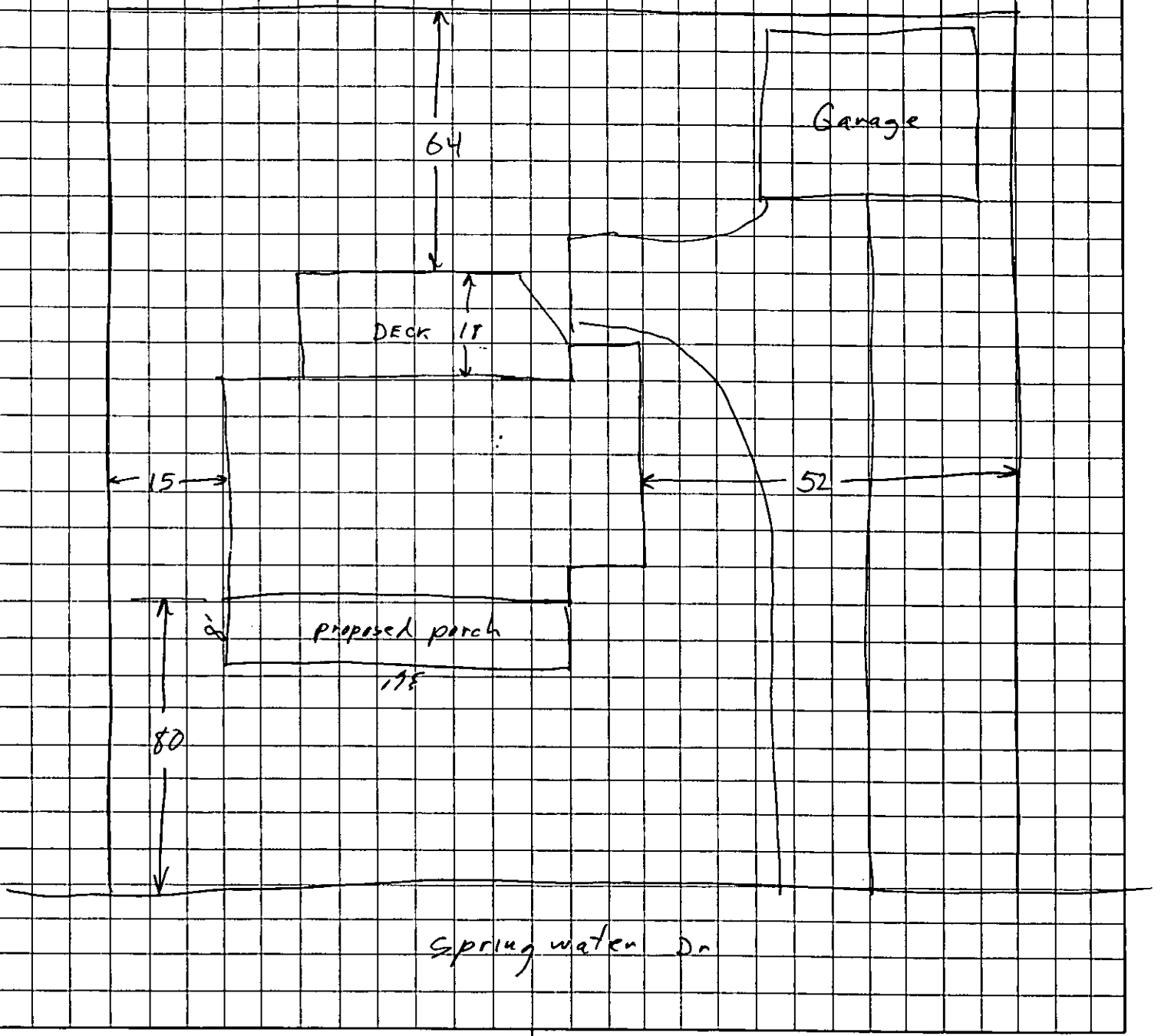
COPY

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

FILE: 2972

TC: 215-152-09

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.



Larry Baisden
OWNER/AGENT SIGNATURE

DATE 7-25-98

APPROVAL DATE _____

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

COPY

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APPLICATION FOR SERVICES

Pd 50.00 CK 7/28/98 [1] CAT

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Environmentalist Date

WATER : 122

Jeff

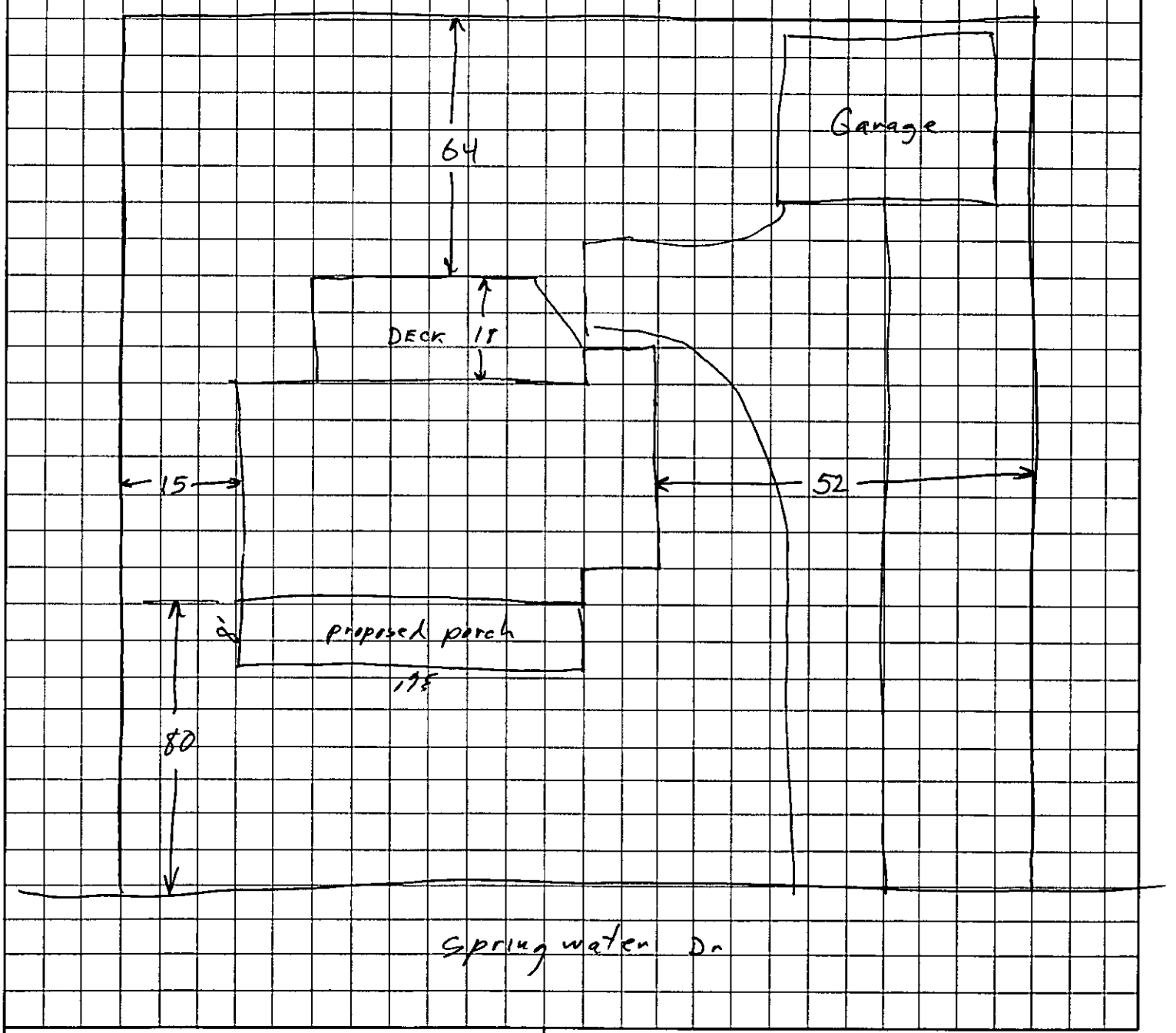
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OWNER/AGENT SIGNATURE

DATE 7-25-98

APPROVAL DATE _____

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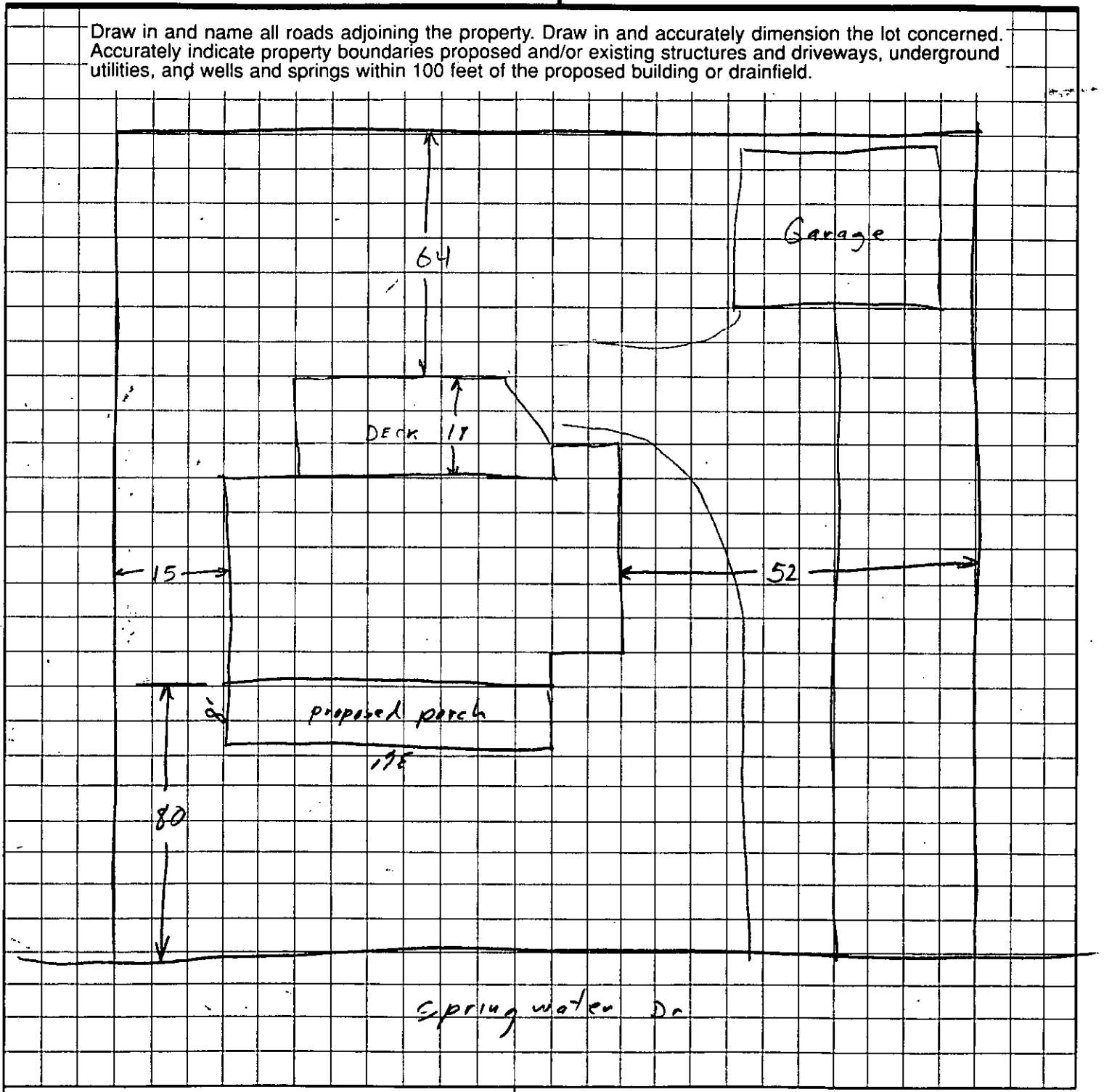
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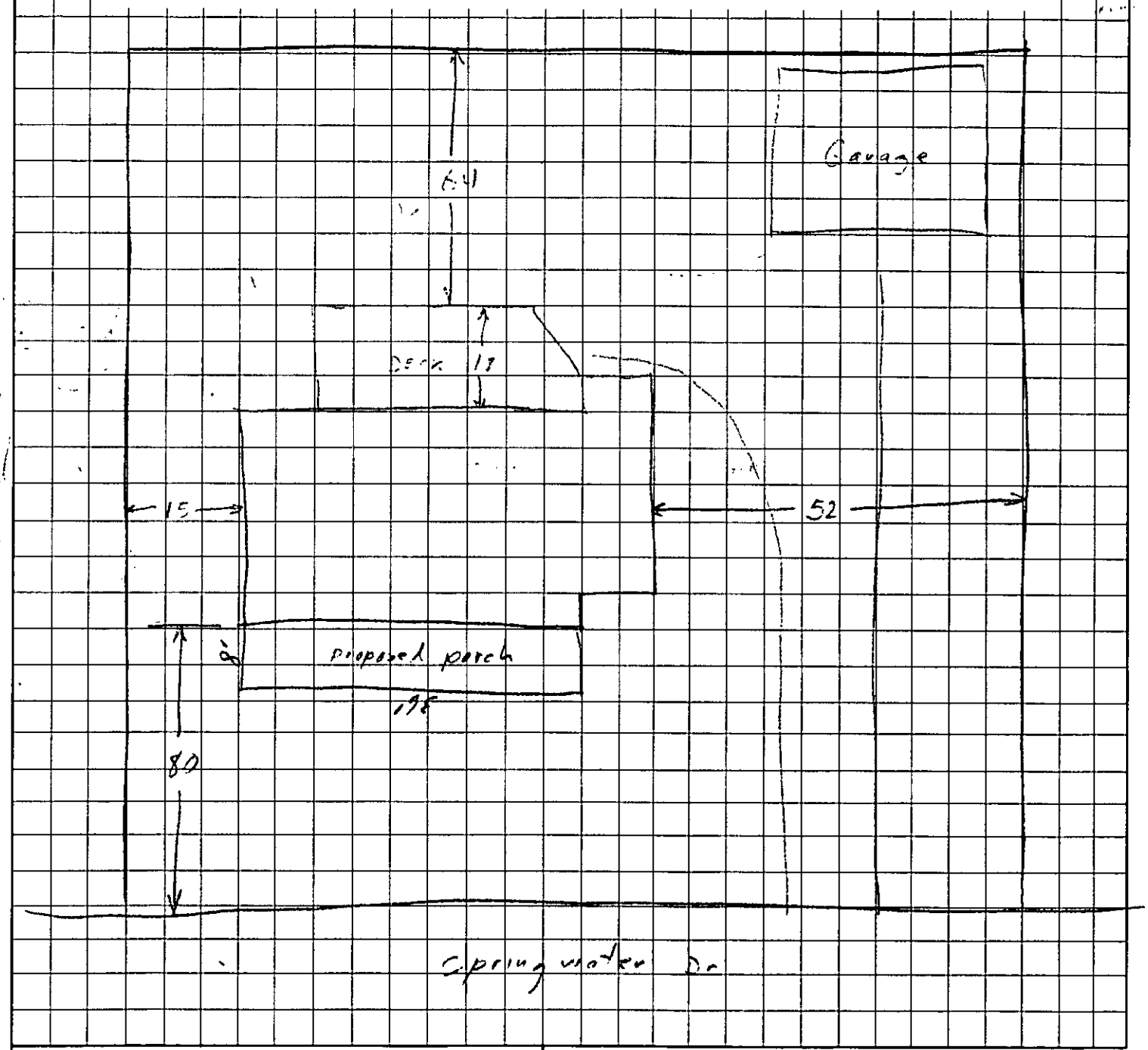
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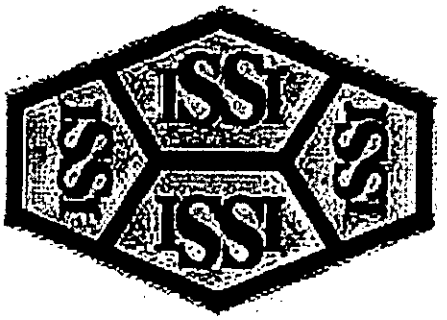


Larry Baucom
OWNER/AGENT SIGNATURE

DATE 7-25-97

APPROVAL DATE _____

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ISSI Operations Center Staff

Permit No. 2912
T.C. No. 315 12-09
Issue Date 4-20-72
6-20-72

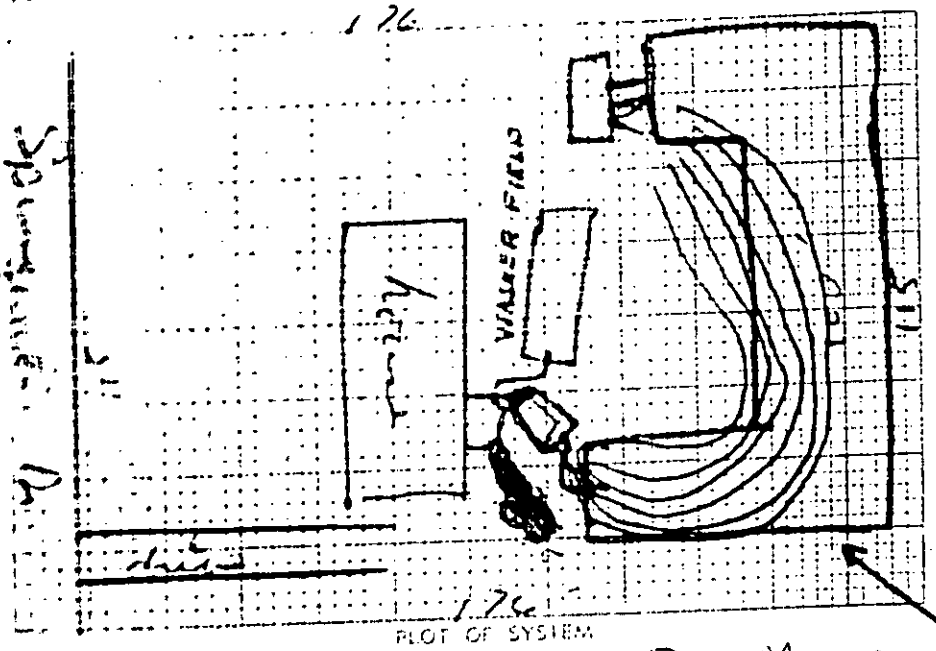
[illegible] HEALTH DEPARTMENT

[illegible] HEALTH DIVISION

[illegible] ALTERATION, AND/OR REPAIR PERMIT

[illegible] Subsurface, Soil Absorption, Effluent Discharge

[illegible] Alter or Repair the individual septic tank waste [illegible] effluent discharge as specified herein at the [illegible] upon the information supplied in application 25? [illegible] and of no effect if the information provided in the ap[illegible] shall be completed on or before 11-17-72, after which



Percolation Rate [illegible]

Liquid Capacity of Tank 1500 gallons

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length [illegible]

Number of Lines 3 [15'X100'X17"] 3 [7.5'X52'X17"]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

INDICATES FINAL LAYOUT

NAME OF OWNER Mcmurphy Realty Inc

LOCATION OF PROPERTY [illegible] Springwater Dr. S-1

This [illegible] shall meet all of the construction requirements as set forth in the Regulations of the Medford [illegible] Health which are in effect at the date of the granting of this permit. A certificate of [illegible] be issued by the Health Officer before any system can be covered up or otherwise rendered [illegible] can be used.

Comments 15 lines / 100 ft 7'2 x 3'

Thomas R Wick

Environmentalist

[illegible] must be signed by the [illegible] construction of a new system, it must be signed by the [illegible] Sanitarian in charge of the Environmental Health Division in order to be valid. Only the signature of the [illegible] is required where an existing system is being altered or repaired.

[illegible] COPY

7/30/98 - Onsite visit. Ms. Morgan present.
No apparent signs of a malfunction.
System is to rear of house. Porch
will not interfere with system.