

20614 MONTCALM CT

00172116

8/14/08

marliwr

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

17534

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 ck 742 5/24/95 DK

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: RASTATTER (last) Ronald (first) F. (mi)
ADDRESS: 600 Towne Centre Blvd PHONE: 704 889-8900
CITY: Pineville STATE: NC ZIPCODE: 28134

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-[illegible] 721-16
STREET ADDRESS: 20614 Montcalm CT
ZONING:

PROPERTY OWNER:
NAME: [illegible] Houdson (last) James (first) (mi)
ADDRESS: 20614 Montcalm CT PHONE: 704 892-1689
CITY: Davidson STATE: NC ZIPCODE: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 6 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 (P)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) sunporch
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (H) ☐ 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)
☐ 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 Ronald F Rastatter Date 5-24-95

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
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...Approval for sunporch on 2nd story of house. Sunporch supports shall be a minimum of 5' from septic tank, pump tank & any other portion of sewage disposal system.

Joe B. Miatik 5/31/95
Environmentalist Date

[illegible] for S. Daniel Brown, Chief 6-1-95
Director or Authorized Section Head Date

WATER : 22791

6/1/95 PC w/Mrs. Houdson. Discussed the fact that a waterline appears to run from the patio across the pump tank & down to the dock and, in addition, veg. garden planted over nitrification field. Recommended waterline be at least 10' from system & garden be relocated. JBM

601-111.47

6/1/95 PC w/ Mrs Hovelson, continued.
Discussed that sunporch supports must be minimum of 5' from septic tank, pump tank, etc
JSR

6/2/95 Returned Mr. Hovelson's phone call.
10:05 Re-iterated the above information.
JSR

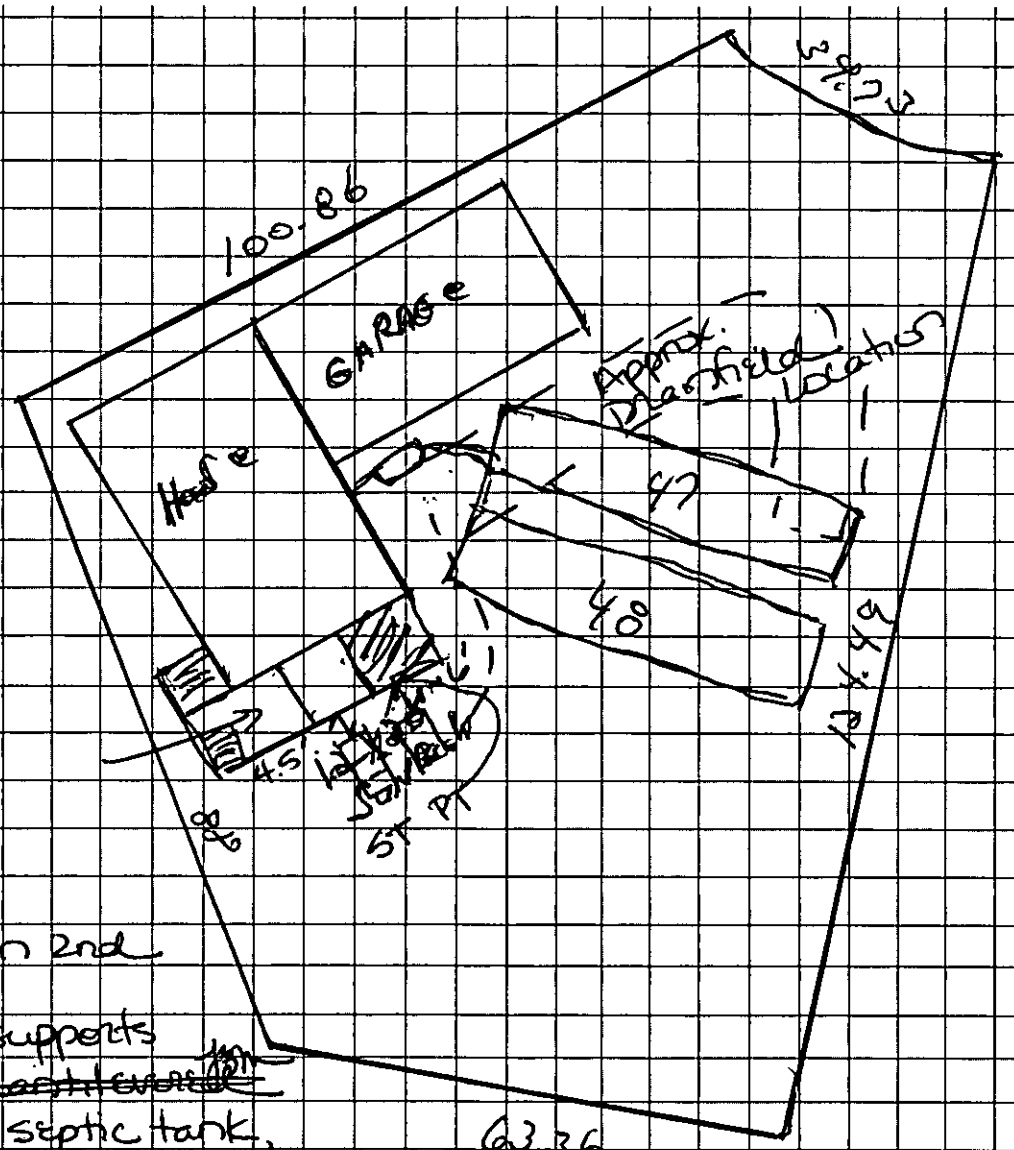
PROPOSED PLOT PLAN

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

FILE: 17534

TC: 001-72-16

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.



Sunporch on 2nd story.

* Sunporch supports shall be ~~cantilevered~~ >5' from septic tank, pump tank & any other portions of the sewage disposal system. Existing concrete patio appears to be 4.5' from septic tank. Existing patio shall not be extended. Ronald Rotolo 5-31-95

Ronald Rotolo
OWNER/AGENT SIGNATURE

DATE 5-24-95

APPROVAL DATE Joan B. Mialik
5/31/95

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

C of A (s) No. 17534

Date Issued 11/25/81 Serial 4873 T. C. No. 001-111-52

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner HOVELSON (LAST) JAMES (FIRST) (MIDDLE)

Location of Property 20614 MONTCHAIN COURT

Application Number 17534 Permit Number 17534

Inspection Data:

Liquid Capacity of Tank 1500 + 800 gal Tank Material precast

Total Length of Drain Tile 495' Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Community Distance from Water Source > 100'

Excavation Inspected — (DATE) Tank Inspected 11/25/81 (DATE)

Nitrification Field Inspected 11/23/81 (DATE)

Washing Machine Line Inspected, If Applicable 11/23/81 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments: LIBERTY submersible pump model LE 51-A

Adam Wyfeld
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Issued 11/5/81

Serial No. 5120

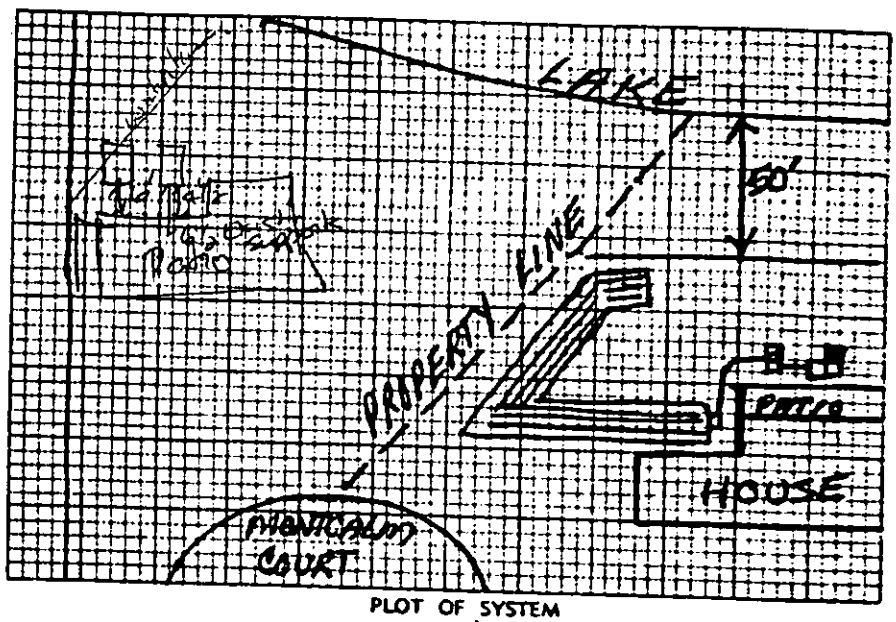
ICAR (S) Permit No. 17534

T. C. No. 001-111-52

Map Date _____

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

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste water 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 application 17534 dated 9/15/81 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 12/15/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 + 500 gal 4 FT STR.

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Length 495

Number of Lines 5

Distance from House >5'

Distance from Property Line >5'

Distance from Well Community

NAME OF OWNER JAMES HOVELSON

LOCATION OF PROPERTY 20614 MONTclair COURT Lot 84

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

Comments: 15'x99'x17" of STONE; SET PUMP TO CYCLE 200 gallons. Submit pump specifications to this DEPARTMENT for APPROVAL

_____
Division or Section Head

Adam Wyfield
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5/19/81

ICARIS Application No. 17534

T. C. No. 001-111-52

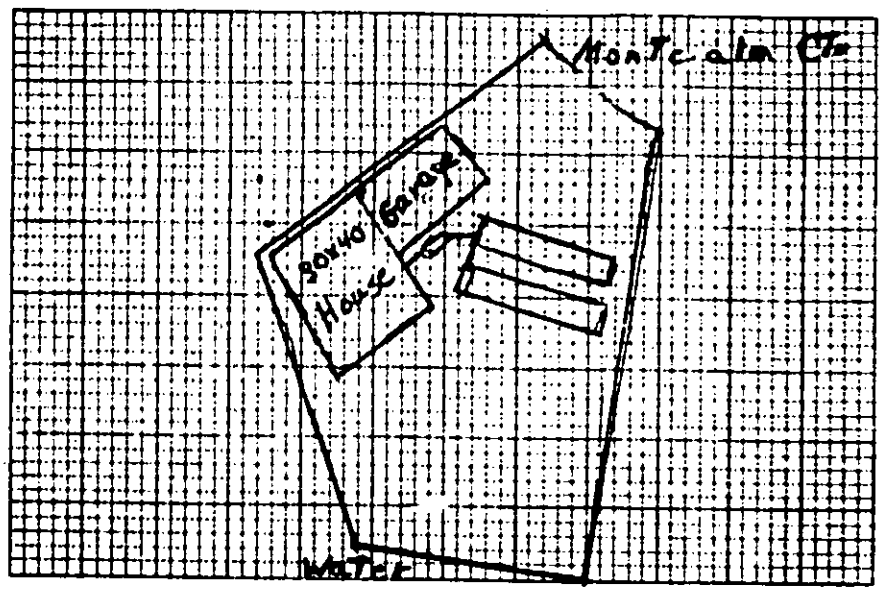
Map Date —

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home — Yes ___ No ✓
Residence — Yes ✓ No ___

4) No of Bedrooms 3

5) Business Use — Max No Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ✓ Yes ___ No

9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System:
1. Well owner Island Forest
2. Governmental source ___

10) Sewage System:
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Hovelson (LAST) James (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 843 Davidson N.C. 28036

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM Montclair Ct (STREET OR COUNTY ROAD)

17) SUBDIVISION Island Forest Lot No. 88 Block No. 12
Map Book No. 12 Deed Book 3269 Page No. 339

18) DEED REFERENCE — DEED BOOK 3269 AT PAGE 266

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 1-12-81

20) PTR NUMBER (See Instructions) 17534

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

5/15/81
DATE OF APPLICATION

James L Hovelson
OWNER

EHD-5-76

Environmental Health Department's Copy

Fax. Sheet:

Date: 5-26-95

From CUSTOM SUN ROOMS

"Where Better Living Begins"

Please deliver to Health Deptf.

Attention of: LISA B. MIALIK, R.S.

Message: Thank You for your Quick Response

Total pages including cover sheet 2

140 P02 MAY 26 '95 09:22
CUSTOM SUN RM. CHAR.
7048898911

Septic Tank Down

Down 47"

12' To patio

8' FT.

Tree

down 16½"

13½ from patio

Small Hole

6 FT From patio

Pump Down 47

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Connection
To house
over 16.2½
down 9"

Wall

Cord for Pump

Cord for pump right along
Chimney & wall

Field out 10 FT from Fireplace and
5 FT from walk

DATE 5-24-95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

001-11-721 Blm 52-16
PARCEL NUMBER

20614 MONTCALM CT
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Sun Porch over existing Deck.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McComis

REVISED 1/91