

11627 EASTFIELD RD

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 10/29/93 CK 4795 DT 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

Date: 10/29/93

PERSON FILING APPLICATION:

NAME: REGANS (last) ROBERT (first) Y. (mi)

ADDRESS: 11627 EASTFIELD RD PHONE: (704) 875-1561

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY OWNER:

NAME: REGANS (last) ROBERT (first) Y. (mi)

ADDRESS: 11627 EASTFIELD RD PHONE: (704) 875-1561

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 021-013-22

STREET ADDRESS: 11627 EASTFIELD RD HUNTERSVILLE NC 28078

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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 - 4 BEDROOMS OR LESS (N) 4 X 5 Replacing home with modular
[] 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)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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) [X] 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: Robert Y Regans Date: 10/29/93

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.

...

Use existing system
(may need cleanout)

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

Philip S. Walker 11/4/93
Environmentalist Date

Judy J. Klein R.S. for 11/4/93
Director or Authorized Section Head Date

WWATER : 122791

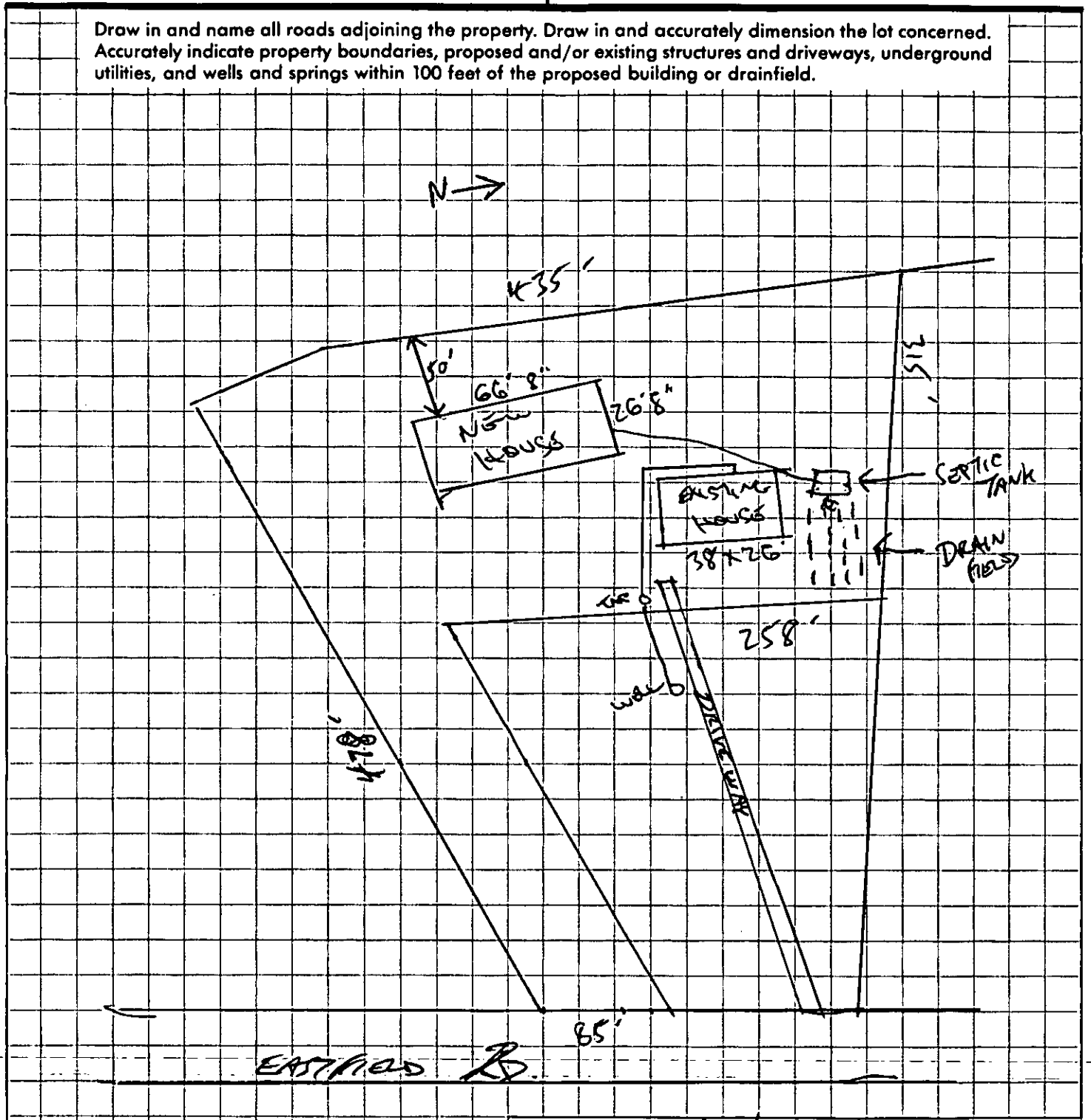
PROPOSED PLOT PLAN

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

FILE: 16381

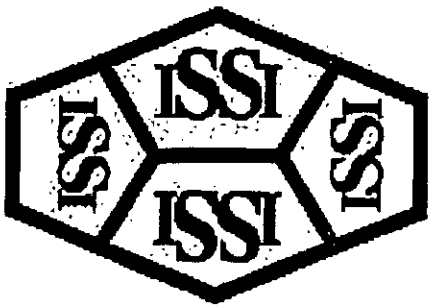
TC: 021-013-22

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 BW appr 11/4/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy



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ISSI Operations Center Staff

Serial 3568

Date Issued 3-26-80

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(For Individual Septic Tank Systems with Subsurface Soil Absorption Sewage Disposal)

3 bed

Name of Owner

Location of Property

Application Number

Permit Number

Inspection Date

Liquid Capacity of Tank

Total Length of Drain Tile

Number Lines

Depth of Filter Material

Distance from Water Source

Water Supply Source

Excavation Inspected (Date)

Tank Inspected (Date)

Nitrification Field Inspected (Date)

Washing Machine Line Inspected, If Applicable (Date)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption sewage disposal 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 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 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: System was rained into. Pumped before [illegible]

Environmentalist

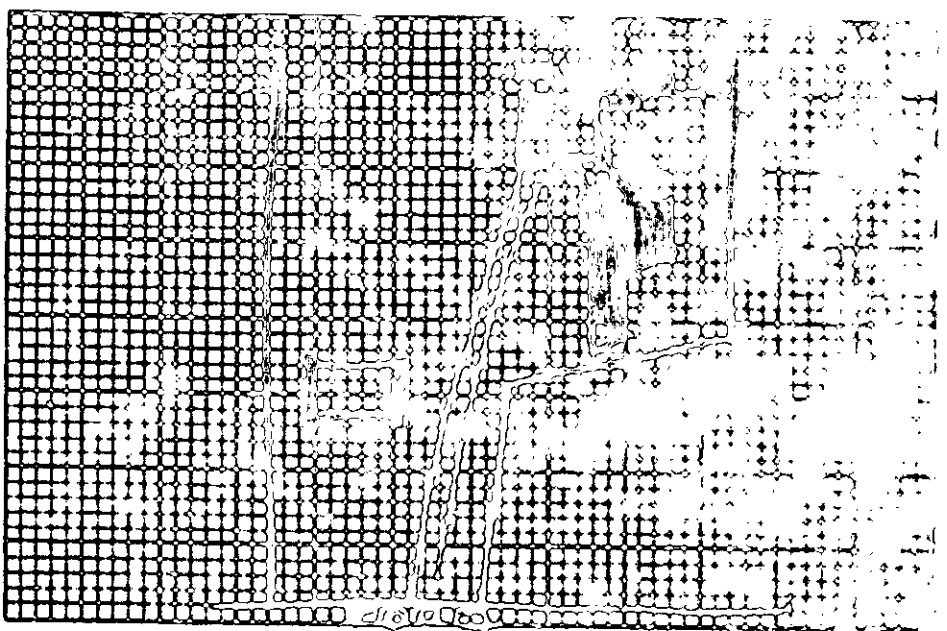
(Rev. 7/76)

Serial 3655

Date Issued 2-29-80

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 a [illegible] water treatment system with subsurface, soil absorption, [illegible] described location. This permit is granted based upon the information on the application dated 2-27-80 and this permit is void if the information on the application is not true or is erroneous. All work shall be completed on or before _____ or this permit shall be null and void.



PLOT OF SYSTEM

NAME OF OWNER Gant, Paul Lester

LOCATION OF PROPERTY 11601 Eastfield Road

The system shall meet all of the construction requirements as set forth in the [illegible] County Health Commission which are in effect on the date of the granting of this permit. Approval must be issued by the Environmental Health Director before any system can be rendered uninspectable or can be used. The issuance of this permit does not in any way imply that system anticipated to be constructed will operate properly, or relieve any person [illegible] trolling or using such system from any liability resulting from the failure of the system to

15' wide x 66' long x 17" of stone

12' wide x 32' long x 17" of stone for [illegible]

[illegible] or Sanitarian Head

* If this permit is for the installation or construction of a new [illegible] sanitarian head of the Environmental Health [illegible] authorized to issue such permit on behalf of the [illegible]

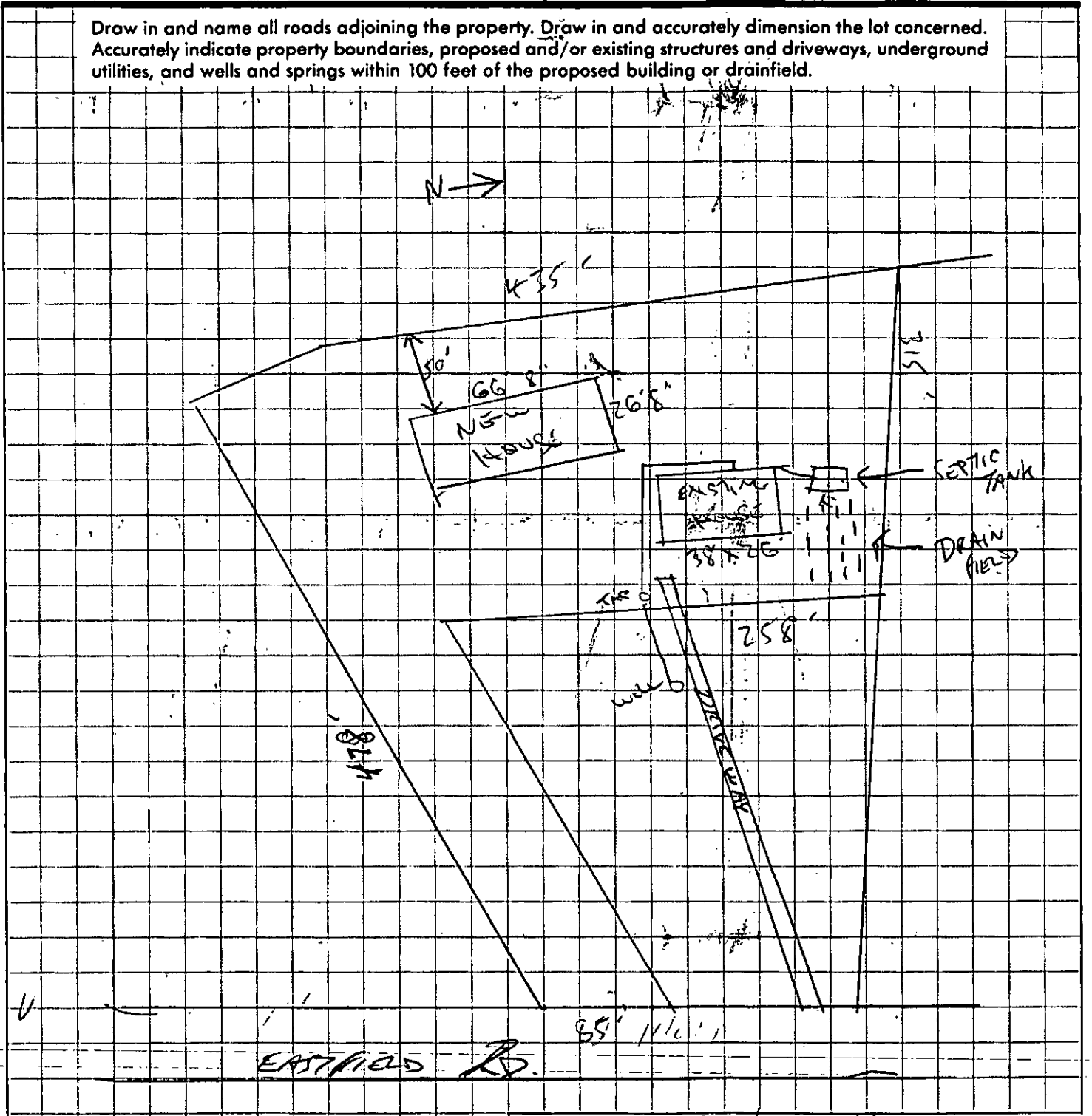
PROPOSED PLOT PLAN

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

FILE: 163 fr

TC: 021-113-22

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 Rec'd appln 11/4/93

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PROPOSED PLOT PLAN

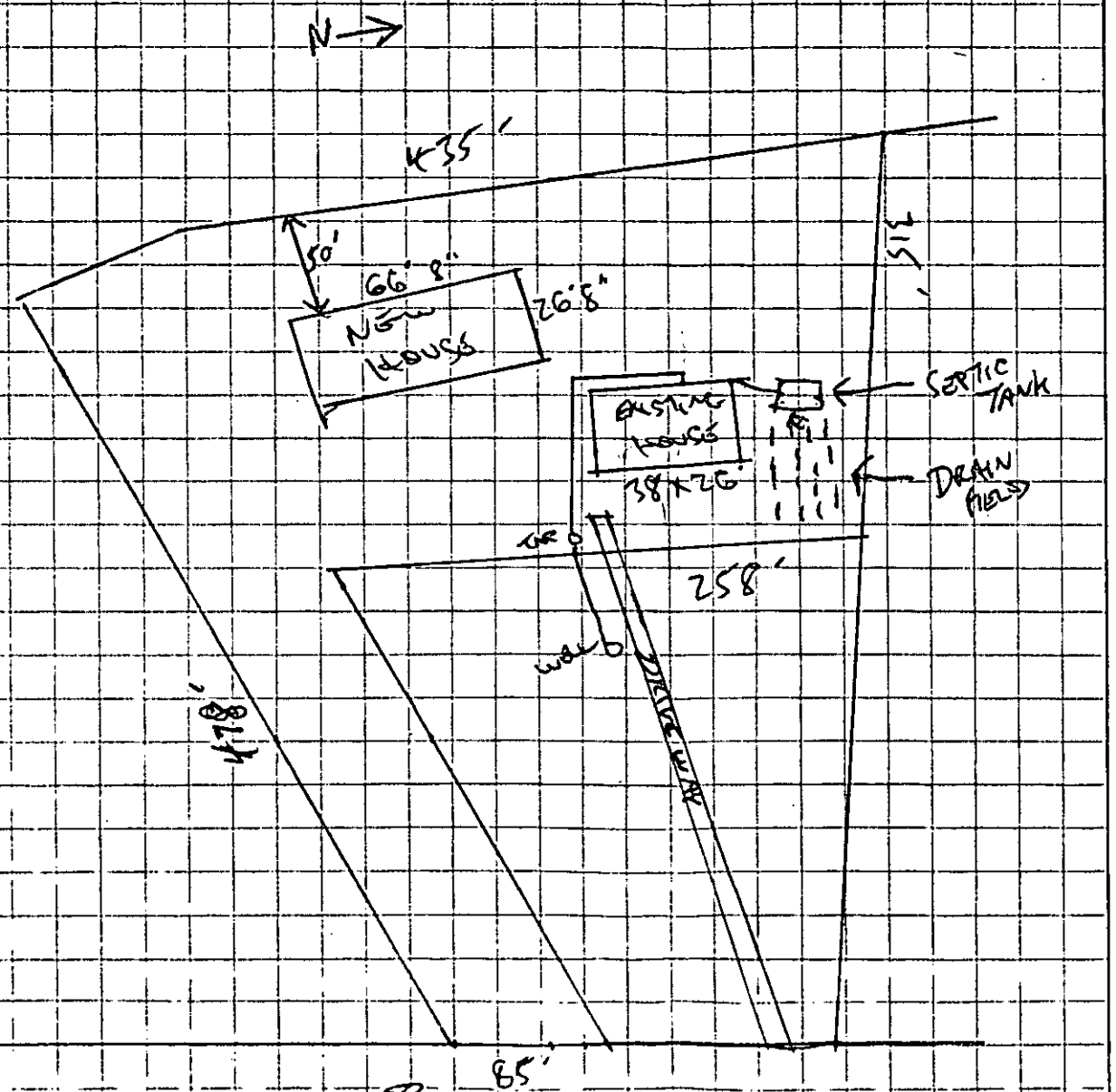
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1638 1

TC: 021-013-22

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APPROVAL DATE _____