

7603 ROLLING HILL RD

10913206

5/22/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4483 (40) [ ] 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:
NAME: Dutton Jr. (last) Maynard (first) G. (mi)
ADDRESS: 7603 Rolling Hill Rd. PHONE: (704) 536-0479
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 5/19/98

PROPERTY OWNER:
NAME: Dutton Jr. (last) Maynard (first) G. (mi)
ADDRESS: 7603 Rolling Hill Rd PHONE: (__) 536-0479
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 109-132-06
STREET ADDRESS: 7603 Rolling Hill Rd.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Lake Forrest

LOT NUMBER: LOT SIZE (in acres): 1/2 Acre

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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[X] 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)
[X] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [X] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [X] Deck/Patio [ ] Bedrooms [X] Other (DRAIN to Septic) Sink outside

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: Maynard G. Dutton Date: 5/19/98

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.

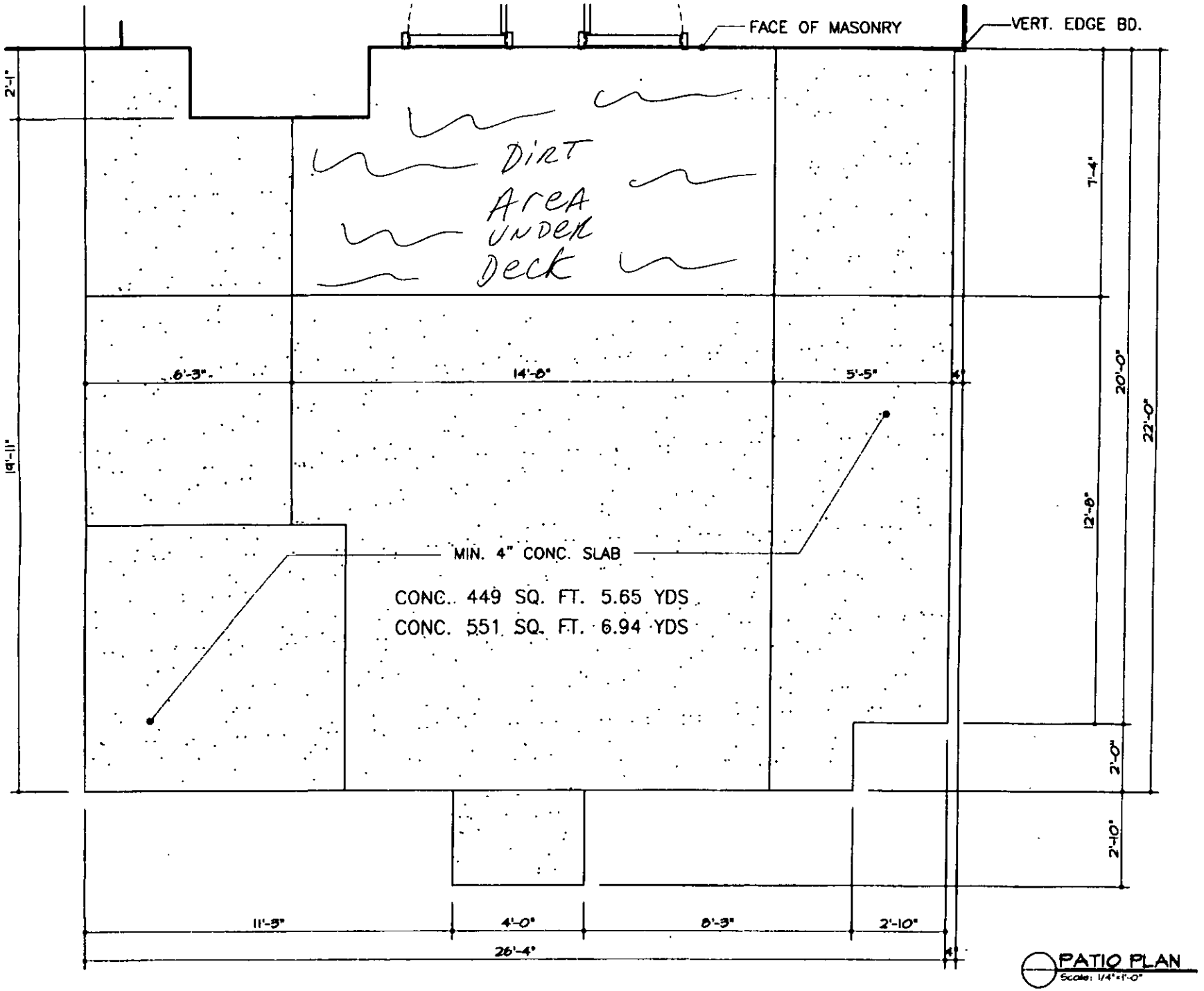
...This permit is not transferable.

... Approval granted for deck & patio

[ ] 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

Philo S. Walker #8 5/19/98
Environmentalist Date

WATER : 122791



PATIO PLAN
Scale: 1/4"=1'-0"

Date Issued 30 Oct 1925 Serial No. 6876 ICAR(S) Permit No. 4483

T C No 109-132-0

Map Date 9-1-25

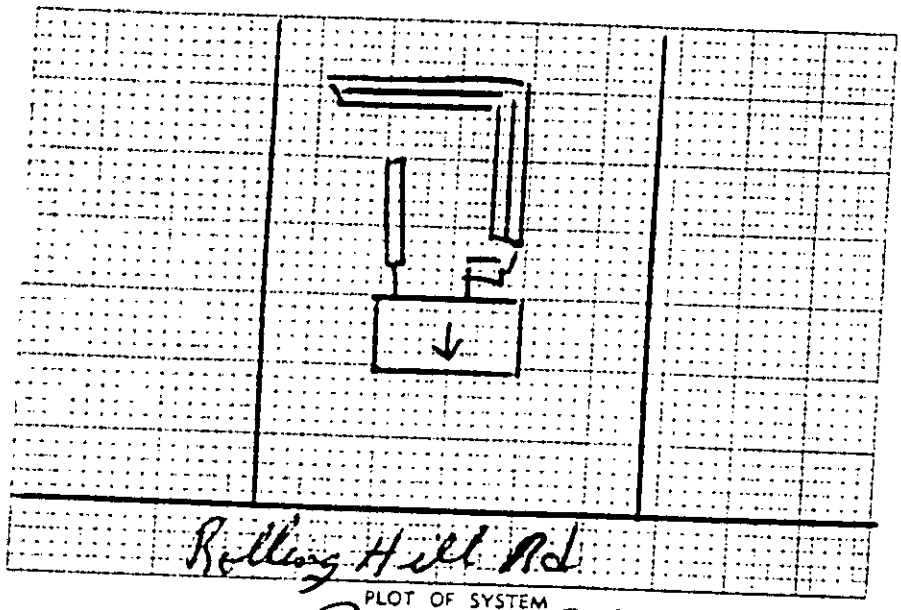
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission 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 4483 dated 6-30-25 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 1 Nov 25 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction pre cast

Absorption and/or Nitrification Lines

Total Line Lenght 600-150

Number of Lines 6 - 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well —

NAME OF OWNER Macy Homes Inc

LOCATION OF PROPERTY Rolling Hill Road

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

Comments: wash line in bed 10'x30'x12"

Division or Section Head _____ Environmentalist John D Adkinson

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

FORM NO. [illegible]

HEALTH DEPARTMENT COPY

Serial No. [illegible]

Date Issued: 20 Oct 1977

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH SECTION

CERTIFICATE OF APPROVAL

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

Name of Owner Mac Homes Inc

Location of Property Rolling Hill Rd

Application Number 4983 Permit Number 4983

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material pre cast

Total Length of Drain Tile 600-150 Number of Lines 6 - 7

Depth of Filter Material 12" Cover Depth 18" - 24"

Water Supply Source municipal Distance to Water Source —

Excavation Inspected — DATE Tank Inspected 10-7-77 DATE

Nitrification Field Inspected 10-7-77 DATE

Washing Machine Line Inspected, if Applicable 10-7-77 DATE

The undersigned has inspected the individual Septic Tank System and [illegible] effluent discharge as described above and it has been [illegible] in accordance with the permit issued and the [illegible] and rules in effect at the date of issuance of the permit. [illegible] guarantee that the system will [illegible] operate satisfactorily, or that any water supply [illegible] system is free from defects. This Certificate of Approval is issued only [illegible] the permit. In addition to the items listed below [illegible] shall be installed and any information contained on the application [illegible] made to the property which would increase the requirements [illegible]

Comments installed as permitted

[illegible]

Signature [illegible]

Title [illegible]

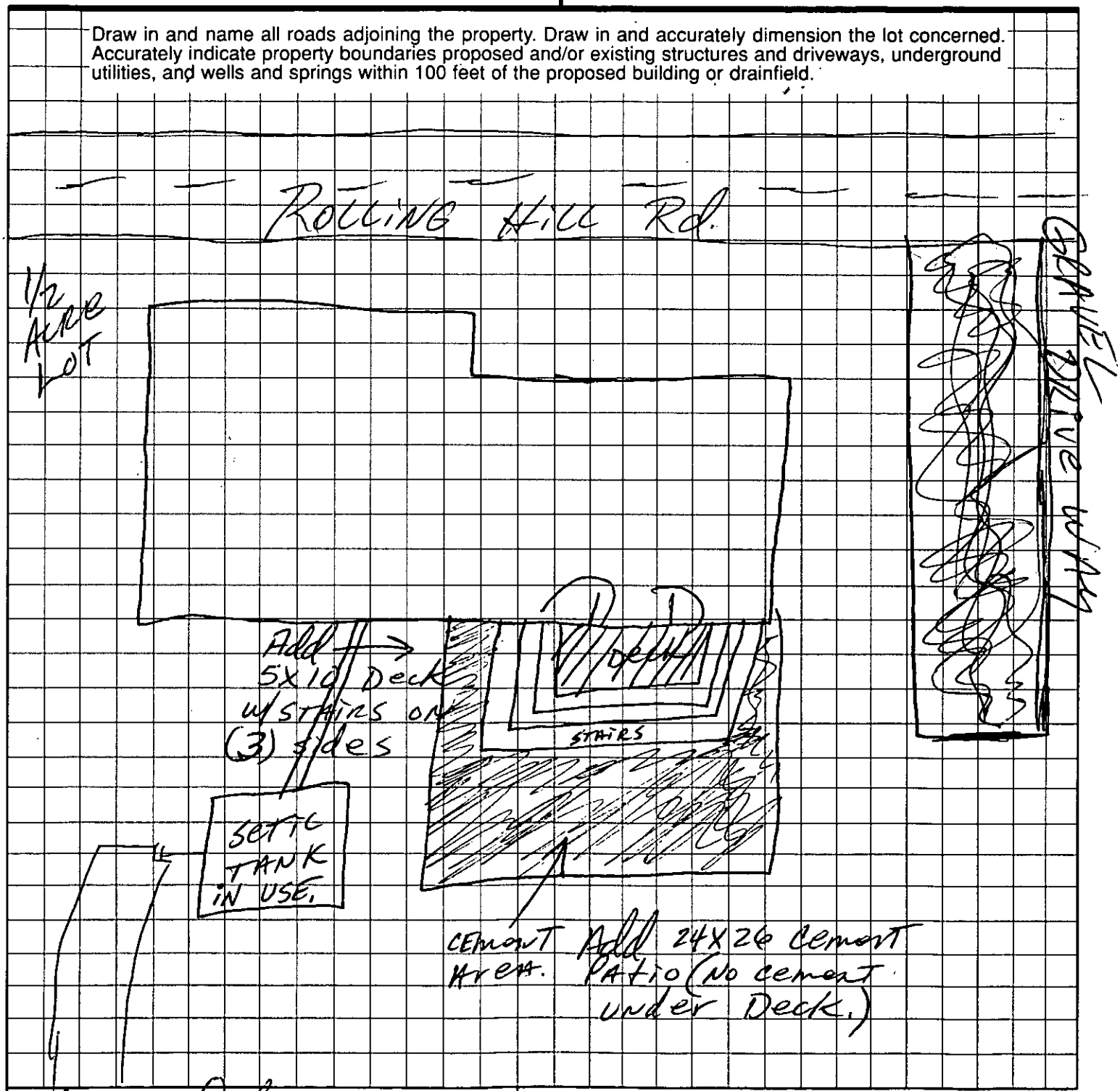
PROPOSED PLOT PLAN

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

FILE: 4483

TC: 109-132-06

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.



Maynard Dutton
OWNER/AGENT SIGNATURE

DATE 5/19/98

APPROVAL DATE _____

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