

19421 SHEARER RD

00309210

8/26/08

marliwr

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

EHS Jer Mich

Reviewer (CA)

2009 County Permit Review Worksheet

Rule or Law	Permit Application	1	2	3	4	5	6	7	8	9	10
.1937(d)	Is the Application complete	✓									
.1937(d)	Is there a Site plan/Plat with application	✓									
.1937(d)	Is the Facilityshown?	✓									
.1937(d)	Are appurtenances shown										
	Site Evaluation Information										
.1939 (a)(1)	Topography and Landscape Position Recorded?										
.1940 (a-g)	Slope % Recorded?										
.1939 (a)(2)	Texture Class Recorded?										
.1939 (a)(2)	Structure type Recorded?										
.1939 (a)(2)	Consistence Recorded?										
.1939 (a)(2)	Mineralogy Recorded?										
.1939 (a)(3)	Soil Wetness Condition Recorded?										
.1939 (a)(4)	Soil Depth to Rock or Parent Material Recorded When Encountered?										
.1939 (a)(5)	Depth to Restrictive Horizons Recorded When Encountered?										
.1939 (a)(6)	Sufficient Available Space Recorded?										
.1937(m)	Are the Profile Locations Shown?										
.1939(a) & .1945(b)	Are the S/PS Profiles in system & in repair area?										
	Number of auger borings made:										
	Were sufficient auger borings made?										
.1939(d), .1955, .1956, .1957	LTAR										
	IP/CA										
G.S. 130A-336(a) & .1937(g)	Proposed System Type stated-Initial										
.1945(b)	Proposed System Type stated-Repair										
G.S. 130A-336(a)(3)	System location identifiable by setbacks - Initial										
.1937(g) & .1945(b)	System components shown - Initial										
.1945(b)	Repair area shown										
.1937 (f)(g)	Does System design match facility, flow & WW characteristics?										
.1937 (f)(g)	**Is System design consistent with soil/site conditions?**										
.1937 (f)(g)	Is the System located in the approved area?										
G.S. 130A-336(a)	Is the Design flow (gpd) indicated?										
G.S. 130A-336(a)	**Number of Bedrooms, employees, seats, etc. indicated?**										
.1937(g)	Trench depth indicated?										
.1937(g)	Trench width indicated?										
.1937(g)	Trench length indicated?										
G.S. 130A-336(a)(1)	Proposed/existing well shown?										
G.S. 130A-336(a)(1)	Property line lengths shown?										
G.S. 130A-336(a)	**Facility/appurtenance setbacks shown from fixed points?**										
	OP										
.1937(i)	System type as described in table V(a) of rule .1961										
.1937(i)	Conditions for system performance, operation, maintenance, monitoring and reporting.										

If system design is incorrect or inconsistent with site conditions, indicate why for each below

OK OK

LD project # 220334 # 19416

LD 220334

FEE: 100.00
DATE: 2/21/07
CRT # 1

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 20909

TYPE APPLCATION:

- [X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Tim Moss Home Improvement Inc.
ADDRESS: 1619 Underpass Rd
CITY: Advance
STATE: NC ZIP: 27006
PHONE: 704-892-3330
ALTERNATE PHONE: 336 655-7631

PROPERTY OWNER:

NAME: David, Jennifer Lead
ADDRESS: 19421 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704-895-3681
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 00309210
STREET ADDRESS: 19421 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

- [ ] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [X] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

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

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [X] BEDROOM
- [X] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [X] LIVING ROOM
- [X] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

T Moss — 2-21-07
Owner's/Agent's Signature — Date

*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 y this Department.
- This permit is not transferable.

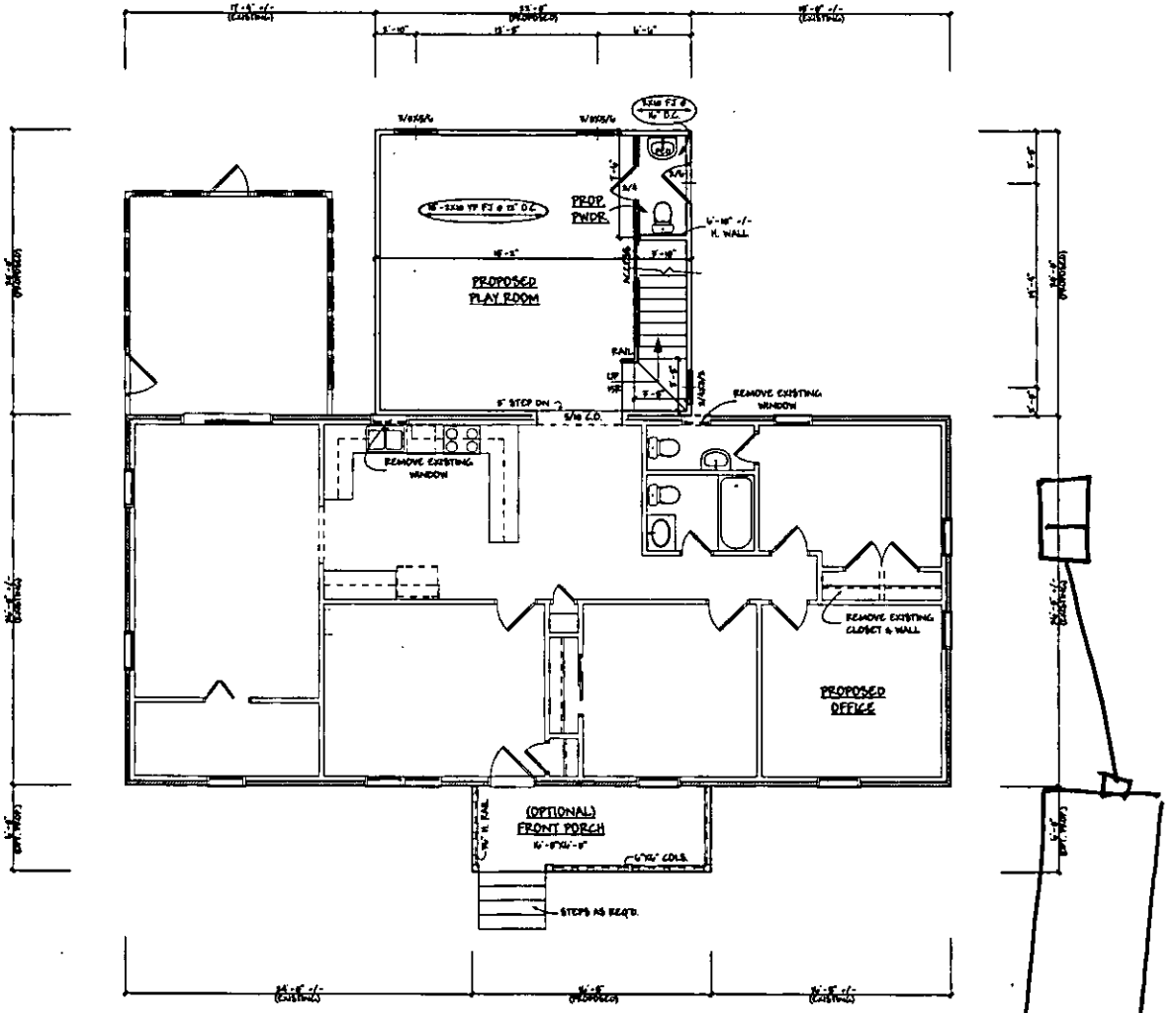
- [ ] ADDITION / RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE

O.K. to use existing system for a bedroom, bathroom living room, and den addition.

EHS Signature — Date

House will remain 3 Bedrooms

Jerry Black, RS 2/27/07



(PROPOSED) FIRST FLOOR	440 S.F.
(PROPOSED) SECOND FLOOR	981 S.F.
(PROPOSED) TOTAL AREA	921 S.F.
8'-0" CEILING U.N.O. FIRST FLOOR 8'-0" CEILING U.N.O. SECOND FLOOR	
LOAD WALLS AS SHOWN	

1) While every effort has been made in preparing this plan, Phil's Design Inc. cannot guarantee against human error. The contractor must check all dimensions and other details and be responsible for the same.
2) Contractor shall confirm size of all conc. footings w/ local inspector.
3) All structural members designed & sealed by engr.
4) All exterior walls shall be O.S.B. struct. wall panel.
5) All conc. slabs shall be filled & tamped, pour 4" reinf. conc. slab w/ stone backfill & 6 mil. poly.
6) All crawl spaces shall be smoothed & cleaned, backfilled w/ sand, cover 75% area w/ 6 mil. poly.
7) All decks & screen porches shall be connected w/ 5/8" dia. galv. bolts @ 16" o/c.
8) All garages sheetrock ceilings & stud walls & 20 min. t/c door to house.
9) Accuracy of square footage must be determined by contractor.

STAMP MUST APPEAR IN RED. IF STAMP IS NOT RED, THIS IS AN ILLEGAL COPY. PLEASE REPORT ALL ILLEGAL COPIES TO PHIL'S DESIGN INC. (334)778-2040

DRAFTING & PE LICENSES
Phil's DESIGN, INC.
Alan Sames

JOB #	DATE
159-06	12-6-06

TIM MOSS HOME IMPROVEMENTS (LEAD RESIDENCE)

FIRST FLOOR PLAN

REVISIONS

SCALE	
1/4"=1'-0"	
SHEET #	PLAN #
3 OF 4	ADDITION

Date Received 4/12/84

SEE INSTRUCTIONS ON BACK
APR 16 1984

ICAR (S) Application No. 26909

T. C. No. 003-093-10

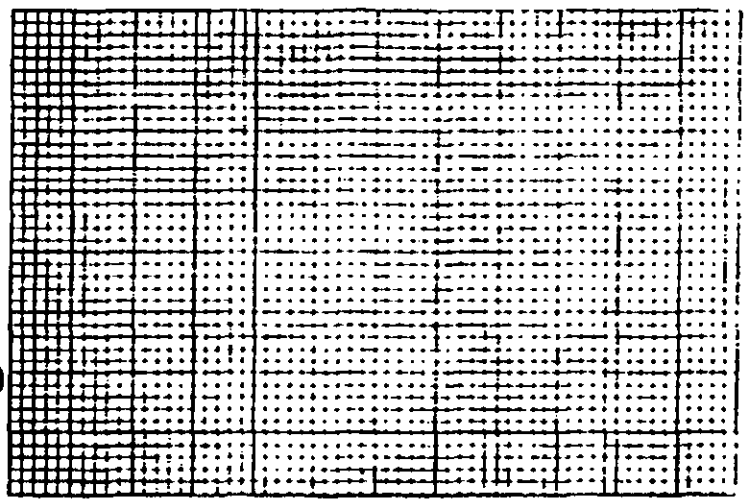
Map Date _____

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) yes 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 source ___
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 38-60-1060.551

12 VA Case No. ___

13) NAME OF OWNER Moore (LAST) Philip Lee + Wife (FIRST) Patricia (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 810 Davidson NC 28036

15) PHONE NO. Home 892-1588 Office (Husband) 892-7100

16) LOCATION OF SYSTEM 19421 Shearer Road (STREET OR COUNTY ROAD) Davidson N.C.

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3605 AT PAGE 711

19) HAS A SOIL INVESTIGATION BEEN RUN? ? YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) ___

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.

4/12/84
DATE OF APPLICATION

Philip L Moore Jr.
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 07155

ICAR (S) Permit No. 20909

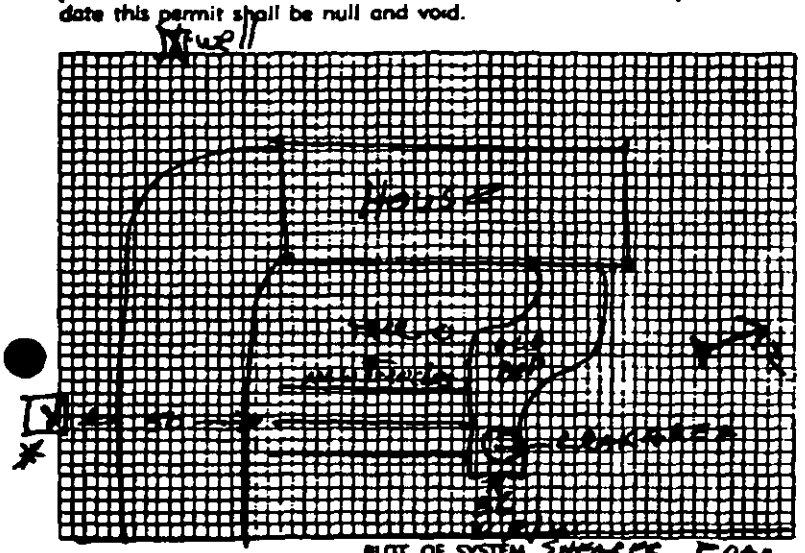
Date Issued 4-25-84

T. C. No. 003-092-0

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, X Alter or Repair the individual septic tank wastewater 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 20904, dated 4-12-84 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 ~~MAY 1~~ 11-1-1984, after which date this permit shall be null and void.



PLOT OF SYSTEM SHEFFER ROAD

Permeability Rate PS 1 Ut

Liquid Capacity of Tank _____

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length 150 LinFT

Number of Lines Three

Distance from House 40FT

Distance from Property Line 30FT

Distance from Well 50 FT Neighbors, 100FT own

NAME OF OWNER MOORE PHILLIP

LOCATION OF PROPERTY 19421 SHEFFER ROAD

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.

Three Trenches To be 50FTX3FTX 12 inches Stone Expose Them Cover Be sure depth of 12" Stone is at 18" old Stone depth

Comments: COVER LEAK area with 12" COVER

*Be Sure repair is > 50FT from neighbors well

Division or Section Head

Ralph Mills
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.

BED-5-76

Environmental Health Department's Copy

C of A (s) No. 20909

Date Issued 6-1-84 **Serial** 6692 T. C. No 003-092-10

L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner MOORE (LAST), PHILLIP (FIRST) ____ (MIDDLE)

Location of Property 14421 SHEARER ROAD

Application Number 20909 Permit Number 20909

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 150 LIN FT Number of Lines Three

Depth of Filter Material 12 inches Stone Cover Depth 12 inches

Water Supply Source Well Distance from Water Source 51 FT

Excavation Inspected 6-1-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6-1-84 (DATE)

Washing Machine Line Inspected, If Applicable — (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, X 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

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 2/23/2007 11:19:45 AM

Parcel ID #: 00309210 GIS ID #: 00309210	
Owner Name:	DAVID ACOT LEAD AND JENNIFER S LEAD
Mailing Address:	19421 SHEARER RD DAVIDSON, NC 28036
Property Characteristics	
Legal Desc.:	19421 SHEARER RD
Land Area:	1 LT
Fire District:	06-DAVIDSON / NORTH STAR
Special District:	FIRE SERVICE C
Account Type:	INDIVIDUAL
Municipality:	0-MECKLENBURG COUNTY-UNINCORPORATED
Property Use:	SINGLE-FAM
Deed Reference(s) and Sales Price	
09304-553 (10/16/1997) $95,000.00	
Situs Addresses Tied to This Parcel	
19421 SHEARER RD	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: DAVIDSON	
Charlotte Historic Districts: NO	
Within Charlotte 6/30/2007 Annexation Area: NO	
Census Tract #: 64.01	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	370503028E
FEMA Flood Zone:	OUT
FEMA Panel Date:	02/04/2004
Community Flood Information	
Community Flood Zone:	OUT
Regulated Watershed Information	
Watershed Name:	ROCKY RIVER
Watershed Class:	

Building Photography

PHOTO #1
Location: 19421 SHEARER RD



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

MECKLENBURG COUNTY GIS

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
00309210	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
LEAD DAVID ACOT	19421 SHEARER RD	DAVIDSON NC 28036
LEAD JENNIFER S WIFE	19421 SHEARER RD	DAVIDSON NC 28036

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
19421 SHEARER RD	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE C	DAVIDSON / NORTH STAR	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
88700	30000	21400	140100				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Oct 16 1997	95000			IMP	09304 - 553	DEED STAMPS	09304-553	CARR ROBERT A &WF KI

Land Use

Use	Units	Type	Neighborhood	Assessment
R100	1	LT	A301	30000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Single-Fam	RES	1972	19421 SHEARER RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1664	1365	CRAWL SPACE	FACE BRICK -	AVERAGE 03	88700

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	ELECTRIC		AC-CENTRAL		3	1		1

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1365
1	PORCH - ENCLOSED - UNFINISHED (NO HEAT)	182
1	UTILITY - FINISHED	117

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 17%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1972	TERRACE	1	4X6	100
1	2002	STORAGE	1	24x30	8400
1	2002	GARAGE	1	20X30	12900

Value Changes

Notice Date	Tax Year	Reason	Changed To	Deferred
Jul 7 2005	2005	Remodeled Improvements and/or New Additi	140100	0
Mar 21 2003	2003	Countywide Revaluation	127200	0
Apr 2 2001	2001	Remodeled Improvements and/or New Additi	86650	
Jan 5 1998	1998	Countywide Revaluation	78130	
Jan 2 1991	1991	Countywide Revaluation	66230	

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Fri Feb 23 11:04:14 EST 2007



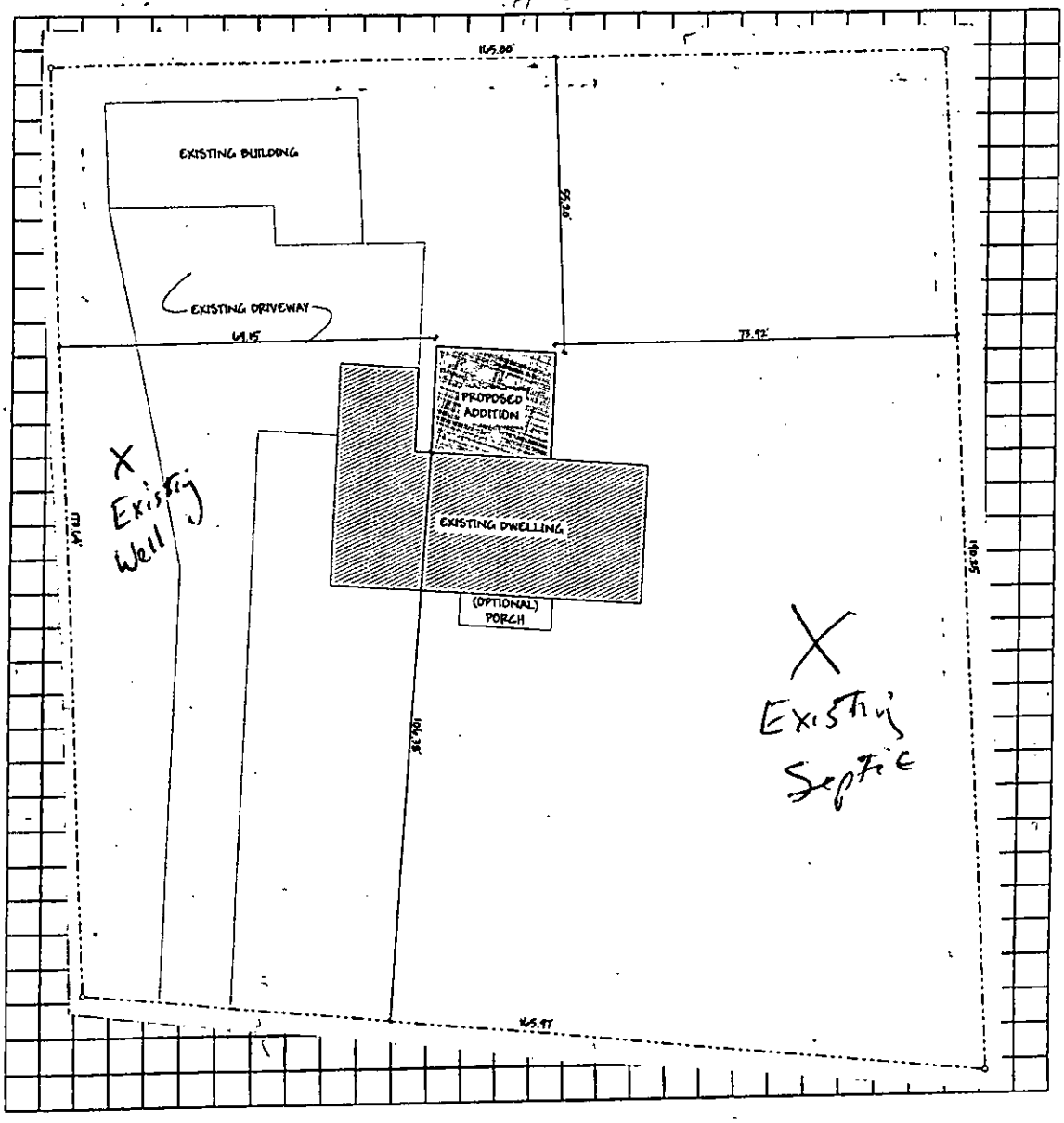
This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature Tim Mc

Date 2-21-07

LBG 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

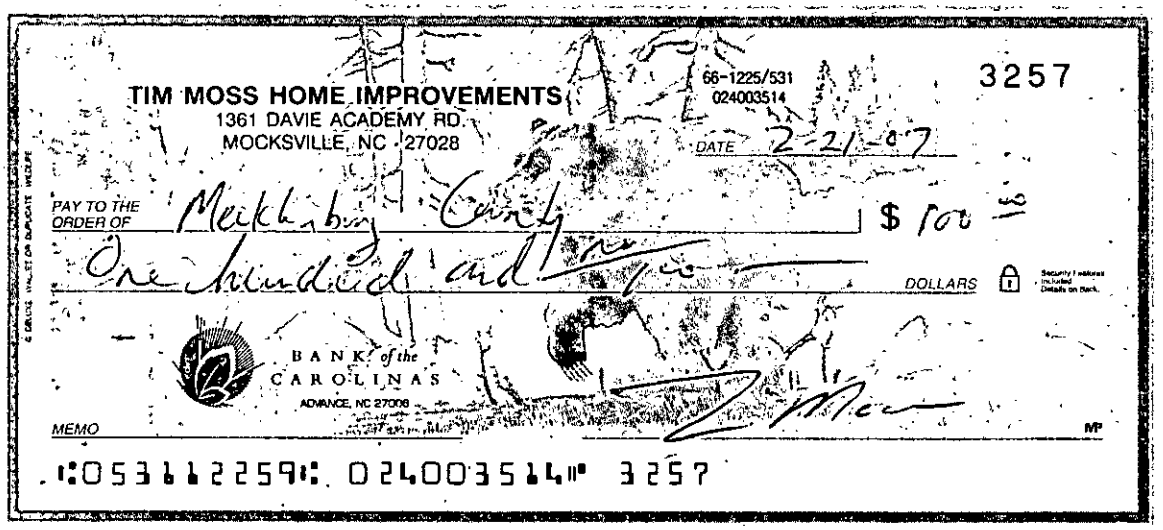
Receipt Information

Date:	02/21/07	**Amount:**	100.00
Receipt #:	48743	**Tendered:**	100.00
Check / Auth #:	CHECK 3257	**Returned:**	100.00
Received By:	MULLIVR		

Account Information

Account #: 200000
Contractor: TIM MOSS HOME IMPROVMENTS
Attn:
Address: 1361 DAVIE ACADEMY RD
Address:
City/State/Zip: MOCKSVILLE, NC 27028

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod PN# 00309210/19421 SHEARER RD		1	100.00	100.00



----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

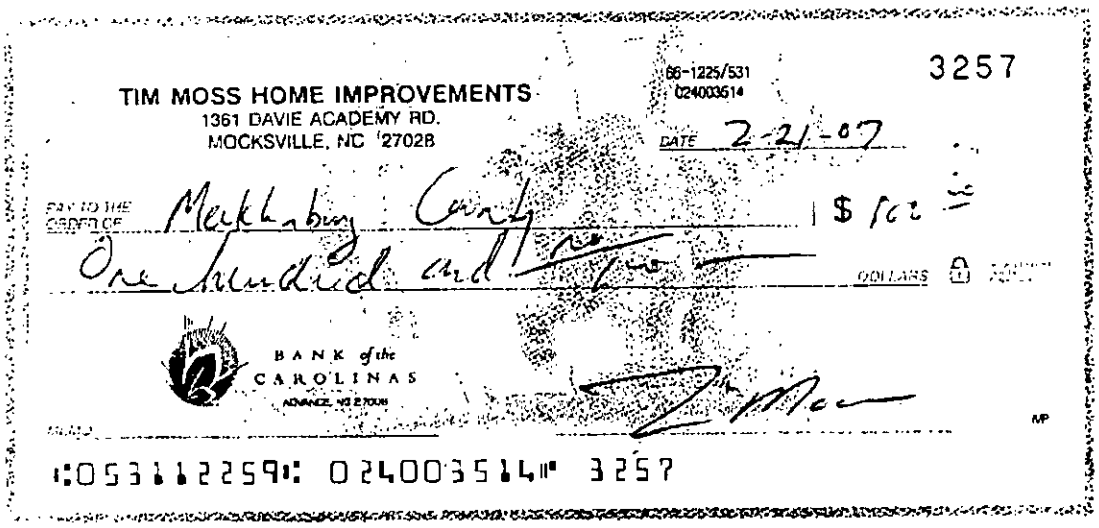
Date: 02/21/07
Receipt #: 48743
Check / Auth #: CHECK 3257
Received By: MULLIVR

Amount: 100.00
Tendered: 100.00
Returned: 100.00

Account Information

Account #: 200000
Contractor: TIM MOSS HOME IMPROVMENTS
Attn:
Address: 1361 DAVIE ACADEMY RD
Address:
City/State/Zip: MOCKSVILLE, NC 27028

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod PN# 00309210/19421 SHEARER RD		1	100.00	100.00


TIM MOSS HOME IMPROVEMENTS
1361 DAVIE ACADEMY RD.
MOCKSVILLE, NC 27028

56-1225/531
024003514

3257

DATE 2-21-07

PAY TO THE ORDER OF Mecklenburg County $ 100.00

One Hundred and no/100 DOLLARS

BANK of the CAROLINAS
ADVANCE, NC 27006

MEMO

MP

⑈053112259⑈ 024003514⑈ 3257

---Outstanding Balances---

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACS [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

2090 9

PERSON FILING APPLICATION:
NAME: Lead David & Jennifer (last) (first) (mi)
ADDRESS: 19421 Shearer Rd PHONE: (704) 895-3681
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date: 9/4/01

PROPERTY OWNER:
NAME: Lead David + Jennifer (last) (first) (mi)
ADDRESS: 19421 Shearer RD. PHONE: (704) 895-3681
CITY: Davidson STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 003-092-10
STREET ADDRESS: 19421 Shearer Rd.
Davidson NC 28036
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: N/A

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1972

[ ] 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) garage
[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: 3
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
[ ] 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: Jennifer S Lead Date: 9/4/01

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.

...Approval granted for a garage addition detached

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

Phila L. Walker RS 9/12/01
Environmentalist Date

WATER : 122791

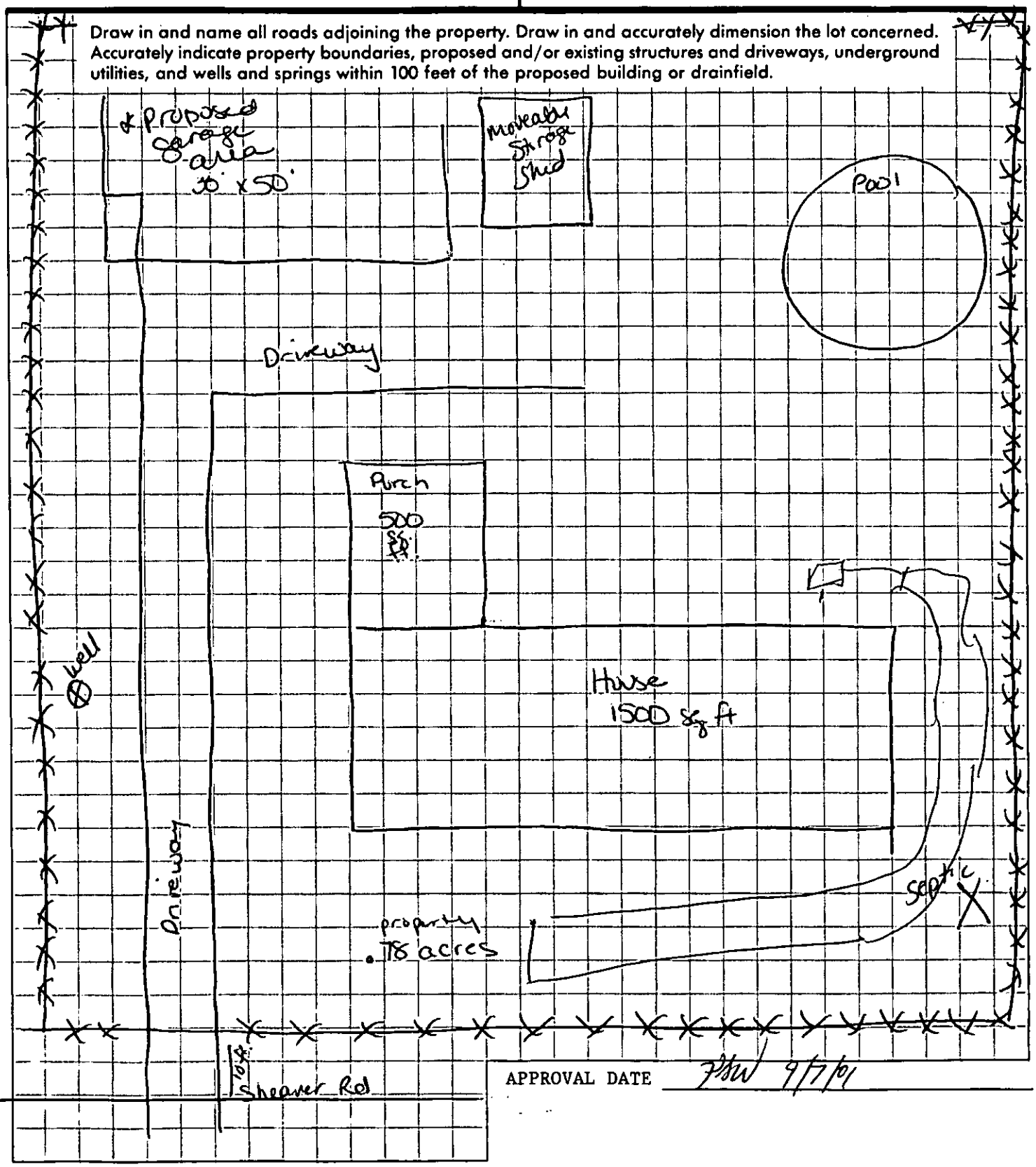
PROPOSED PLOT PLAN

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

FILE: _____

TC: 003-082-10

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 JSW 9/7/01

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

Serial No. 07155

Date Issued 4-25-84

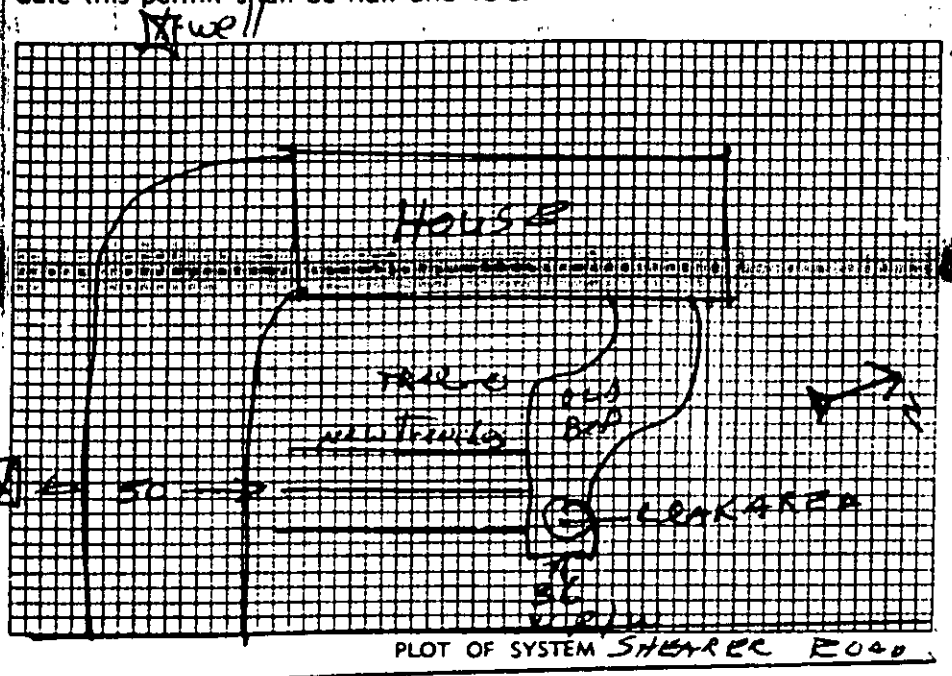
ICAR(S) Permit No 20904

T.C. No. 003-092

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, X Alter or Repair the individual septic tank wastewater 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 20904 dated 4-12-84 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 ~~April~~ MAY 11TH 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS IV+

Liquid Capacity of Tank

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length 150 Lin FT

Number of Lines Three

Distance from House 40 FT

Distance from Property Line 30 FT

Distance from Well 50 FT - Neighbor's well; 100 FT ow...

NAME OF OWNER MOORE PHILLIP

LOCATION OF PROPERTY 19421 SHEARER ROAD

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.

Three Trenches to be 50 FT x 3 FT x 12 inches Stone Gravel as Thru Co...
Be sure depth of 12" Stone is at 18" old Stone depth
Comments:
*COVER LEAK area with 12" cover
*Be sure repair is > 50 FT from neighbors well

Division or Section Head

Ralph Mills
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 Copy

Date RC