

11036 ARLINGTON CHURCH RD

13912602

5/30/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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Pd. 100.00 check #P
MARVIN JOHNSON

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 file 7474

Date: 5-7-04

PERSON FILING APPLICATION:
NAME: ~~MACEVOY~~ Johnson, Marvin B
(last) (first) (mi)
ADDRESS: 11036 Arlington Ch Rd PHONE: 704 545-5474
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY OWNER:
NAME: Mosley Ellen W
(last) (first) (mi)
ADDRESS: 11036 Arlington Ch. PHONE: 704 545-5474
CITY: Charlotte STATE: NC. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-126-02
STREET ADDRESS: 11036 Arlington Church Rd

ZONING: R

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 ~~[] Mint Hill~~

LOT NUMBER: LOT SIZE (in acres): 3/4

TYPE APPLICATION (check one):

[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)
Deck - Exist - Convert to screen Porch

[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: Septic

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 Screen Porch

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: Marvin B. Johnson Date: 5-7-04

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

Environmentalist Date

WATER : 122791

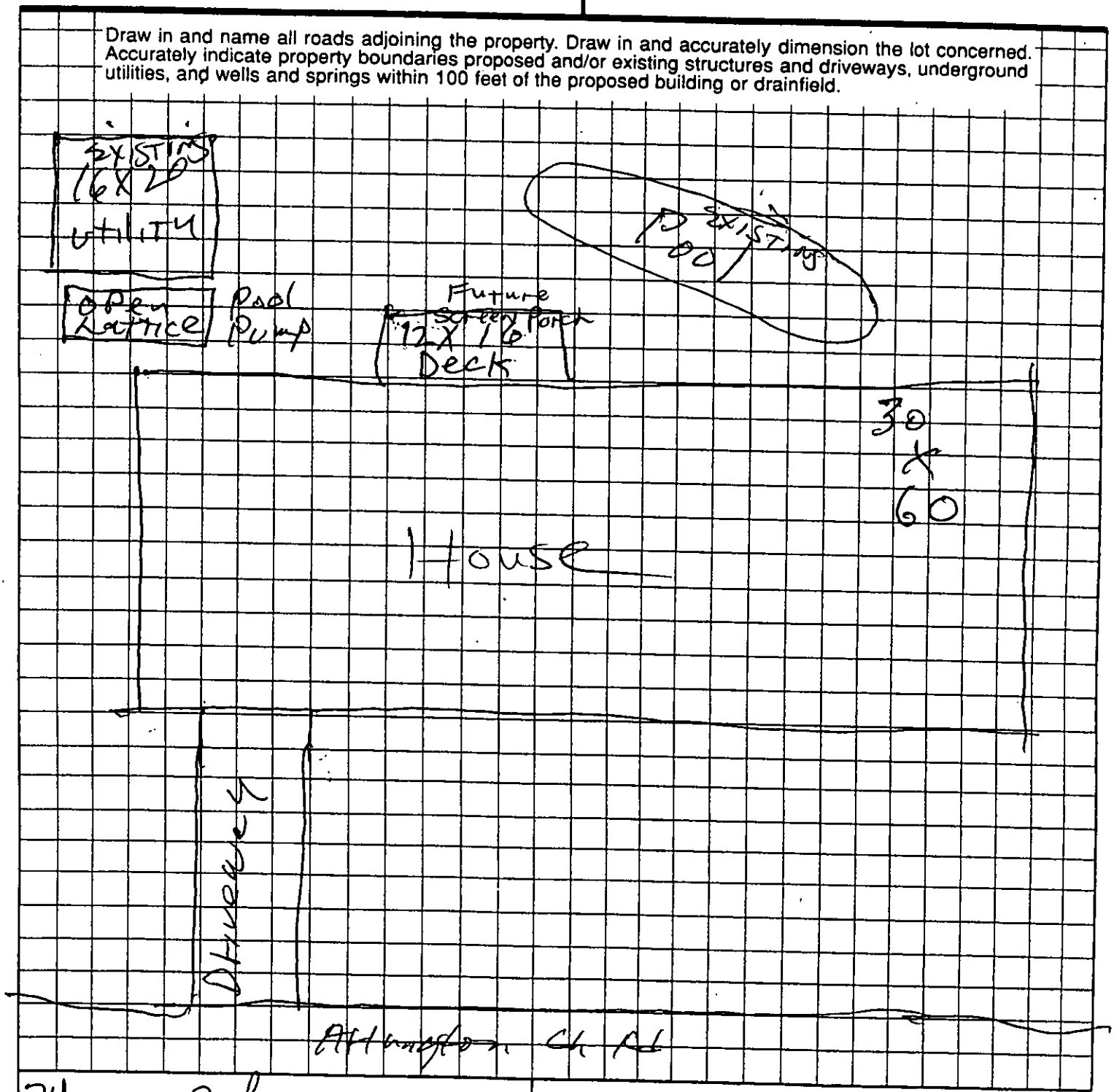
PROPOSED PLOT PLAN

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

FILE: 7474

TC: 139-126-02

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.



Maureen Johnson
OWNER/AGENT SIGNATURE

DATE 5/7/04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

pd 100.00 check DP
MARVIN JOHNSON
Drew

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(706)336-5102 7474

Date: 5-7-04

PERSON FILING APPLICATION:
NAME: ~~[illegible]~~ Johnson, Marvin B
(last) (first) (mi)
ADDRESS: 11036 Arlington Ch PHONE: 704 545-5474
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-124-02
STREET ADDRESS: 11036 ARLINGTON Church Rd
ZONING: R
SUBDIVISION OR MOBILE HOME PARK NAME:

PROPERTY OWNER:
NAME: Mosley Ellen W
(last) (first) (mi)
ADDRESS: 11036 Arlington Ch PHONE: 704 545-5474
CITY: Charlotte STATE: NC. ZIPCODE: 28227

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[x] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] Mint Hill

LOT NUMBER: 2 B LOT SIZE (in acres): 3/4 1974

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...This permit is not transferable.

... Approval granted for a screen porch.

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

Phebe S. Walker RS 5/11/04
Environmentalist Date

WATER : 122791

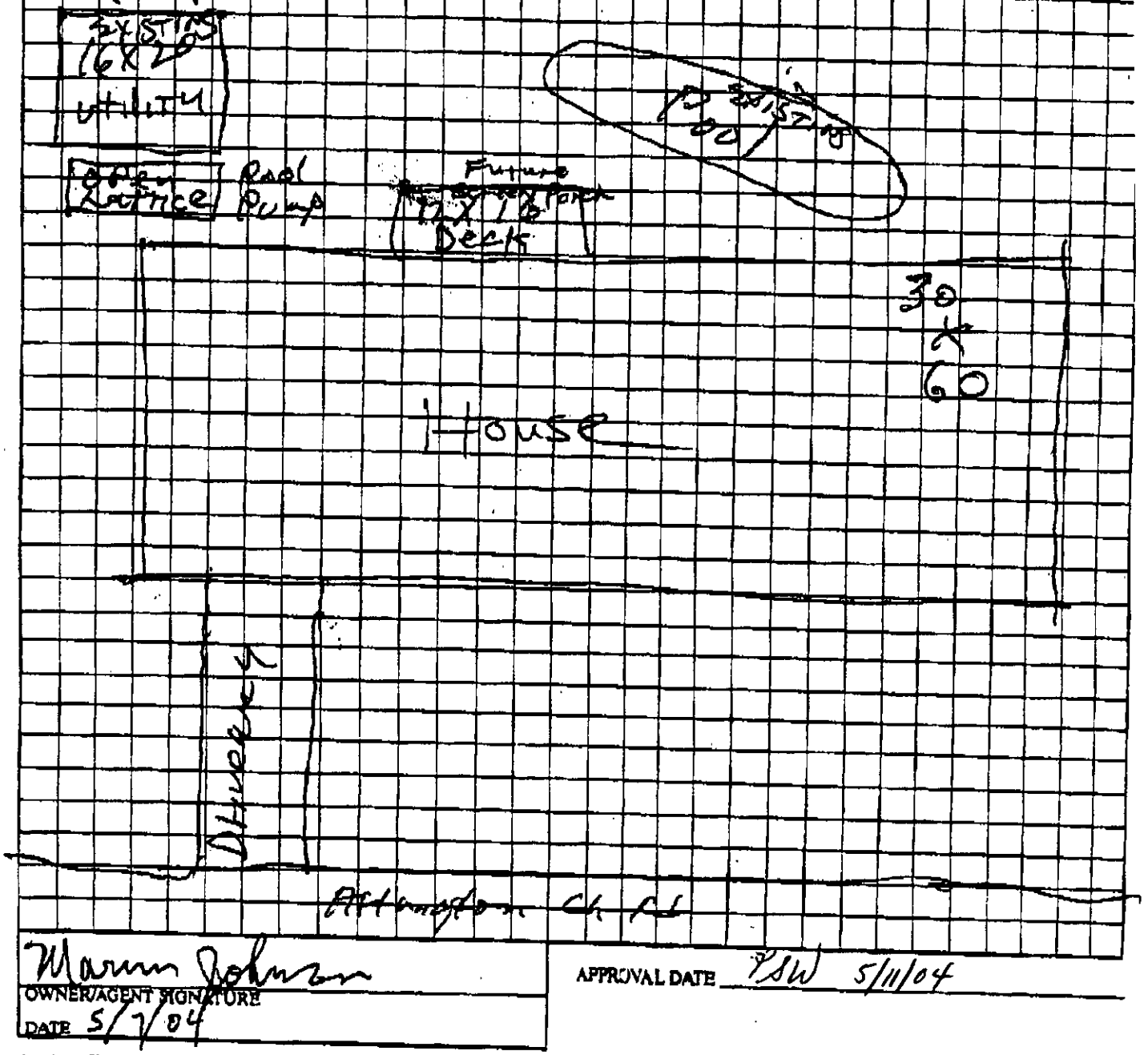
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TC: 139-126-02

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Marion Johnson
OWNER/AGENT SIGNATURE

DATE 5/7/04

APPROVAL DATE PSW 5/11/04

White - Health Department's Copy

Date Issued 16 May 74 Serial No. 5285 ICAR(S) Permit No. 7474

T. C. No. 139-12602

Map Date 1-28-74

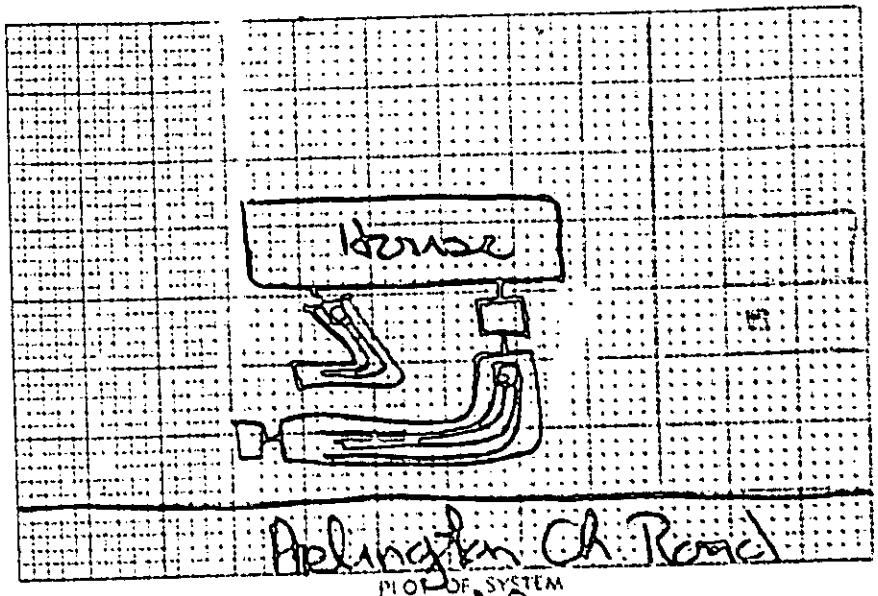
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission 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 7474, dated ____ 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 16 June 74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 540' & 150'

Number of Lines (5) 12½' trenches 68' & 17' lines 20' & 34' lines

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Huntley Bros

LOCATION OF PROPERTY Arlington Ch 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: washer line 7½'x50'

aeration pit 24½'x7'x4' stone

R M Reynolds

Environmentalist

Division or Section Head *

* 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 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. E-5-9-1-72.

HEALTH DEPARTMENT'S COPY

Date Issued 17 May 74 Serial 4836 C of A (s) No. 7474

T. C. No. 139-126-02

Map Date 1-28-74

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Huntley Bros, Inc. (LAST / FIRST / MIDDLE)

Location of Property Arlington Church Road

Application Number 7474 Permit Number 7474

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 540' & 150' Number of Lines (5) 12½' (68' of 17" stone 20' of 34" stone)

Depth of Filter Material 17" Cover Depth 17"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 17 May 74 (DATE) Tank Inspected 17 May 74 (DATE)

Nitrification Field Inspected 17 May 74 (DATE)

Washing Machine Line Inspected, If Applicable 17 May 74 (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 Board of Health 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: aeration pit O.K.

R. M. Reynolds
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY