

5619 MATTHEWS-MINT HILL RD

13528110

12/18/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

LD 4479

100.00 Check 1436

45044

JKA 7/14/03 Josh

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AUS 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 595B

PERSON FILING APPLICATION:

NAME: Burtoft (last) Bonnie (first) Rd (mi)

ADDRESS: 5619 Matt Mint St. PHONE: (704) 545-5569

CITY: Char STATE: N.C. ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-281-10

STREET ADDRESS:

ZONING:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: PHONE: (___) ___

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] 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)
Enlarge a Room + Cover Front Porch.

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: 5 NUMBER OCCUPANTS: 2

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
[X] Garage carport [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [X] Other Enlarge bedroom

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: Bonnie Burtoft Date: 7-14-03

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.

...OK To Use Existing System Minus Front Room addition Field Copy Initaled By Applicant and deletion of Front Room agreed upon

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

Joshua R. Sellers R.S. IREHS
Environmentalist

Date 07-16-03

WWATER : 122791

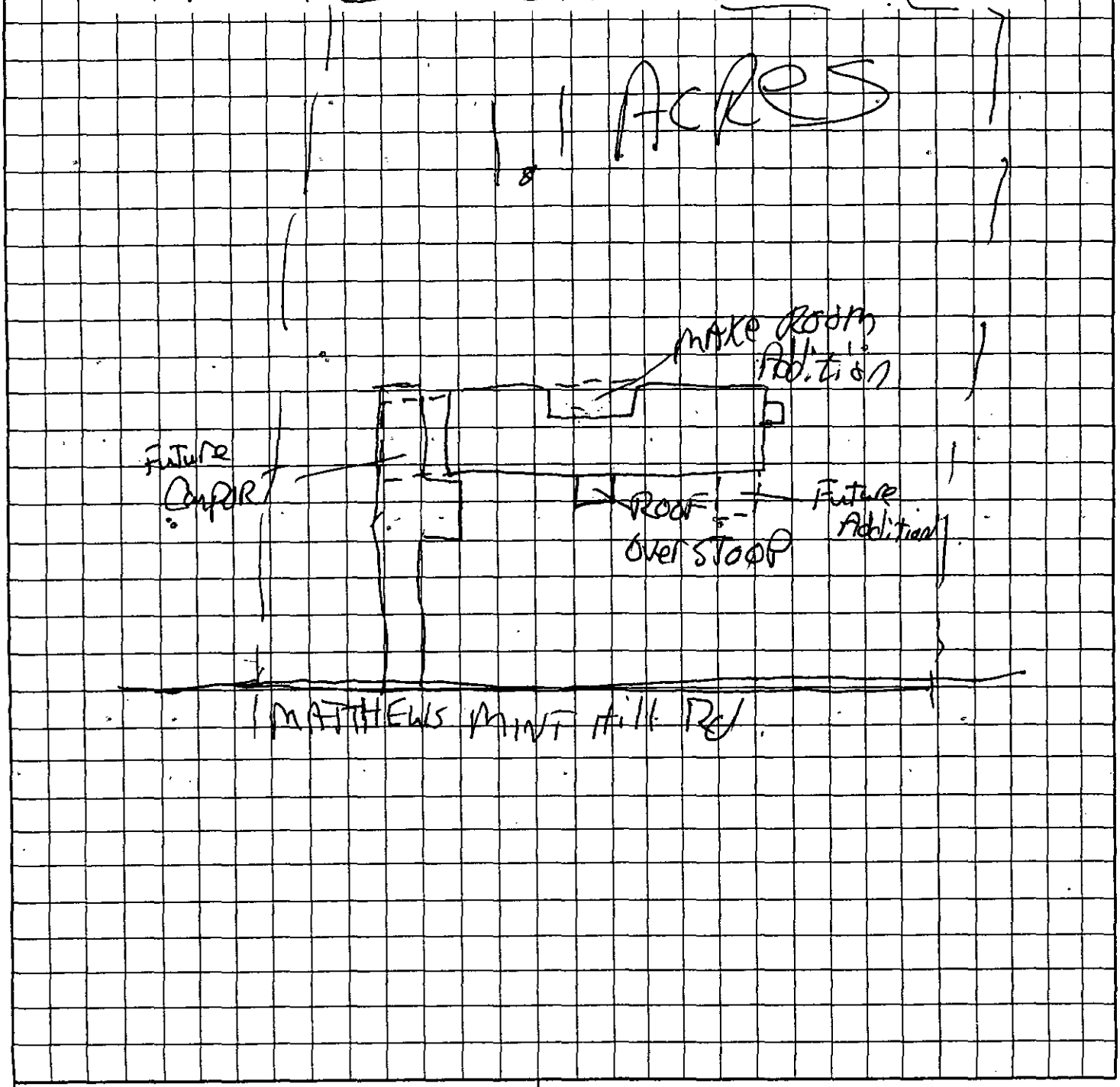
PROPOSED PLOT PLAN

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

FILE: ~~59~~ 595B

TC: 135-281-10

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 _____

OWNER/AGENT SIGNATURE

DATE

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

LO 44'159

100.00 Check 1436
JKA 7/14/03 Josh

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

☐ 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 595B

PERSON FILING APPLICATION:
NAME: Burtoft (last) Bonnie (first) (mi)
ADDRESS: 5619 Matt Mint St. Rd PHONE: (704) 545-5569
CITY: Char STATE: N.C. ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-281-10
STREET ADDRESS:
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

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)

☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Enlarge Bedroom + Cover Front Porch
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER ____ (O)

NUMBER BEDROOMS: 5 NUMBER OCCUPANTS: 2

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 carport ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☒ Other Enlarge bedroom

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...This permit is not transferable.

... OK To Use Existing System minus Front Room addition

☐ 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

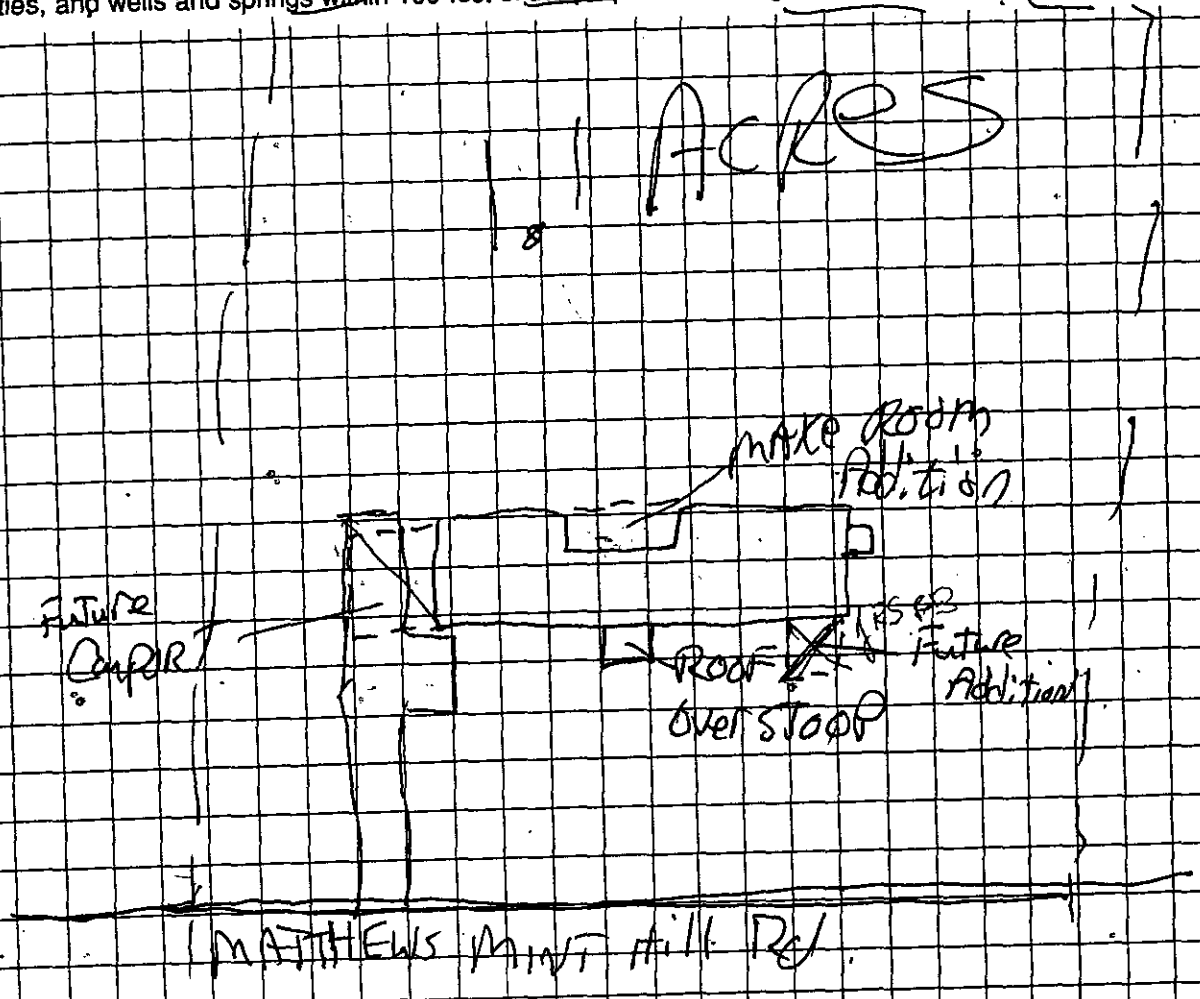
COPY

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

FILE: ~~50~~595B

TC: 135-281-10

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 _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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APPLICATION FOR SERVICES

[ ] CRT

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

(704)336-5102 5958

PERSON FILING APPLICATION:

NAME: BURTOFT (last) BONNIE (first) IS (mi) 779-2305 #cell

ADDRESS: 5619 Matthews Mint Hill Rd PHONE: (704) 545-5569

CITY: Char STATE: NC ZIPCODE: 28227

Date: 10-10-02

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-281-10

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ZONING:

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[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [X] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.1

TYPE APPLICATION (check one):

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

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: 5 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):
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[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

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...This permit is not transferable.

...OK To Use Existing System

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

Joshua R. Sellers R.S. 11-04-02
Environmentalist Date

WWATER : 122791

Project # 16305 - Deck — 3 x 7.50, Elevator
16303 ✓ exterior additions

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

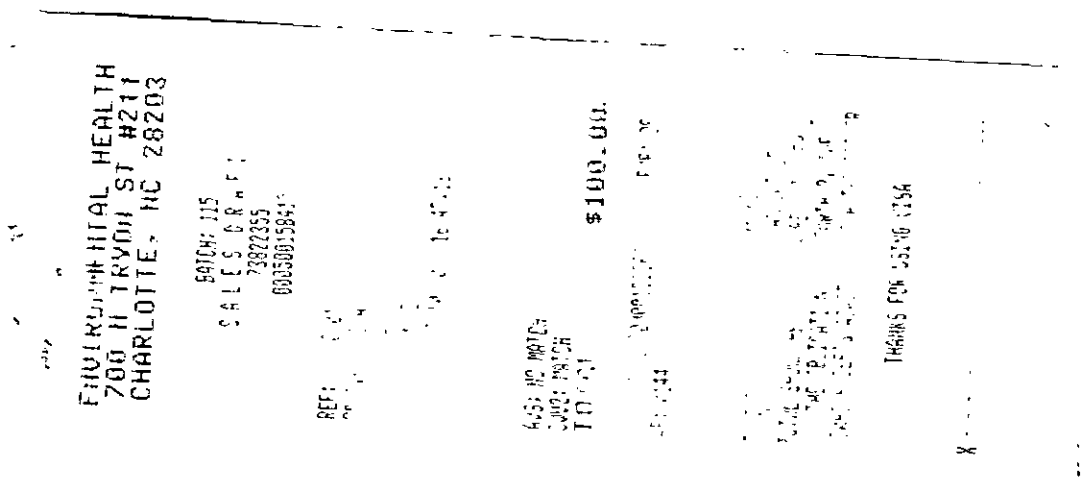
Receipt Information

Date:	10/10/02	**Amount:**	100.00
Receipt #:	10953	**Tendered:**	0.00
Check / Auth #:	VISA 014430	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: BURTOFT BONNIE B
Attn:
Address: 5619 MATTHEWS MINT-HILL ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 5619 MATTHEWS MINT-HILL RD/FILE 595B		1	100.00	100.00



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

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

PROPOSED PLOT PLAN

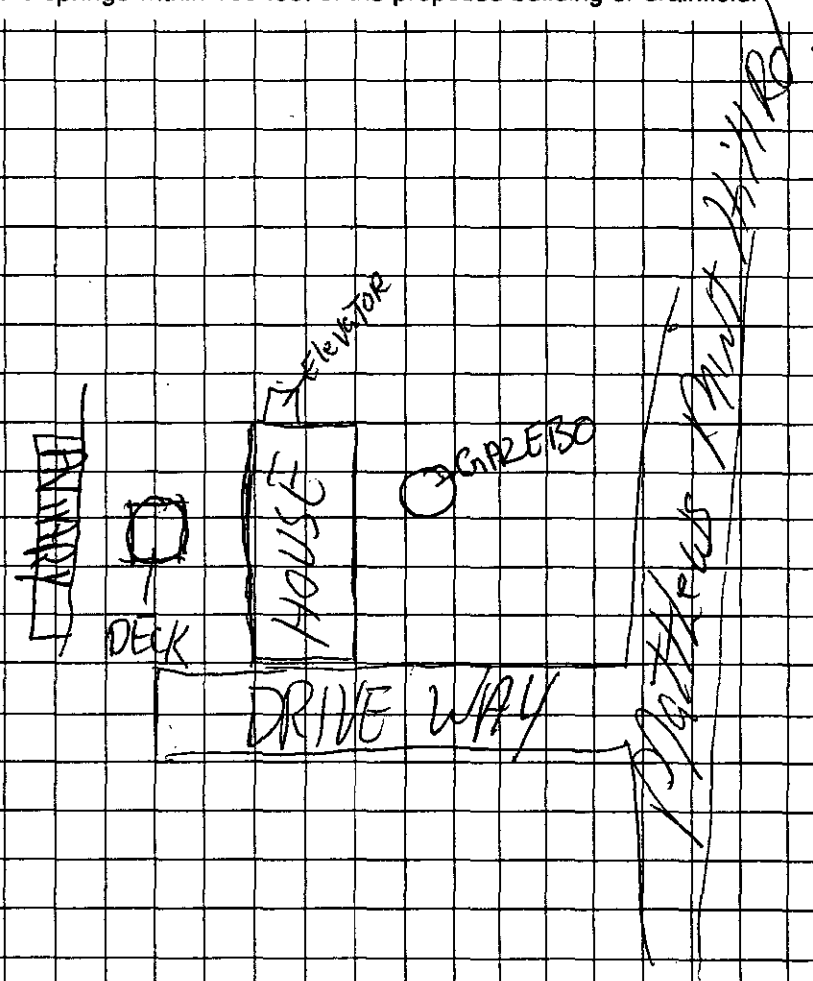
COPY

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

FILE: 595B

TC: 135-281-10

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.



OWNER/AGENT SIGNATURE Bonnie Burton

DATE 10-10-02

APPROVAL DATE _____

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

Paid $100 9/6/02

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

A cs

[] 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 595B

PERSON FILING APPLICATION:

NAME: Burtoft (last) Bonnie (first) B (mi)

ADDRESS: 5619 Matthews Mint Hill Rd PHONE: (704) 545-5569

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 9/6/02

PROPERTY OWNER:

NAME: Same as above (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-281-10

STREET ADDRESS: 5619 Matthews Mint Hill Rd

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] 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) STORAGE BUILDING/DECK

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: 5 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)
[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

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Signed: Bonnie Burtoft Date: 9.6.02

NOTICE:

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...This permit is not transferable.

...OK To Use Existing System for Proposed Addition

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

Joshua R. Sellers R.S. 09-6-02
Environmentalist Date

WWATER : 122791

Paid in Cash by Cust. on 2.15 PRC

9/6

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

COPY

LOCATION

PERMIT #

STREET # (N,S,E,W): 5619 STREET NAME: Matthews Mint Hill Rd (AV,RD,ST, etc.)

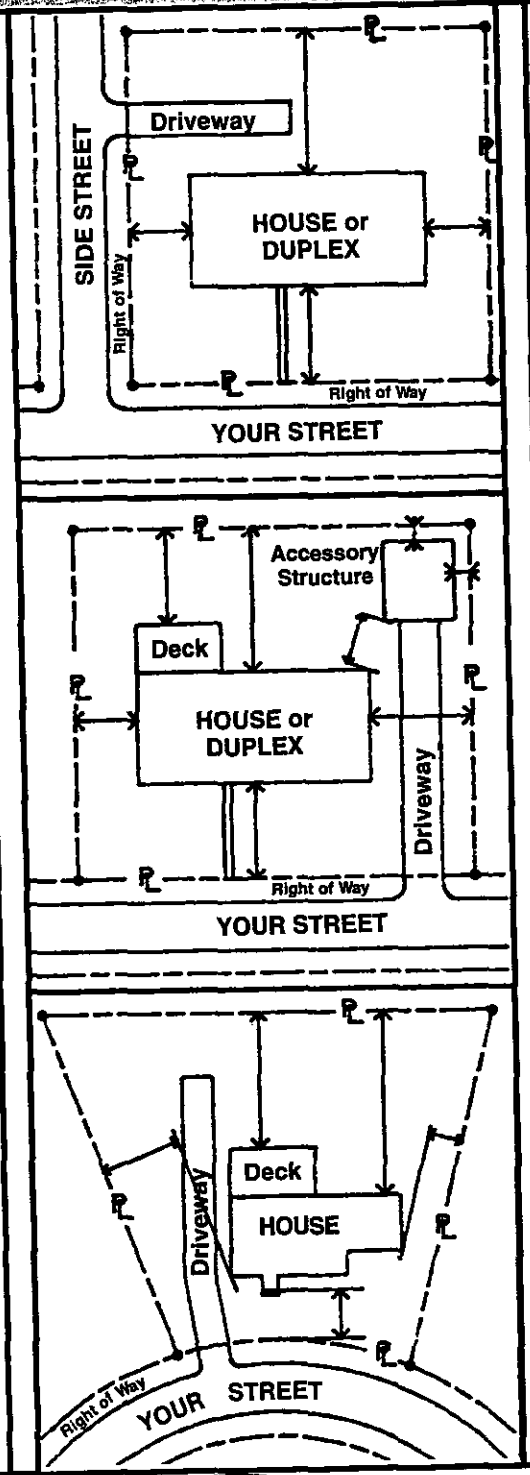
SUITE/UNIT(S):

TAX JURISDICTION: *(Check One)*
- [x] 0 - Mecklenburg
- [ ] 1 - Charlotte
- [ ] 2 - Davidson
- [ ] 3 - Cornelius
- [ ] 4 - Pineville
- [ ] 5 - Matthews
- [ ] 6 - Huntersville
- [ ] 7 - Mint Hill

TAX PARCEL #

JOB #

EXAMPLES/PLOT PLAN

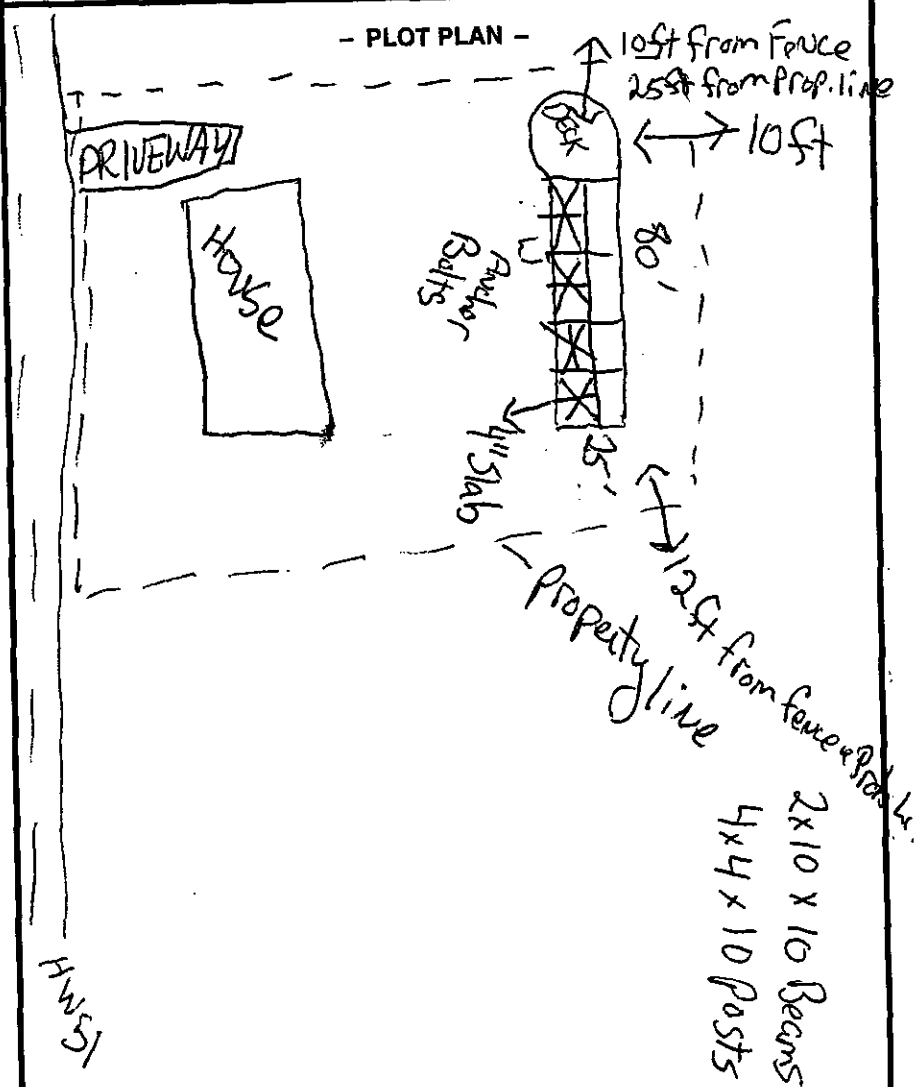


– INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

– PLOT PLAN –



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Bonnie Burtoft 9-6-02 Bonnie B Burtoft

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

"395B" 3446A **SERVICE REQUEST/WORK ORDER** 15 complete DHEC complete

Log No.: 1926 Section: 135-281-10 Hazard? [ ] Yes [ ] No

Date: 02-24-94 Parcel: IWWS <60 Days? [ ] Yes [ ] No

REQUESTING PERSON: Bill Hardister Phone

Address City Zip

PROPERTY CONCERNED: Facility Name Rex Butler Home

Address 5619 Matthews Mint Hill Rd. City Charlotte Zip 28227

SERVICE REQUESTED: PLEASE ADVISE WHETHER OR NOT THE WASTE WATER DISPOSAL SYSTEM OR REPAIR SPACE WILL BE AFFECTED ADVERSELY BY ADDITION OF A SWIMMING POOL AS PROPOSED IN ATTACHED PLAN

ASSIGNED TO: Toni Newell TAKEN BY: Bowers/Lathan

DATE	ACTIVITY REPORT
	DE filter and separation tank to be installed/Lathan
3/7/94	Made inspection. System installed a year ago in front yard. Repair in front. Well in back. Ind area available in back yard. Newell OK for pool.

COPY

NOTIFICATION TO REQUESTING PERSON: (✓) Written ( ) Verbal ( ) Not Applicable

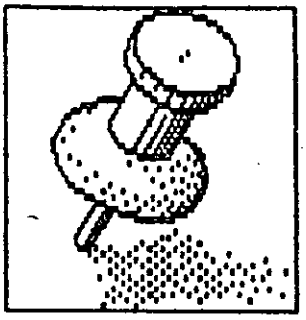
COMPLETED BY: Toni H Newell, RS. /

REVIEWED BY: /

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director



Faxed to 545 1043 on 10/4/93

Facsimile Transmission Sheet

No. pages including this cover page 2

Phone No. (Fax) (704) 336-6894
(Voice) (704) 336-5102

TO: Mark Gladden
Gladden Const. Co

FROM: Gwen

MESSAGE: per your request

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

400 TV

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 595B/8466A DATE: 2/19/93

TC: 135-281-10 ☐ L ☑ CRT

SERIAL Nº 15669

Name of Owner WALTER GLADDEN Juris.:

Address of Property 5619 MATTHEWS-MINT Hill Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 533

Number of Lines 5 @ 110

Cover Depth Minimum 12"

Water Supply Source well

Distance to Water Source 50'

Excavation Inspected 2/19/93

Tank(s) Inspected 2/19/93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993, 1500 ST, 1600 sq. ft., 12"G, CECIL CTR# 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: Type II - 4 bedroom conventional

Joni H Newell, R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

LM

PH 2000 Ck# 1722

595B / 846eA.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

9.

[] 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: Madden (last) Walter (first) K (mi)
ADDRESS: 9925 Hannon Rd PHONE: (704) 545-4718
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

Date: 9-17-92

PROPERTY OWNER:
NAME: W. K. Madden Const. Co. (last) (first) (mi)
ADDRESS: 9925 Hannon Rd PHONE: (__) 545-4718
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-281-10
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Township (check one):
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SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.155AC

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT 4 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)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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: 4 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: W. K. Madden Date: 9-17-92

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

Environmentalist Date

Director or Authorized Section Head 10-3-92 Date

WATER : 122791

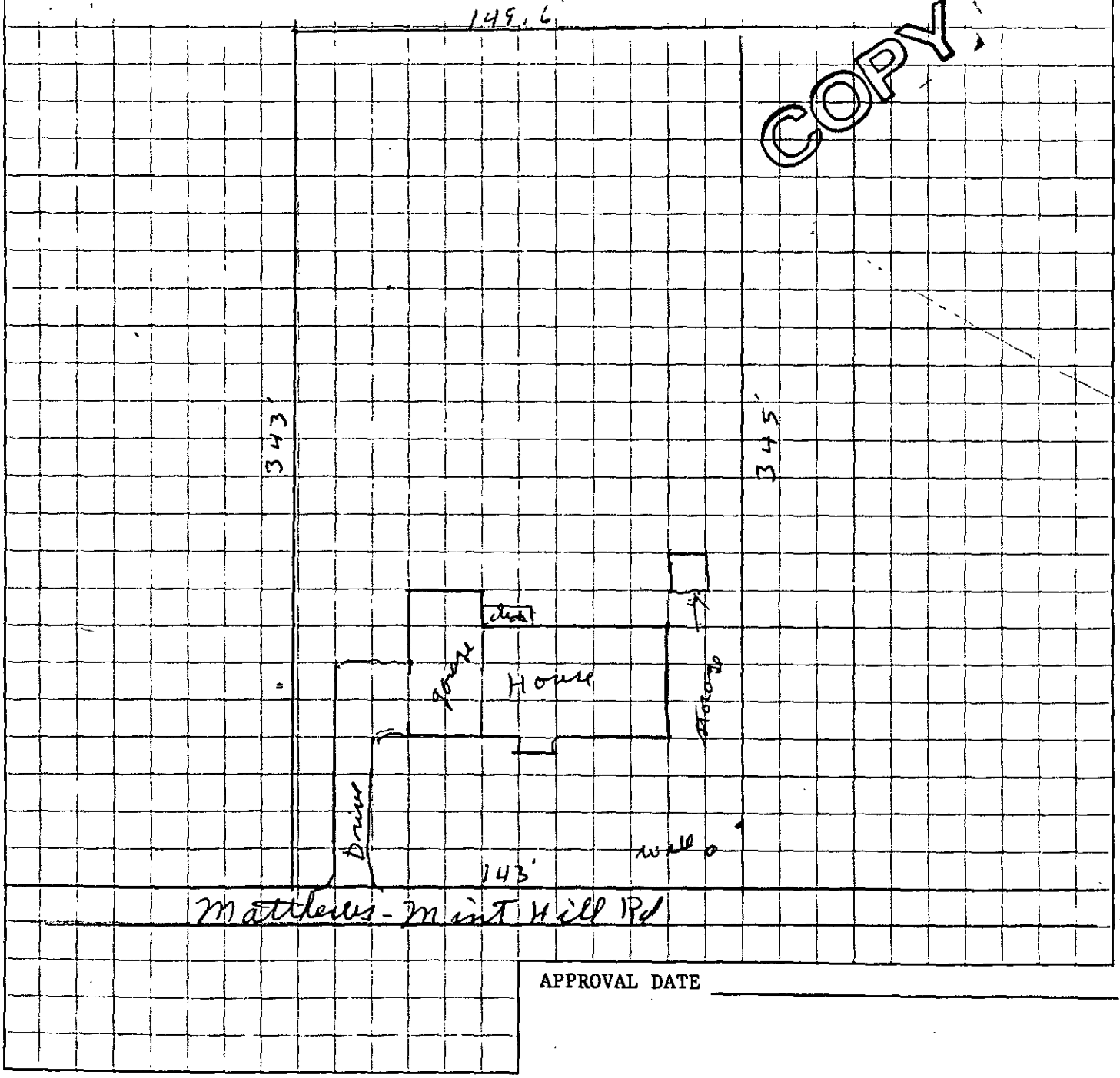
PROPOSED PLOT PLAN

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

FILE: 595B / 8466A

TC: 135-281-10

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 _____

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

September 02, 1992

H.B. Forbis, Jr
11700 Bain School Road
Charlotte, NC 28227

RE: Property located at 5619 Matthews-Mint Hill Road
FILE: 595B/8466A
PARCEL: 135-281-10

Dear Mr. Forbis:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 12800) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Our review process begins upon receipt of an Application for an Improvement Permit accompanied by a plot plan drawn to scale with accurate dimensions indicated detailing the location of existing well or type sewage disposal systems (if applicable), setbacks, and utility easements. Proposed buildings, etc. must be drawn on the plot plan to allow sufficient remaining space for the sewage disposal system and well. The well should be located 100 feet from any part of any sewage disposal system (including those located on adjacent properties).

Please note that this classification may be changed if any filling, grading or construction (including the drilling of a well) is performed on the lot which without prior approval from this Department. Current regulations in effect are "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal: 15A NCAC 18A .1900, August, 1991". Changes in regulations may impact future approvals on this lot.

If there are any questions concerning this matter, please contact Bill Marlin at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 12800

File: 5958/8466A Action 1

Parcel: 135-281-10 ☐ PC

Location: 5619 Matthews-Mint Hill Road

Subdivision:

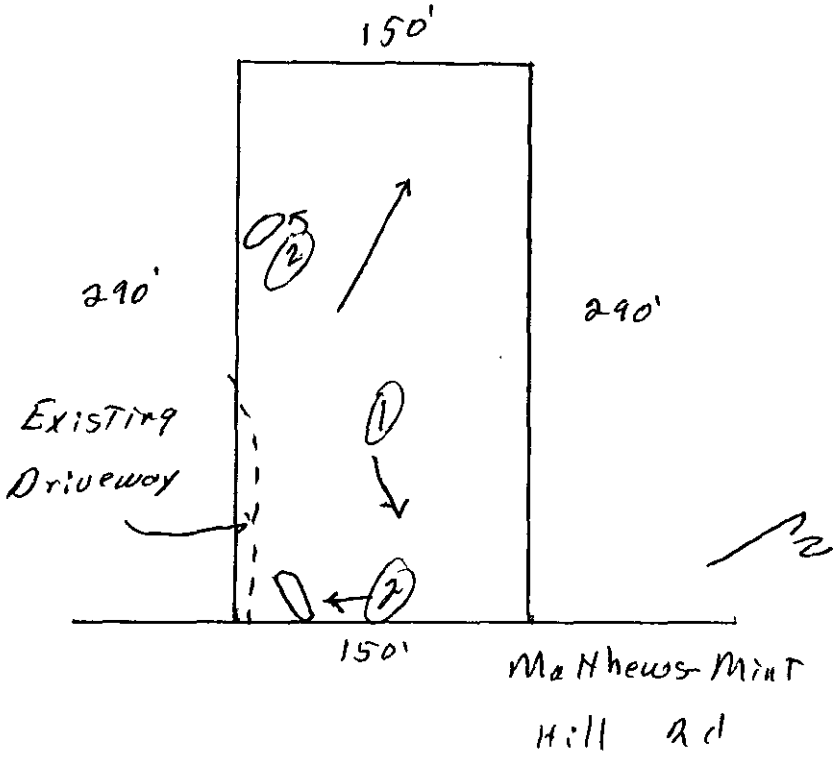
Lot: Block: Acres: 1.0

Owner: H. B. Forbis, Jr.
Address: 11900 Bain School Road
Charlotte, N.C. 28227

Comments: .3 gal/FT2/day LTAR
adjacent property wells
may be underground offset

Described by: William R. Marlin

Date: 9-1-92



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U slightly Expansive clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Sub Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 70 74" water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 38"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 38"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil/Hiwe	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

applicant

☐ different from

property owner

_____

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH File: 515 31 '46 19 Action 1

SITE EVALUATION REPORT

SERIAL NUMBER № 12800 Parcel: 115-291-11 ☐ PC

Location: 5619 Matthews Mint Hill Road

Subdivision:

Lot: Block: Acres: 1.0

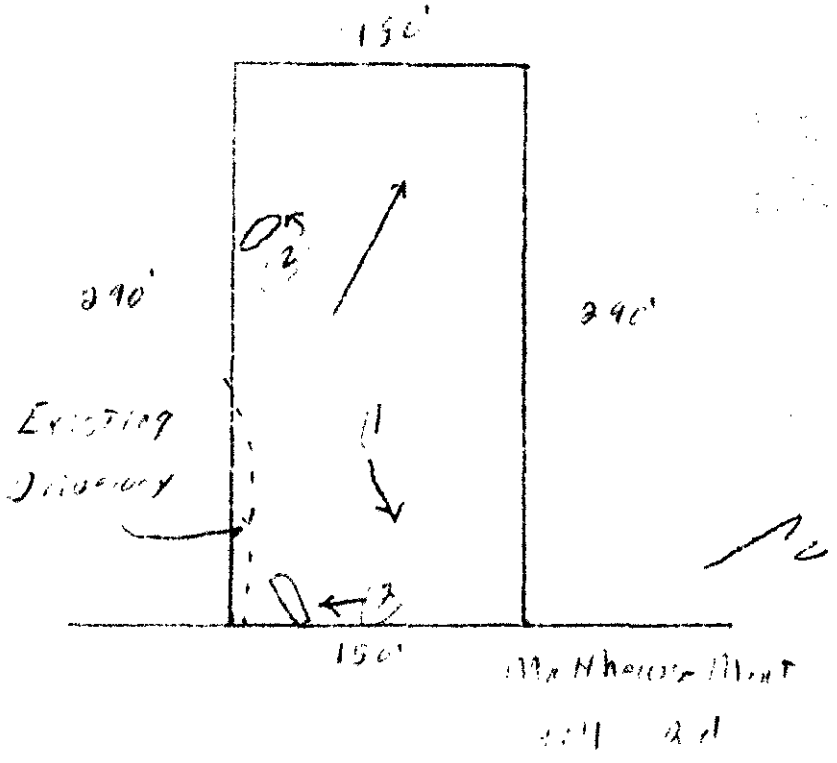
Owner: H. B. [illegible] Jr.

Address: 1119 Brian John Road
Charlotte, N.C. 28211

Comments: Soil 111/clay LTAR
Primary Septic Field
Non-conventional system

Described by: William A. Martin

Date: 1-11-11



***** EVALUATION KEY *****

S = Suitable U = Unsuitable

PS = Provisionally Suitable

The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U 2-8%	S PS U Depression	S PS U	S PS U	S PS U	S PS U
Texture	S PS U slightly Expansive clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U Suitable	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U >48"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S PS U 38"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U 38"+	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	LR Cecil/Lloyd	Depression				
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

File 595B/84664 pd $50 8-26-92 DRAFT 1st CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Gladden (last) Walter (first) Ed K. (mi)
ADDRESS: 9925 Hannon Rd. PHONE: ( ) 545-4218
CITY: Charlotte STATE: N.C ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-281-10
STREET ADDRESS: 5619 Matthews Mint Hill Rd
ZONING:

PROPERTY OWNER:
NAME: Forbis (last) H B (first) Jr. (mi)
ADDRESS: 11700 Bain Sch Rd PHONE: (704) 545-4255
CITY: Charlotte STATE: N.C ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1 ac.

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 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)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (N) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: N A
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: J.B Forbis Jr. Date: 8-26-92

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

Environmentalist Date

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: 5958/8466A

TC: 135-261-10

HB

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.

adjacent property well may be underground fuel

2410
150
14500
2900
43,500

150'

8-26-92

W B Parkis Jr.

138'

290'

290'

Existing Dwelling

Proposed House

Lane

150'

721 sq ft

5619 Matthews - Mint Hill Rd

20ft

APPROVAL DATE _____

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

File 595B/8466A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $150 6/26/92 CK BOK

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Gladden (last) Walter (first) K. (mi)
ADDRESS: 9925 Hannon Rd. PHONE: ( ) 545-4218
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-281-10
STREET ADDRESS: 5619 Matthews-Mint Hill Rd
ZONING:

PROPERTY OWNER:
NAME: Jorbis (last) H B (first) Jr. (mi)
ADDRESS: 11700 Bain Sch Rd PHONE: (704) 545-4255
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): 1 ac.

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 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)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 4 NUMBER OCCUPANTS: N A
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: J R Gorbis Jr. Date: 8-26-92

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

White - Health Department's Copy

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 8/25/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mist

PARCEL NUMBER 135-281-10

ASSIGNED ADDRESS 56.19 Matthews - Mist Hill Rd

EXISTING ADDRESS _____

PROJECT NAME _____

THE ABOVE DESCRIBED L... CONCERNING:

		DISAPPROVED
1.	SUBDIVISION	/ /*
2.	FLOODWAY P	/ /*
3.	EROSION C	/ /*
4.	PUBLIC	/ /*

		ENT	NOT PRESENT
5.	PU	/*	/
6.	P	/	/
7.		/ /*	/

*... will be required to determine ...ssued by Building Standards for ...

RECEIVED FROM Matthews 50.00 Fifty 00/100 DOLLARS
Account Total $ 50.00
Amount Paid $ 50.00
Balance Due $ 0.00
THE EFFICIENCY LINE™ AN AMPAD PRODUCT
CK# 1666
10 1956/44(60A
Aug 26 1992
Clayton Const Co
Mill Rd/Matthews
Lift
Kay Matthews
by Kay

NOTE: THIS FOR... BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS ...EN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

400

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

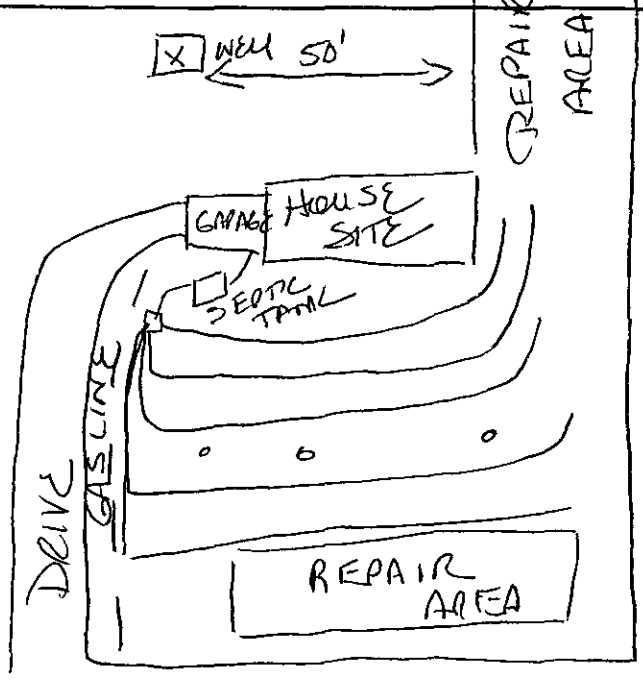
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 595B/8466A DATE: 2/19/93

TC: 135-2810 ☐ L

SERIAL № 14478

Permission is hereby given to ✓ Install or Construct, _____ 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 the application dated 2/19/93. All work shall be completed on or before 3/19/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 36 feet

Total Line Length 533 feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 375 feet

Distance from Property Line 10 feet

Distance from Well 50' feet

NAME OF OWNER WALTER K GLADDEN

LOCATION OF PROPERTY ~~6925~~ 5619 MATTHEWS-MINT HILL RD.

Comments: 5 - 36" X 110 X 1.2" STONE (36" DEEP)
4 bedroom residence

Judy J. Kuis R.S. — Division or Section Head

Dennis H. Newell, R.S. — 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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

400 TK

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 595B/8466A DATE: 2/19/93

TC: 135-281-10 ☐ L ☐ CRT

SERIAL Nº 15669

Name of Owner WALTER GLADDEN Juris.:

Address of Property 5619 MATTHEWS-MINT HILL Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 533

Number of Lines 5 @ 110

Cover Depth MINIMUM 12"

Water Supply Source well

Distance to Water Source 50'

Excavation Inspected 2/19/93

Tank(s) Inspected 2/19/93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993, 1500 ST, 1600 sq. ft., 12"G, CECIL CTR# 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: Type III - 4 bedroom conventional

Toni H. Ewell, R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

File 595R/8466A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $50 8/26/92 CK# 60F

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: Hladden (last) Walter (first) K. (mi)
ADDRESS: 9925 Hannon Rd. PHONE: ( ) 545-4218
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Forbis (last) H B (first) Jr. (mi)
ADDRESS: 11700 Bain Sch Rd PHONE: (704) 545-4255
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-281-10
STREET ADDRESS: 5619 Matthews Mint Hill Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1 ac.

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 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)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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: 4 NUMBER OCCUPANTS: N A
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: H B Forbis Jr. Date: 8-26-92

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

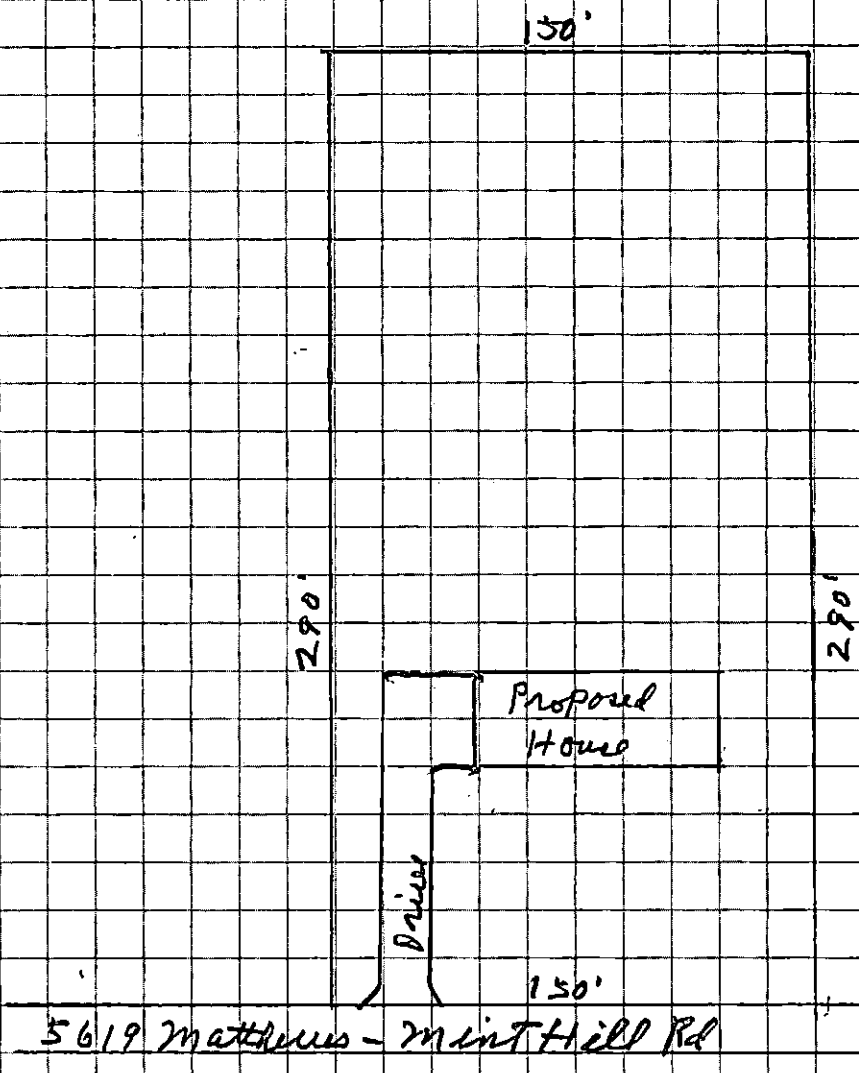
PROPOSED PLOT PLAN

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

FILE: 5958/8466A

TC: 135-281-10

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 _____

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 8/25/92

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mist

PARCEL NUMBER 135-281-10

ASSIGNED ADDRESS 56.19 MAthews - Mist Hill Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ 4
6. PROPERTY FRONTS ON THOROUGHFARE	/ 10	/ 1
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ 4

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

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

SIGNED: Ruth

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100