SERVICE REQUEST/WORK ORDER

Log No.: 18282 Section: PHPM & ES Hazard? ( )Yes ( )No

Date: 4/27/11 Parcel: 139-173-55 <60 Days? ( )Yes ( )No

REQUESTING PERSON: Melinda PHONE NUMBER(S): 65545

PROPERTY CONCERNED: Name Kenneth McGilloway (704) 817-7390 (954) 495-6776

ADDRESS: 16422 Cobbler Drive CITY Midland ZIP 28107

SERVICE REQUESTED: Please check the location of septic system to the location of the proposed pool.

ASSIGNED TO/ AREA: JAM COMPLETED BY:

DATE	ACTIVITY REPORT
4/28	Ref 38 1996 2086B - Please schedule, CALL Prior to site visit Large Dogs on Property
05/02	Made a site visit. Proposed pool location meets required setbacks off septic/pump tank and drainfield.
5/3/11	Project not on Rose - JJC
5/5/11	Posse JJC

NOTIFICATION TO REQUESTING PERSON: ( ) WRITTEN ( ) VERBAL ( ) NOT APPLICABLE

COMPLETED BY: Jeremy Michael DATE 05/02/2011

REVIEWED BY: [signature] DATE 5 2 11

Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
704-336-5103 Phone 704-336-6894 Fax

SERVICE REQUEST

Service Request Information

Request Number: **18282**
Request Type: **Resid Pool Approval**
Associated WO Number:
Date Initiated: 4/28/2011 10:37:16 AM
Submitted To: MICHAEL, JEREMY

Priority: **3**
Status: IP
Initiated By: CRAIG, GWENDOLYN
Dispatched To: MICHAEL, JEREMY

Incident Location

Problem Address: **16422 COBBLER DRIVE, MIDLAND, 28107**

Requesting Party Information

First Name	Last Name	Address		
KENNETY & CINDY	CGILLOWAY	16422 COBBLER DRIVE	MIDLAND	28107

Home Phone	Work Phone	Other Phone
(704) 817-7390		(954) 495-6776

Question	Answer

Problem Details

Caller Details	RESIDENTIAL POOL REQUEST, FILE # 2086B: PLEASE SCHEDULE BUT CALL FIRST PRIOR TO SITE VISIT - LARGE DOGS ON PROPERTY.
Details (cont.)	RESIDENTIAL POOL REQUEST, FILE # 2086B: PLEASE SCHEDULE BUT CALL FIRST PRIOR TO SITE VISIT - LARGE DOGS ON PROPERTY.

Activity Details

Comments	

Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 16422 Cobbler dr. Midland NC.

Subdivision Name: Blackberry Hills City: Midland. Zip Code: _____

Owner: Cindy + Kenneth McGilloway Home Phone: 704-817-7390

Mailing Address: 16422 Cobbler dr. Work Phone: 954-495-6776

City: Midland State: NC. Zip Code: _____

Contractor: Award Pools + SPAS Phone: 704-746-9935

Contractor Charge Account: X44606

Mailing Address: 411 Brawley Rd. City: Cleveland State/Zip: NC. 27013

1. Type of Water Supply(check one): ☐ City (Municipal) ☐ Private utility (Community) ☑ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☑ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Cindy McGilloway, owner of the property, agree to the following requirements: (*initials are required beside each item listed.*)

- I certify that the application and site drawing being submitted are accurate and complete. CM
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. CM
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and **completed once the pool is capable of holding water** CM

Signed: _____ 4/26/2011

Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

Gene Fouts Gene Fouts 4-27-11

NAME(PRINT) Signature Date

This area for MCHD use only:

Amount Paid: $ 75.00 ☐ Cash ☐ Check ☒ Contractor Account X44606

Check Number: _____ Date: 4/27/11 By: _____

Request #: 37316 Parcel ID#: _____ EHS: _____

Approved By: Jeremy Michael Date: 05/02/11 CRT: _____

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water. Revised Feb 2011

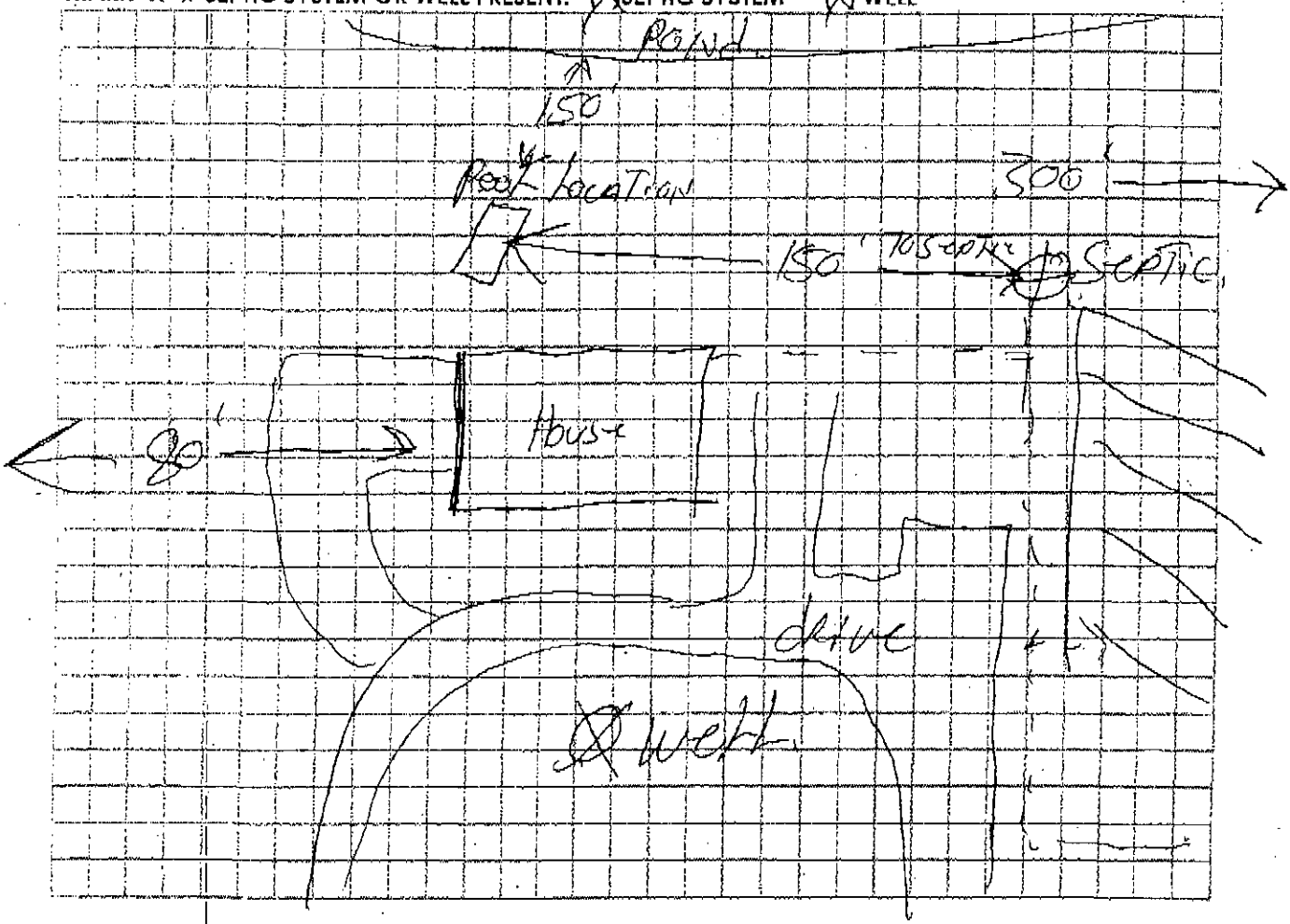
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 16422 Cobbler dr Midland NC.

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet), and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: (X) SEPTIC SYSTEM (X) WELL



I, _____ (homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

HOMEOWNER SIGNATURE

4-27-11
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: DATE:

FEE: 100.00
DATE: 11/1/95
CK # 3883

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE

[ ] CRT

TYPE APPLICATION: [✓] NEW SYSTEM [ ] EXPANSION OF EXISTING SYSTEM [ ] REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 20863

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-173-55

STREET ADDRESS: # 16422 Cobbler Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 38

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING, (CHECK ONE)

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

HEATED SQUARE FOOTAGE: 2480

NUMBER OF BEDROOMS: ~~3~~ 4 NUMBER OF OCCUPANTS: 4

3 bedroom 4 bdrms

FOUNDATION FOR RESIDENCE:

[ ] WITHOUT BASEMENT
[ ] ON SLAB
[X] CRAWL SPACE
[ ] WITH BASEMENT /PLUMBING
[ ] WITH BASEMENT /NO PLUMBING

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: [ ] YES [X] NO TYPE: _____

WATER SUPPLY (CHECK ONE):

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

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	[ ] YES [X] NO	WELL SPRINGS OR WATERLINES	[ ] YES [X] NO
EXISTING WASTE WATER SYSTEMS	[ ] YES [X] NO	DESIGNATED WETLANDS	[ ] YES [X] NO
EASEMENTS OR RIGHT-OF-WAYS	[ ] YES [X] NO		

PROPERTY OWNER: Mary F Clay

NAME: (LAST) CLAY (FIRST) Mary (MI) F

ADDRESS: 16633 Ripplewater

CITY: Mooresville STATE: NC ZIP 28115

DAYTIME PHONE: (704) 664-2984

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Olson (FIRST) Robert (MI) W

DAYTIME PHONE: (704) 392-3174 537-5502

11025 Clayland Ridge
Lake Park 28079

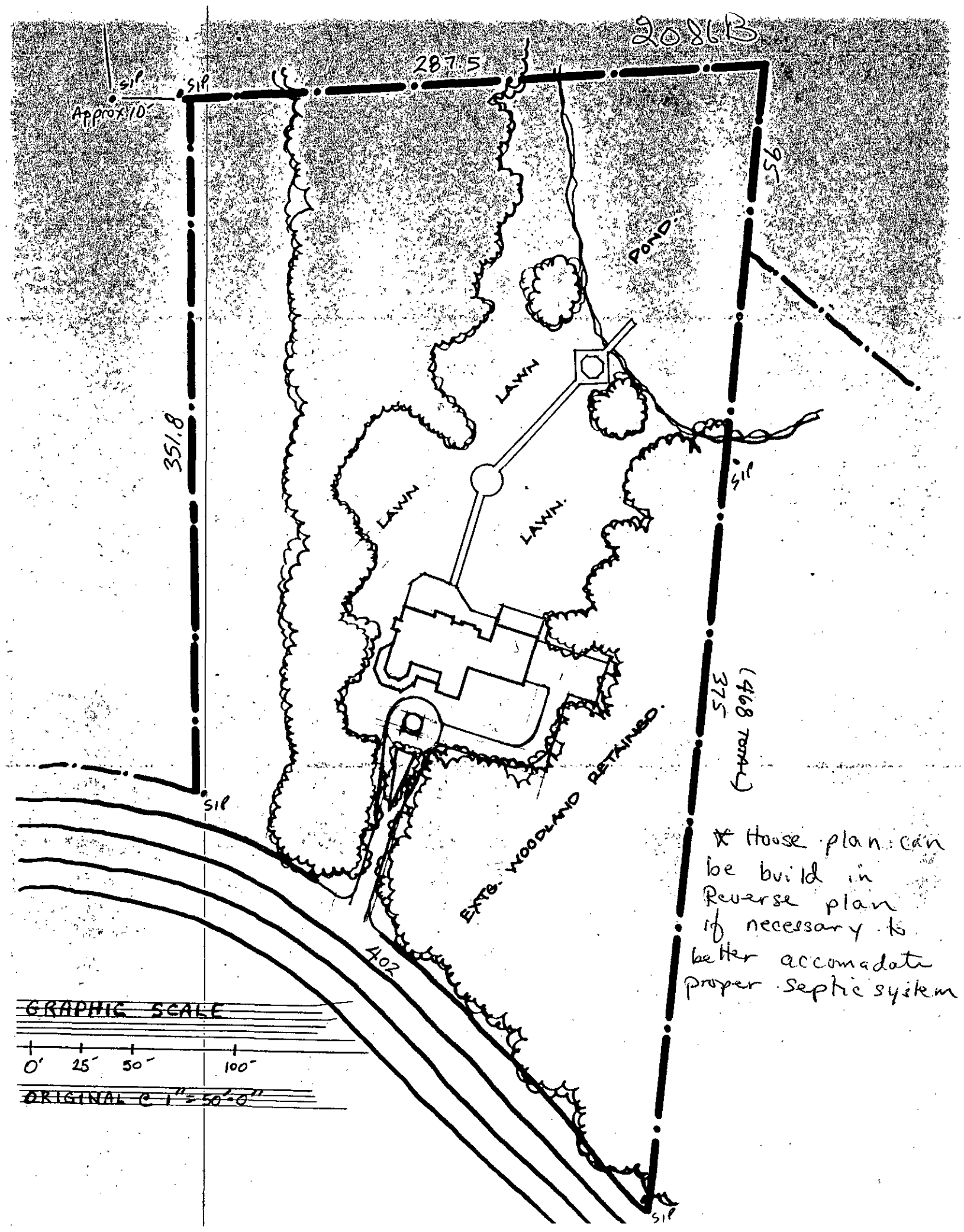
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

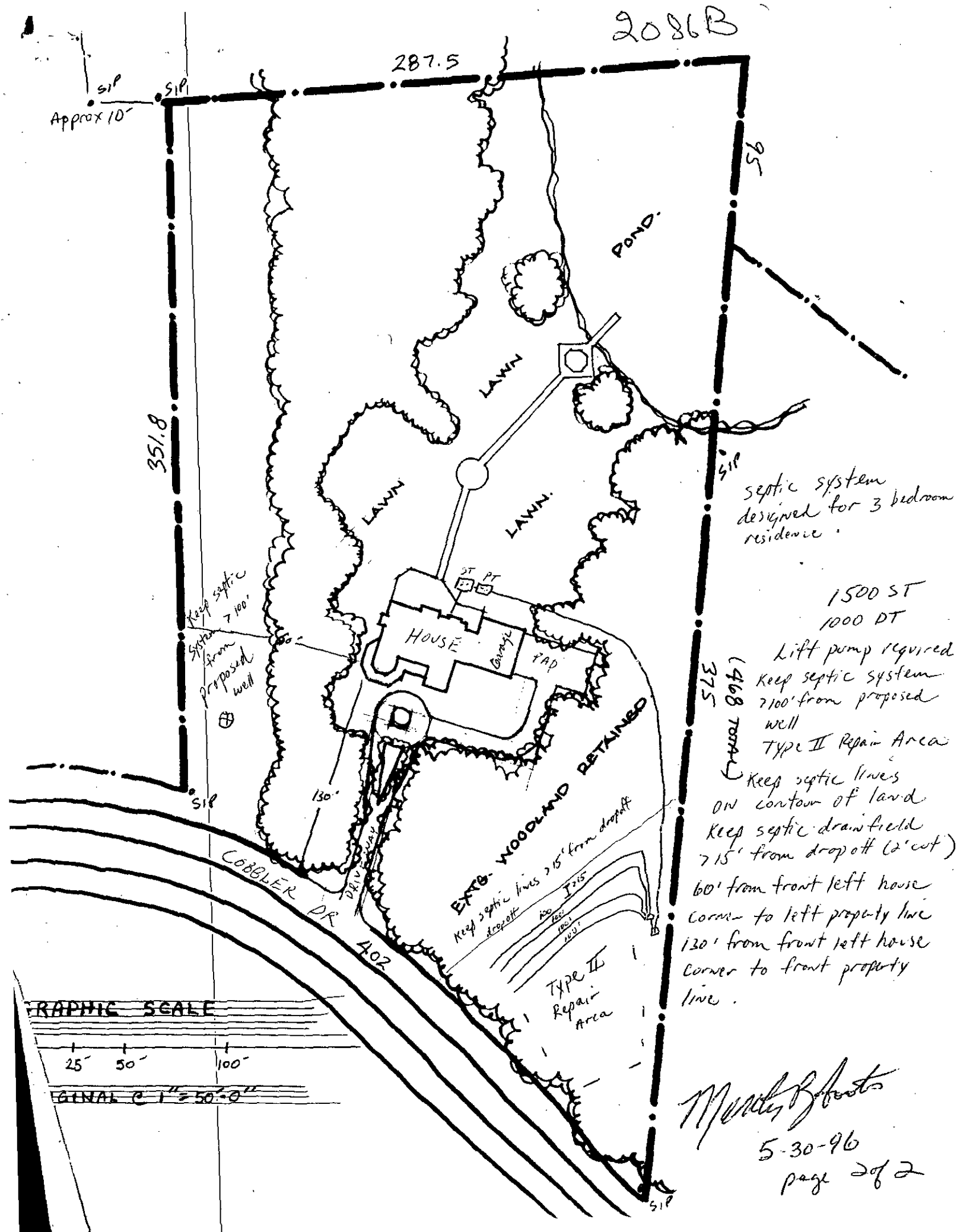
THE UNDERSIGNED, OWNER, OR LEGAL AGENT FOR THE OWNER, OF THE PROPERTY DESCRIBED ABOVE AS THE "JOB LOCATION" HAS READ THE FOREGOING APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE MECKLENBURG COUNTY HEALTH DEPARTMENT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

SIGNED: Robert W Olson DATE: 11/1/95

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

**An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.


2081B
287.5
SIP
SIP
Approx 10'
POND
95
351.8
LAWN
LAWN
LAWN
SIP
SIP
SIP
375
(468 TMT)
EXTG. WOODLAND RETAINED
402
* House plan can be build in Reverse plan if necessary to better accomadate proper Septic system
GRAPHIC SCALE
0' 25' 50' 100'
ORIGINAL @ 1"=50'-0"


2086B
287.5
SIP
SIP
Approx 10'
58
POND
LAWN
LAWN
LAWN
351.8
SIP
septic system designed for 3 bedroom residence.
1500 ST
1000 DT
Lift pump required
Keep septic system >100' from proposed well
Type II Repair Area
Keep septic lines ON contour of land
Keep septic drainfield >15' from drop off (2' cut)
60' from front left house corner to left property line
130' from front left house corner to front property line.
2T
PT
HOUSE
GARAGE
TAP
Keep septic >100' from proposed well
375
(468 TOTAL)
EXIST. WOODLAND RETAINED
130'
DRIVEWAY
Keep septic lines >15' from drop off
Type II Repair Area
COBBLER DR
402
RAPHIC SCALE
25'
50'
100'
GINAL C 1"=50'-0"
SIP

5-30-96

Permit Number: 2086B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 139 173 55

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be **NO** grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is **NOT** transferable. Do *not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.*
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9 Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	1000 Gallon pump tank	12 Depth of stone	

Any surface waters present: ~~no~~ YES Type: pond Minimum separation distance: 50'

Site modifications required:

Additional Conditions: Lift pump required

Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12 Depth of Stone Trench	9 Trench spacing (min. on centers)	24" Maximum Trench Depth

For existing system, enter the year originally installed: . . . . . .

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 Sewage, 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 Improvement permit is transferable.

Philo S. Walker R.S. 11/9/95
DEHNR Authorized Agent Date

Robert W Olsen 11/9/95
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS:100195

ck# 3225 D400 WCRT

FEE: 100.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 5/30/96 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5/30/96 PERMIT NO: 2086 B
PARCEL NO: 139 173 55

PROPERTY OWNER: Robert Olson
BUILDING CONTRACTOR: Monte Suite
JOB LOCATION ADDRESS: 16422 Cobbler Dr
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Thelo A. Walker R.S. DATE: 5/30/96
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2086 B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: lift pump required

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

x Monty Suite ✓ 5-30-96
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

INSTALLATION CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

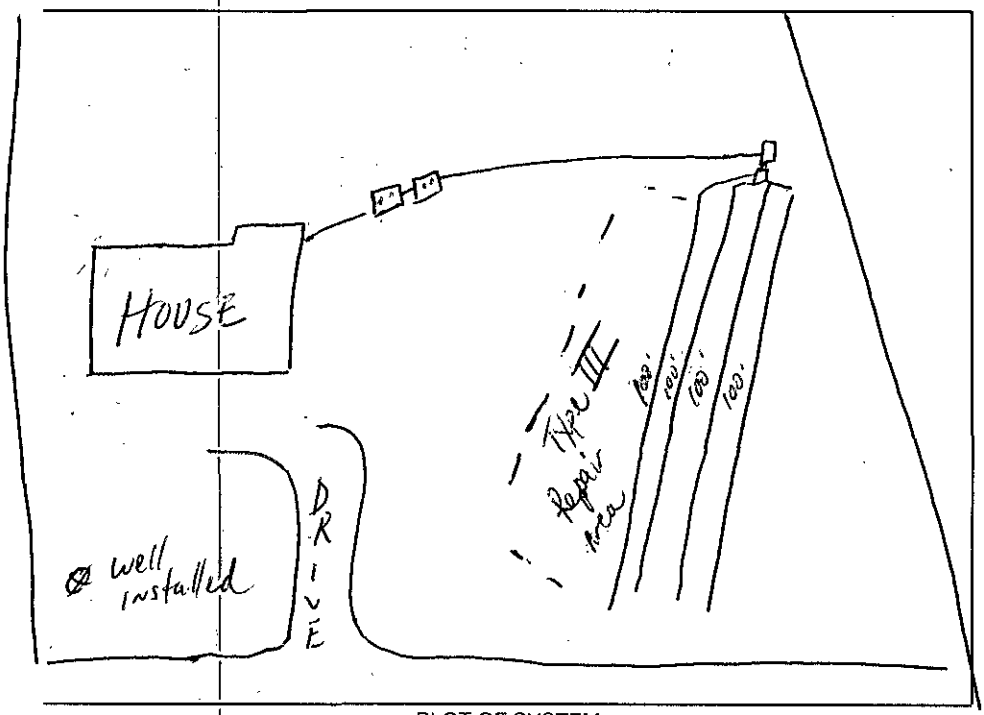
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2086 B DATE: 12/27/96

TC: 139 173 55 X ☐ L

SERIAL Nº 17070

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 11/1/95. All work shall be completed on or before 1/27/97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 1000 gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 36" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 (100')

Depth of Stone 12" inches

Distance from House 5 feet

Distance from Property Line 10' feet

Distance from Well > 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Robert W. Olson

LOCATION OF PROPERTY 16422 Cobbler Dr

Comments: 1500 ST, 1000 DT, PI, 4 lines x 100' long x 3' wd x 12" stone
Keep lines on contour of land

Phila S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Mecklenburg County
Health Department

January 9, 1997

Mr. Robert W. Olson
11025 Clayford Ridge
Charlotte, NC 28215

Dear Mr. Olson:

Re: 16422 Cobbler Drive
File: 2086B/(Tax Parcel No. 139-173-55)

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the Sewage Treatment and Disposal system. During the inspection it was found that the following items did not meet the regulations set forth in the "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900;.1952 Septic Tank, Dosing, Dosing Tank and Lift Station Design." Our comments follow:

1) (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4X or equivalent) adjacent to the pump tank, securely mounted at least 12 inches above the finished grade. The pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through water proof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2) (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4X or equivalent).

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

1000 1/17/97 ok

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2086B DATE: 1/17/97

TC: 139 173 55 ☒ L ☒ CRT

SERIAL Nº 17003

Name of Owner Robert Olson Juris.:

Address of Property 16422 Cobbler Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 5 @ 80'

Cover Depth 12"

Water Supply Source well installed

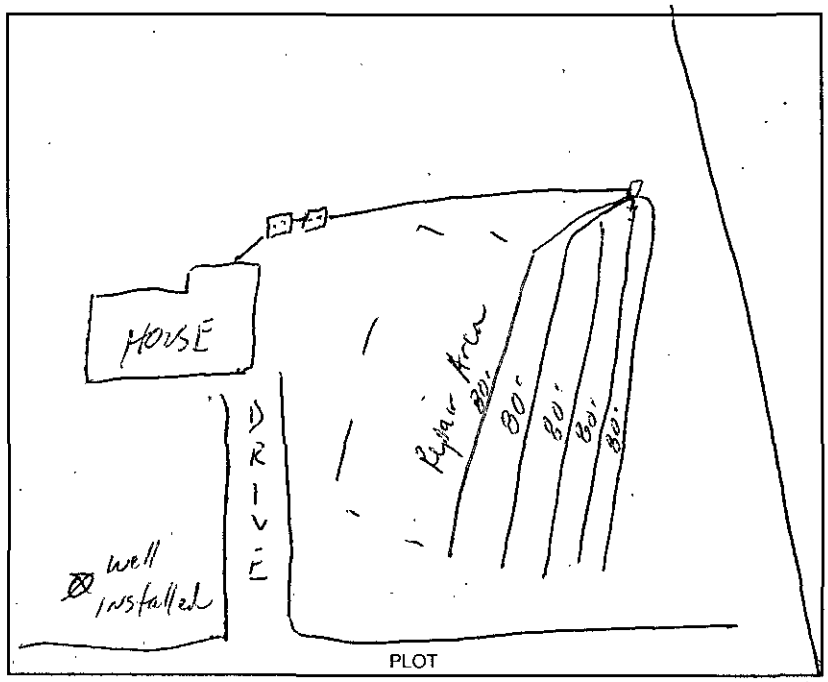
Distance to Water Source >100'+

Excavation Inspected 1/17/97

Tank(s) Inspected 1/17/97

Wash Line Inspected plumbed to tank

High Water Alarm Inspected



Design 1997, 1500ST, 1000DT, PI, CON, 1200SFT, 12"stone cecil CTR# 174 Howell Grading

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: septic system designed for 3 bedroom residence Type III

Phil A. Walker R.S.

Environmental Health Specialist

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

2086B1925MA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd # 200 5/18/94 ck # 2072

[] CRT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Williams (last) Betsy (first) L. (mi)
ADDRESS: 8749 Mornington Dr PHONE: (704) 545 1729
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-173-55
STREET ADDRESS: 16422 Cobbler Dr.
ZONING:

PROPERTY OWNER:
NAME: Clay (last) James (first) W. (mi)
ADDRESS: 16633 Ripplewater PHONE: (__) _____
CITY: Mooresville STATE: NC ZIPCODE: 28115

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 38 LOT SIZE (in acres): 2 acres

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: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] 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 [X] 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: Betsy Williams Date: 5-18-94

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

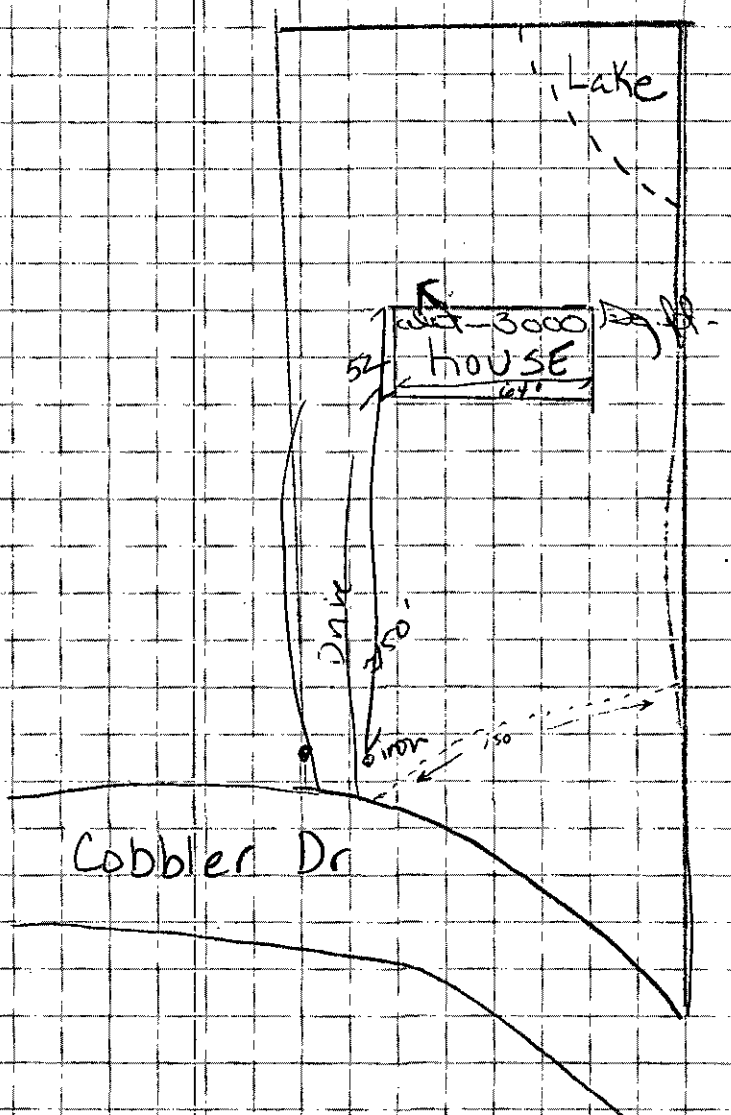
PROPOSED PLOT PLAN

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

FILE: 2086B1925TA

TC: '76 16 52 48 48 64

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

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: November 6, 1995

Ref: 16422 Cobbler Drive/ File #2086B

SUBJECT: Refund

(Mr./Mrs./Co.) Mrs.Betsy L. Williams originally paid $200.00

for New Improvement Permit on May 18, 1994

check #2072

A refund should be issued for $200.00 because

the client cancelled services and she is requesting refund.

Please make check payable to: Mrs. Betsy L. Williams

2629 shelburne Place

Charlotte, North Carolina 28227

Consultation

2086B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 35.00 CK# 1007 DT 12/15/93 [] 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: GRYGLEWICZ (last) JOHN (first) A (mi) 532-3050

ADDRESS: 3200 Edwards Pl PHONE: (704) 573-1999

CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 12/7/93

PROPERTY OWNER:

NAME: CLAY (last) JAMES (first) W (mi)

ADDRESS: 1633 Ripplewater PHONE: (___) _____

CITY: Mooresville STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139-17355

STREET ADDRESS: Cobbler Drive

ZONING: Blueberry Hills Sub Div.

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:

LOT NUMBER: 38 LOT SIZE (in acres): 2

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: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] Storage Building [X] 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: John A Gryglewicz Date: 12/15/93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

[] 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

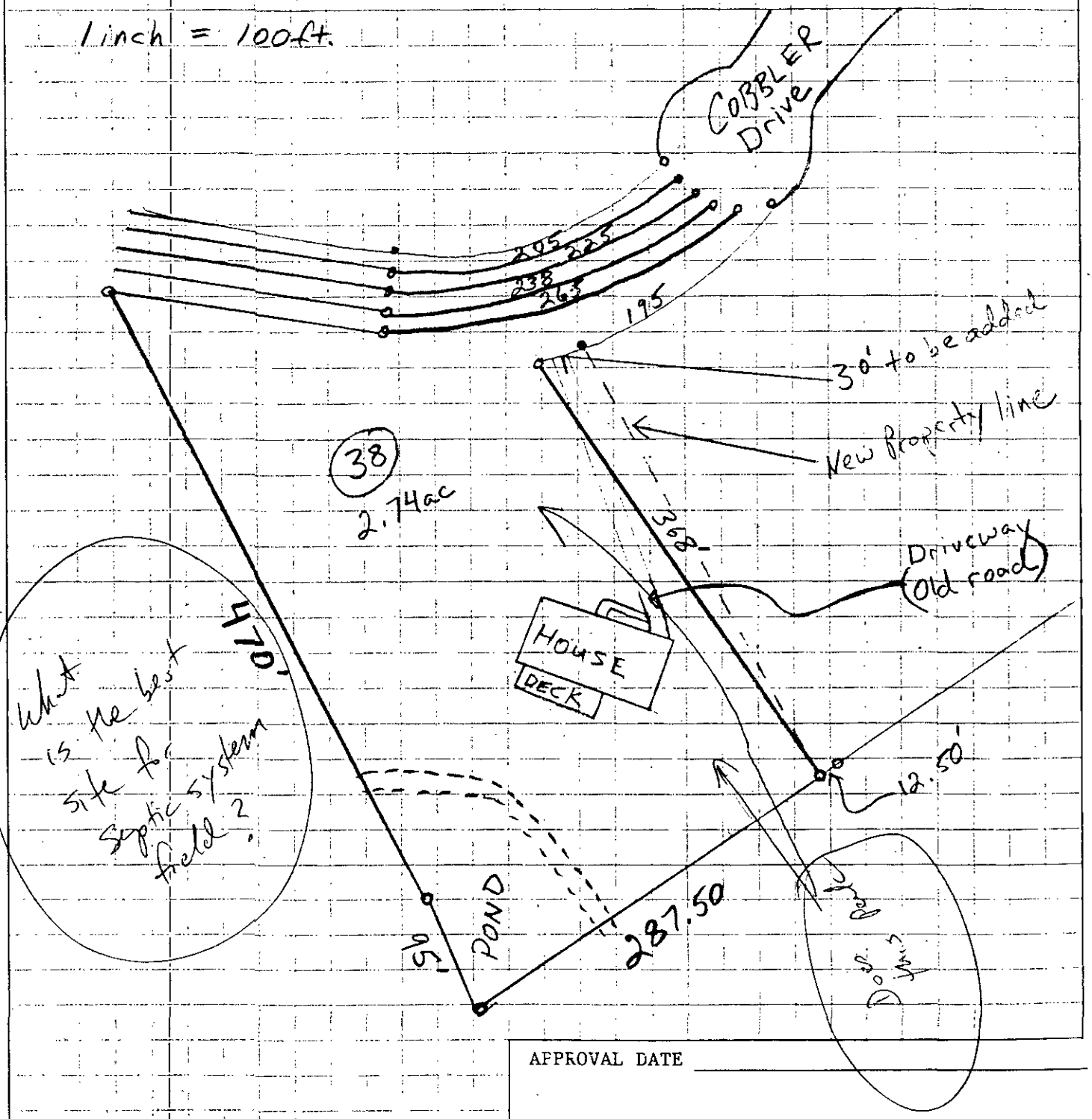
COPY

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

FILE: 2JS6P

TC: 139-173-55

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2086B1925IA #05918 #59210MFB [] 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: GRYGLEWICZ (last) JOHN (first) A (mi)
ADDRESS: 10200 Edwards Pl PHONE: (704) 573-1999
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 12/7/93

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-17355
STREET ADDRESS: Cobbler Drive
ZONING: Blueberry Hills Sub Div.

PROPERTY OWNER:
NAME: CLAY (last) JAMES (first) W (mi)
ADDRESS: 16633 RIPPLEWATER PHONE: (704) 6642994
CITY: MOORESVILLES STATE: NC ZIPCODE: 28115

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):
LOT NUMBER: 38 LOT SIZE (in acres): 2 / MORE TO BE PLATTED

[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: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [X] Storage Building [X] 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: James W Clay Date: 8 December 1993

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

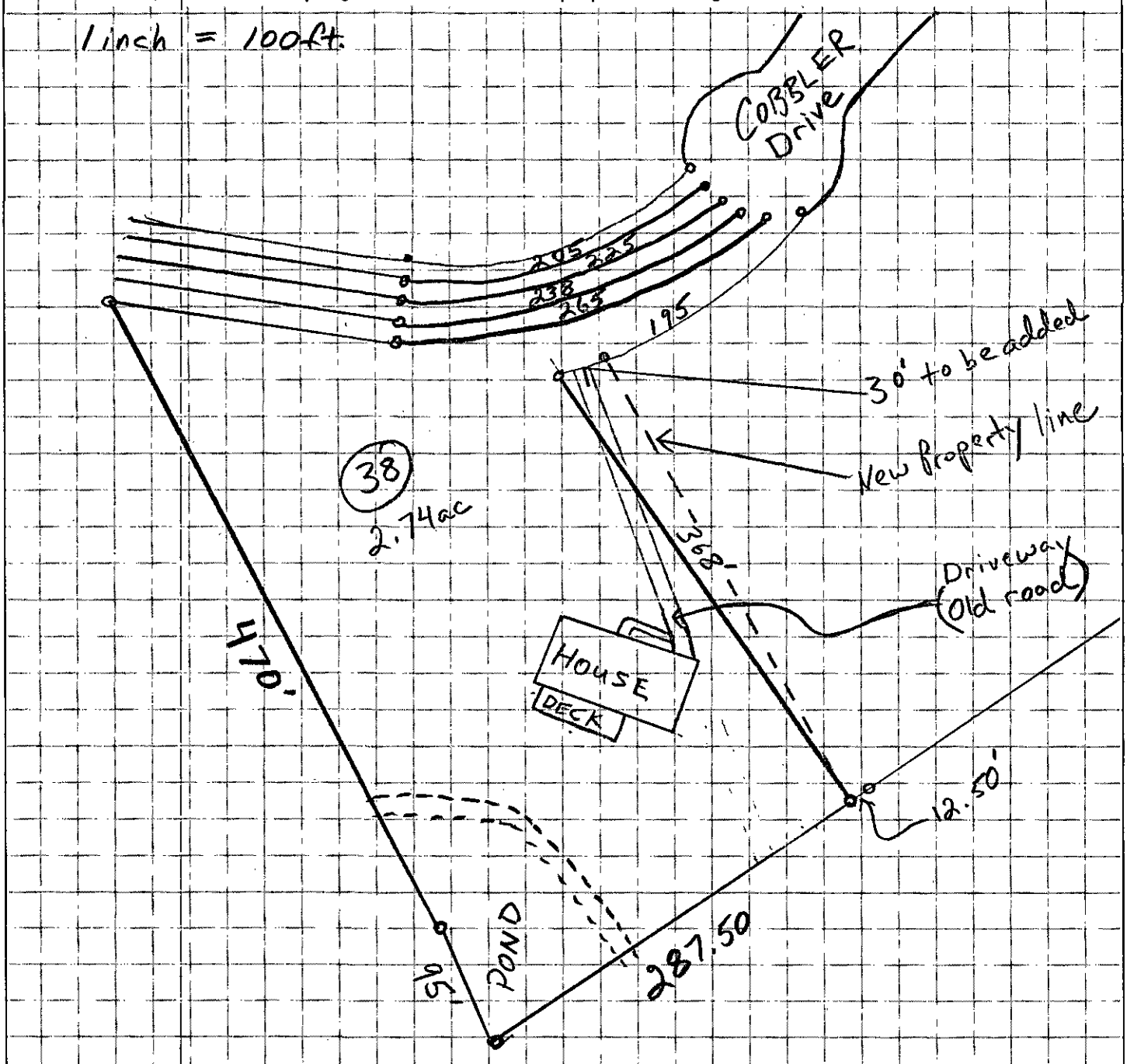
PROPOSED PLOT PLAN

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

FILE: 2086B/1257A

TC: _____

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

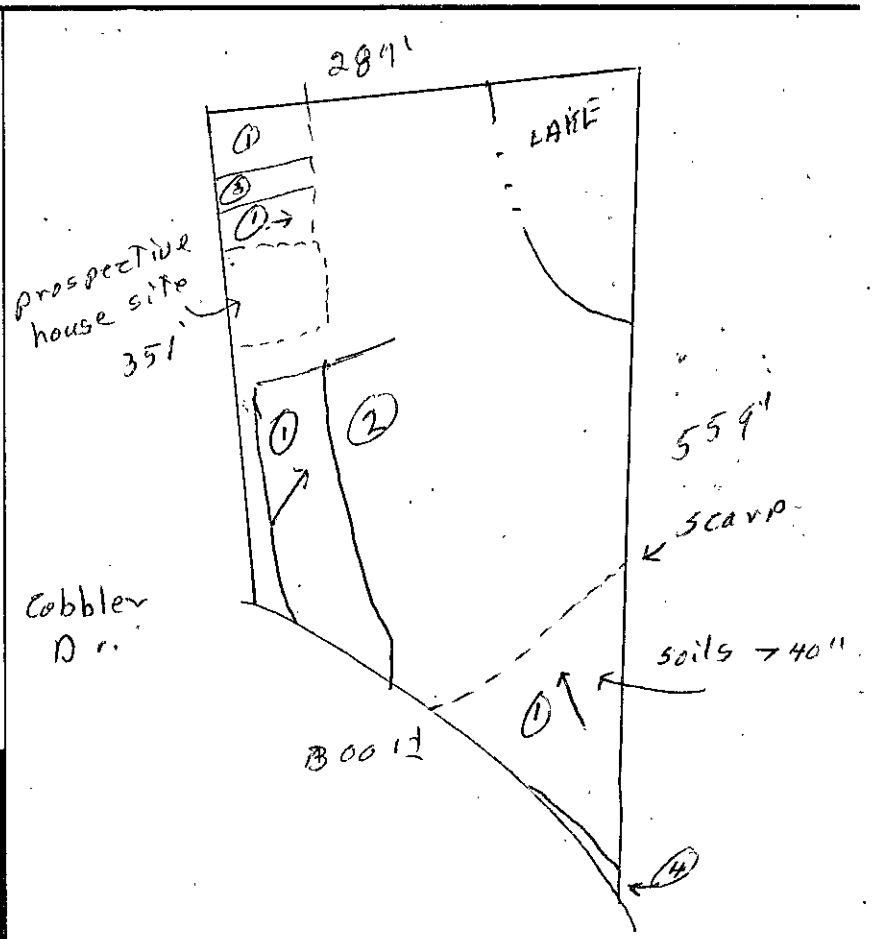
MECKLENBURG COUNTY HEALTH DEPARTMENT File: 2086 B1/9257A Action 2
SITE EVALUATION REPORT
SERIAL NUMBER 20108 Parcel: po 134-173-55 ☐ PC

Location: Cobbler Drive
Subdivision: Blackberry Hills
Lot: 38 Block: Acres: Approx 1.0 ac

Owner: James W. Clay
Address: 166 33 Applewater Mooresville, N.C. 28115

Comments: 100% Repair, 3 LTAR system would probably need pump

Described by: William R. Mudi
Date: 12-23-93



*** 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 10-20%	S PS (U) Drainageway - Depression	S PS U Depression	S PS (U) complex slopes	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 >36"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 36"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Available Space	S PS (U) Restricted	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-like	Drainageway-Depression	Depression	Complex Slopes		
Area Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

Mecklenburg County

Health Department

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

December 23, 1993

James W. Clay
16633 Ripplewater
Mooresville, NC 28115

RE: Property located at Cobbler Drive
FILE: 2086B/9257A
PARCEL: 139-173-55

Dear Mr. Clay:

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 results of this investigation showed the property to be classified **UNSUITABLE** for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 20108) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15A NCAC 18A .1948 (d) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

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

Sincerely,

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

KR:lw
Enclosure (2)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/27/11	**Amount:**	75.00
Receipt #:	72557	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	BEACHMS		

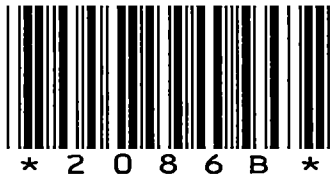
Account Information

Account #: X44606
Contractor: AWARD POOLS & SPAS INC
Attn:
Address: 411 BRAWLEY RD
Address:
City/State/Zip: CLEVELAND, NC 27013

Item	Description	Permit#	Quantity	Unit Price	Total Price
0718	Residential Pool Permit 16422 cobbler Drive, Midland		1	75.00	75.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
75.00					



16422 COBBLER DR

13917355

12/27/2007

duponbj

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