

7436 ROCK ISLAND RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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10432

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: ELLISON, RICHARD M.
(last) (first) (mi)
ADDRESS: P.O. BOX 30052 PHONE: 803 831-9877
CITY: Charlotte STATE: N.C. ZIPCODE: 28230-0052

Date:

PROPERTY OWNER:
NAME: ELLISON, RICHARD M.
(last) (first) (mi)
ADDRESS: P.O. BOX30052 PHONE: 803 831-9877
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 99-443-14
STREET ADDRESS: L54, SEC38, M18-57
7436 Rock Island Rd.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT 54/538 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) UXS
☐ 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) 2 PMTS @ 1895

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: 4 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

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

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ 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: Richard M. Ellison Date: 03 May 1995

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

...As per plans, approval to use existing system for a three bedroom residence only. Further bedroom additions would require an alteration.

Joni Higgins Bunny, RS 5-18-95
Environmentalist Date

Joni Higgins Bunny 5-18-95
Director or Authorized Section Head for Sylvia Dennis Date

WATER : 22791

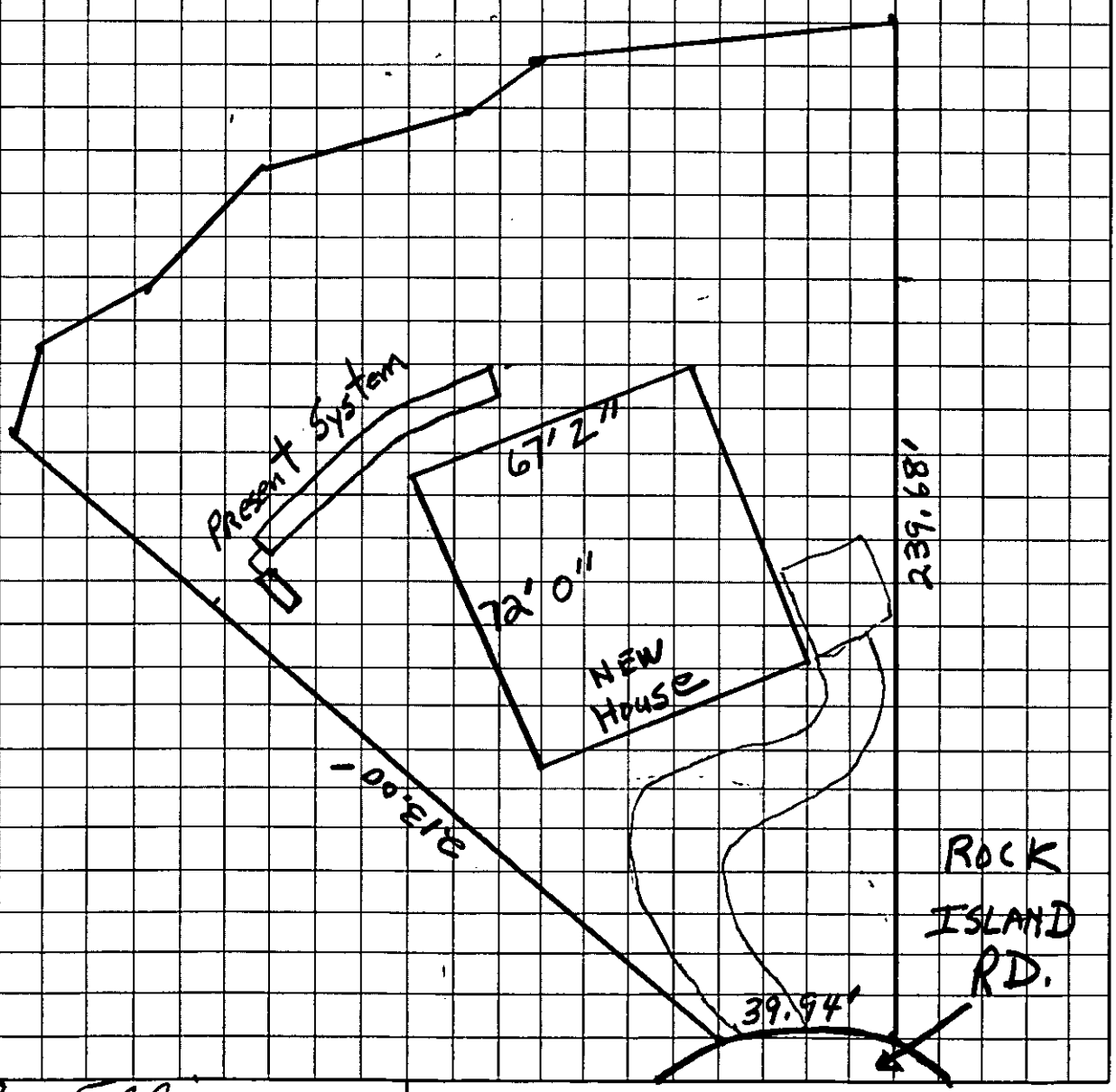
PROPOSED PLOT PLAN

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

FILE: 10432

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.



Richard M. Ellison
OWNER/AGENT SIGNATURE

DATE 03 MAY 1995

APPROVAL DATE _____

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

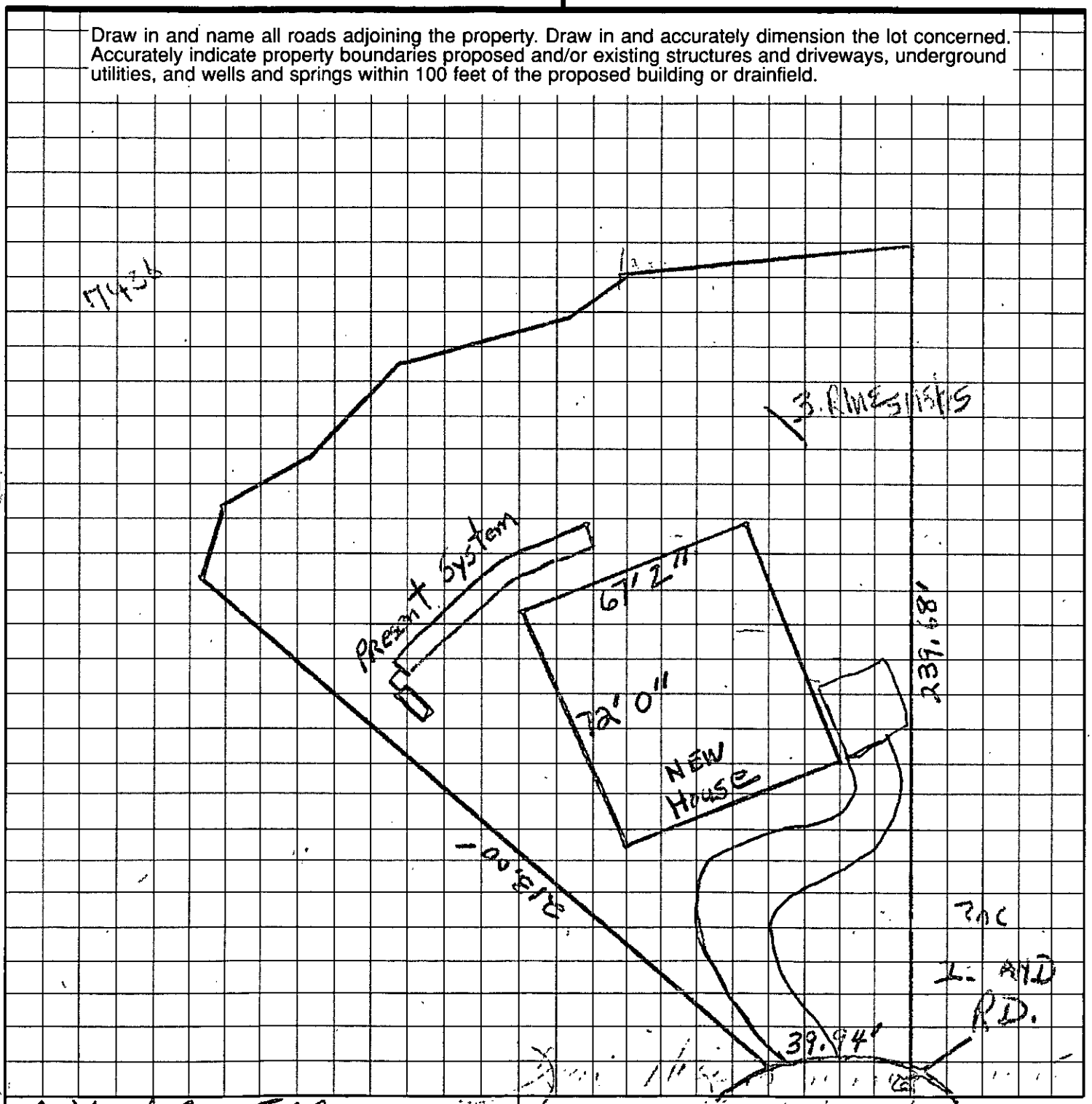
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Richard M. Ellam
OWNER/AGENT SIGNATURE

DATE 03 MAY 1995

APPROVAL DATE _____

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

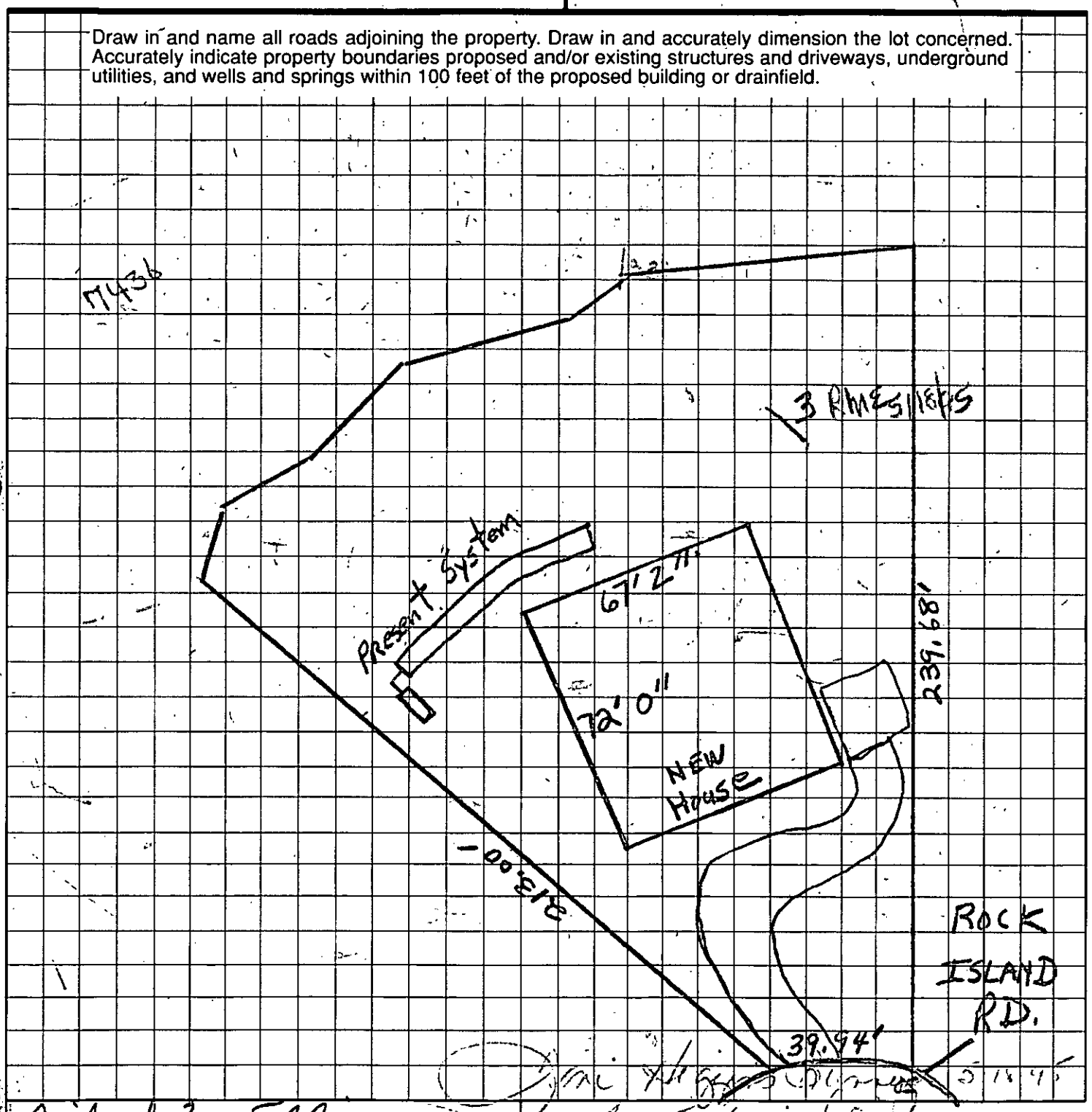
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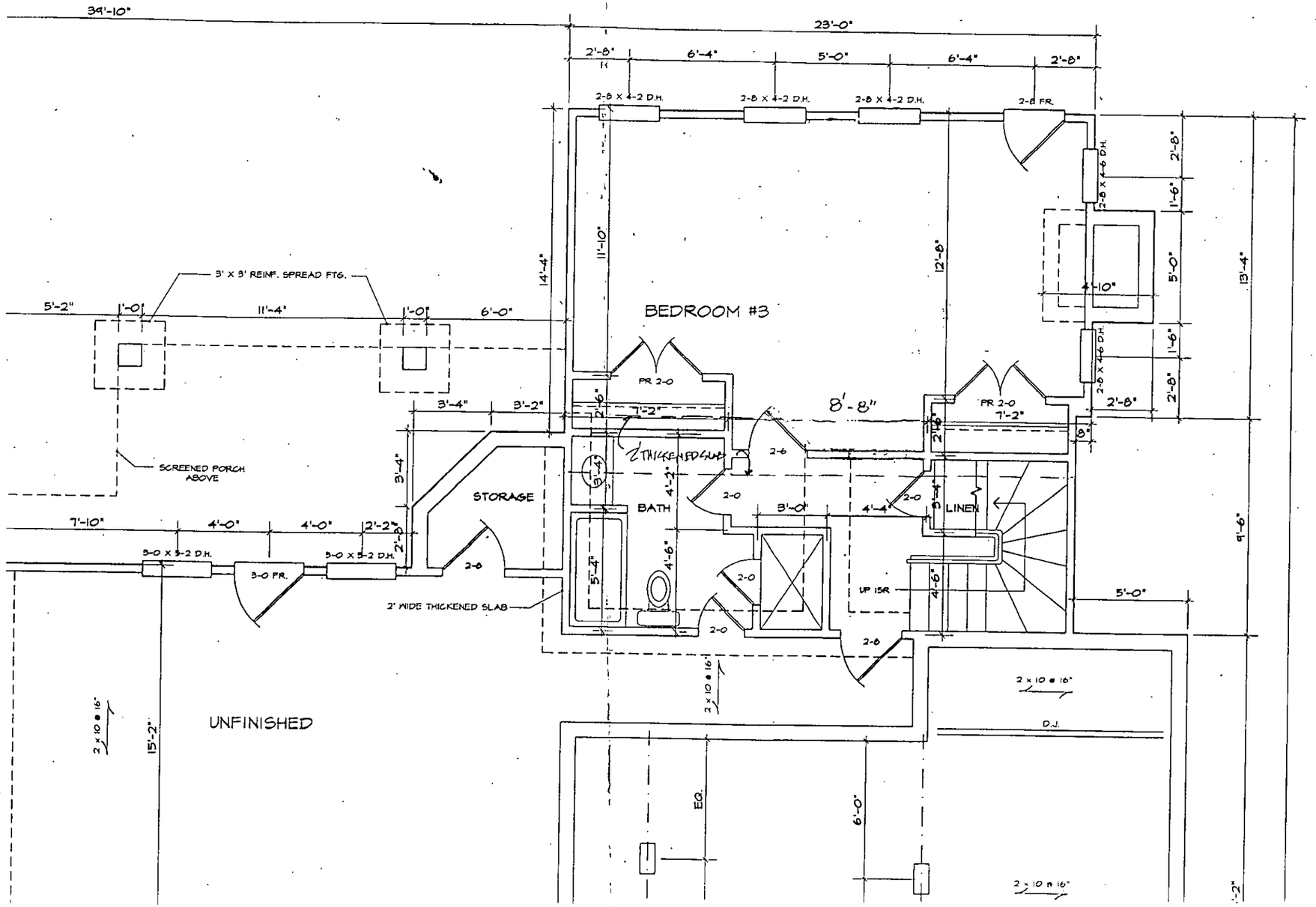


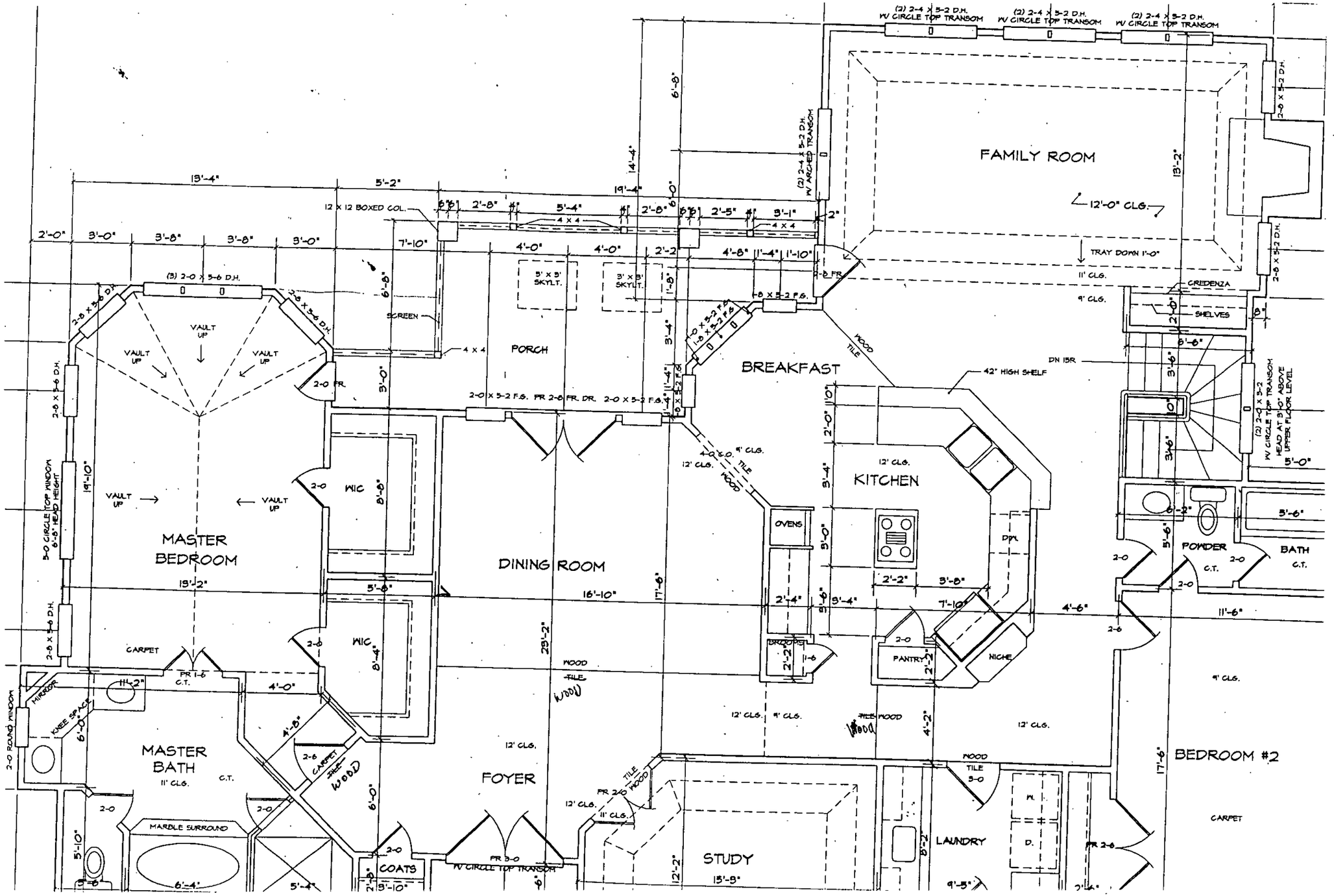
Richard M. Ellam
OWNER/AGENT SIGNATURE

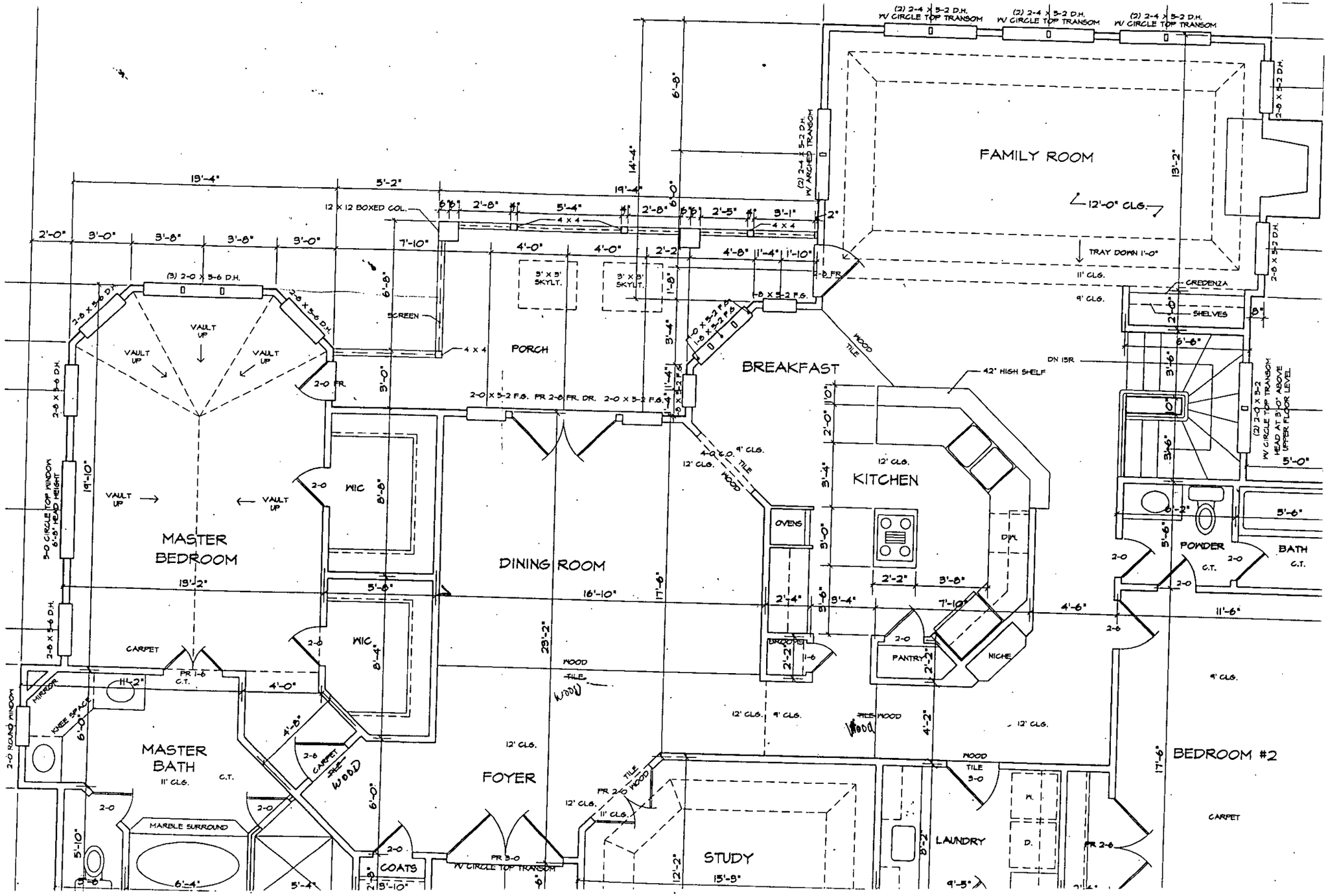
DATE 03 MAY 1995

APPROVAL DATE Sylvia A Kent

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


39'-10"
23'-0"
2'-8"
6'-4"
5'-0"
6'-4"
2'-8"
2-8 X 4-2 D.H.
2-8 X 4-2 D.H.
2-8 X 4-2 D.H.
2-8 FR.
2-8 X 4-6 D.H.
2'-8"
1'-6"
5'-0"
1'-6"
2'-8"
13'-4"
14'-4"
11'-10"
12'-8"
3' X 3' REINF. SPREAD FTG.
5'-2"
1'-0"
11'-4"
1'-0"
6'-0"
BEDROOM #3
PR 2-0
7'-2"
8'-8"
PR 2-0
7'-2"
2'-8"
3'-4"
3'-2"
2'-6"
2'-6"
8"
2" THICKENED SLAB
2-6
3'-4"
4'-2"
2-0
3'-0"
4'-4"
2-0
3'-4"
LINEN
SCREENED PORCH ABOVE
STORAGE
BATH
7'-10"
4'-0"
4'-0"
2'-2"
2'-8"
3-0 X 5-2 D.H.
3-0 FR.
3-0 X 5-2 D.H.
2-0
5'-4"
4'-6"
2-0
UP 15R
4'-6"
5'-0"
9'-6"
2' WIDE THICKENED SLAB
2-0
2-0
2-0
2 x 10 @ 16"
2 x 10 @ 16"
2 x 10 @ 16"
UNFINISHED
15'-2"
D.J.
EQ.
6'-0"
2 x 10 @ 16"
1'-2"


(2) 2-4 X 5-2 D.H. W/ CIRCLE TOP TRANSOM
(2) 2-4 X 5-2 D.H. W/ CIRCLE TOP TRANSOM
(2) 2-4 X 5-2 D.H. W/ CIRCLE TOP TRANSOM
(2) 2-4 X 5-2 D.H. W/ ARCHED TRANSOM
FAMILY ROOM
12'-0" CLG.
TRAY DOWN 1'-0"
11' CLG.
9' CLG.
CREDENZA
SHELVES
2-8 X 5-2 D.H.
13'-2"
2'-0"
5'-6"
DN 15R
(2) 2-4 X 5-2 W/ CIRCLE TOP TRANSOM HEAD AT 8'-0" ABOVE UPPER FLOOR LEVEL
5'-0"
19'-4"
5'-2"
12 X 12 BOXED COL.
2'-0"
3'-0"
3'-8"
3'-8"
3'-0"
7'-10"
4'-0"
4'-0"
2'-2"
4'-8"
1'-4"
1'-10"
2'-8"
5'-4"
2'-8"
2'-5"
3'-1"
4 X 4
6'-8"
14'-4"
6'-0"
2"
8" FR.
(3) 2-0 X 5-6 D.H.
2-8 X 5-6 D.H.
2-8 X 5-6 D.H.
VAULT UP
VAULT UP
VAULT UP
SCREEN
4 X 4
PORCH
5' X 5' SKYLT.
3' X 3' SKYLT.
1-8 X 5-2 F.G.
1-0 X 5-2 F.G.
1-8 X 5-2 F.G.
3'-4"
6'-8"
3'-0"
2-0 FR.
2-0 X 5-2 F.G. FR 2-6 FR. DR. 2-0 X 5-2 F.G.
WOOD TILE
BREAKFAST
42" HIGH SHELF
12'-0"
11'-0"
3'-4"
12' CLG.
KITCHEN
OVENS
DW.
3'-0"
5'-6"
2'-2"
3'-8"
2'-4"
5'-6"
5'-4"
7'-10"
4'-6"
11'-6"
2-6
2-0
2-0
2-0
POWDER
C.T.
BATH
C.T.
5'-6"
6'-2"
5'-6"
2-0
BROOMS
1-6
PANTRY
2'-2"
NICHE
2-0
9' CLG.
12' CLG.
9' CLG.
TILE WOOD
12' CLG.
4'-2"
MASTER BEDROOM
15'-2"
WIC
5'-6"
8'-6"
WIC
2-6
8'-4"
2-0
19'-10"
5-0 CIRCLE TOP WINDOW 6-8" HEAD HEIGHT
2-6 X 5-6 D.H.
2-6 X 5-6 D.H.
CARPET
PR 1-6
C.T.
11'-2"
4'-0"
MIRROR
KNEE SPACE
6'-0"
2-0 ROUND WINDOW
MASTER BATH
11' CLG.
C.T.
4'-8"
2-6
CARPET
TILE WOOD
6'-0"
2-0
MARBLE SURROUND
6'-4"
5'-10"
5'-6"
2-0
5'-4"
DINING ROOM
16'-10"
17'-6"
23'-2"
WOOD TILE
12' CLG.
FOYER
2-0
COATS
2'-8"
19'-10"
PR 3-0
W/ CIRCLE TOP TRANSOM
6"
12' CLG.
TILE WOOD
PR 2-0
12' CLG.
11' CLG.
STUDY
15'-9"
12'-2"
WOOD TILE
3-0
LAUNDRY
8'-2"
9'-5"
M.
D.
PR 2-0
BEDROOM #2
17'-6"
CARPET
9' CLG.


FAMILY ROOM
12'-0" CLG.
TRAY DOWN 1'-0"
11' CLG.
9' CLG.
CREDENZA
SHELVES
(2) 2-4 X 5-2 D.H. W/ CIRCLE TOP TRANSOM
(2) 2-4 X 5-2 D.H. W/ ARCHED TRANSOM
2-6 X 5-2 D.H.
13'-2"
DN 15R.
42" HIGH SHELF
BREAKFAST
WOOD TILE
PORCH
12 X 12 BOXED COL.
4 X 4
SCREEN
5' X 5' SKYLT.
3' X 5' SKYLT.
2-0 X 5-2 F.G.
2-0 FR.
2-0 FR. 2-6 FR. DR. 2-0 X 5-2 F.G.
(3) 2-0 X 5-6 D.H.
2-6 X 5-6 D.H.
VAULT UP
2-0 X 5-6 D.H.
5'-0" CIRCLE TOP WINDOW 6'-6" HEAD HEIGHT
19'-10"
MASTER BEDROOM
18'-2"
WIC
8'-8"
8'-4"
5'-8"
DINING ROOM
16'-10"
17'-6"
29'-2"
KITCHEN
12' CLG.
OVENS
D/W
2'-2"
3'-8"
7'-10"
4'-6"
11'-6"
PANTRY
NICHE
BROOM
2'-2"
11-6
2'-4"
3'-4"
3'-0"
5'-4"
POWDER
C.T.
BATH
C.T.
5'-6"
5'-0"
(2) 2-0 X 5-2 W/ CIRCLE TOP TRANSOM HEAD AT 8'-0" ABOVE UPPER FLOOR LEVEL
BEDROOM #2
CARPET
MASTER BATH
11' CLG.
C.T.
CARPET
MIRROR
KNEE SPACE
2-0 ROUND WINDOW
6'-0"
5'-10"
MARBLE SURROUND
6'-4"
5'-4"
2-0
COATS
FOYER
12' CLG.
9' CLG.
WOOD TILE
FR 2-0
FR 3-0 W/ CIRCLE TOP TRANSOM
STUDY
15'-8"
12'-2"
LAUNDRY
8'-2"
9'-5"
FR 2-6
W.
D.