

3709 VOYAGER RD

11317104

5/20/08

marliwr

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

$400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2/6/96

2787

Cash $50.00 CK

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: WEBB (last) JERRY (first) Jr (mi)
ADDRESS: 3709 Voyager Rd PHONE: 704 399-0313
CITY: Charlotte STATE: ZIPCODE: 28214

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-171-04
STREET ADDRESS: 3709 Voyager 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

TYPE APPLICATION (check one):

LOT NUMBER: LOT #43 LOT SIZE (in acres):

[redacted]
☒ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y) 2 BDRMS
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N) 1 MH & GARAGE

[redacted]
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[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: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION: JUN. 1,23,97

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: Jerry Jox Webb Jr. Date: Jan 23, 1998

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

... Use existing system for 1-3 bedroom mobile home — New residence has been moved off lot for septic system to function.

Lori Higgins Burney 1-29-97
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

*(2 MH's on lot AT PRESENT - each 2 BDRMS) move 1 MH ON LOT with 3 BDRMS

Revised 1/23/97

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

LOCATION

STREET # (N,S,E,W): 3709 | STREET NAME: Voyager | (AV,RD,ST, etc): Dr

SUITE/UNIT(S):

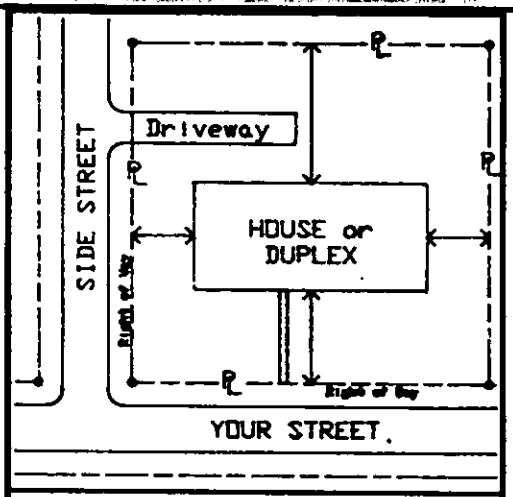
PERMIT #

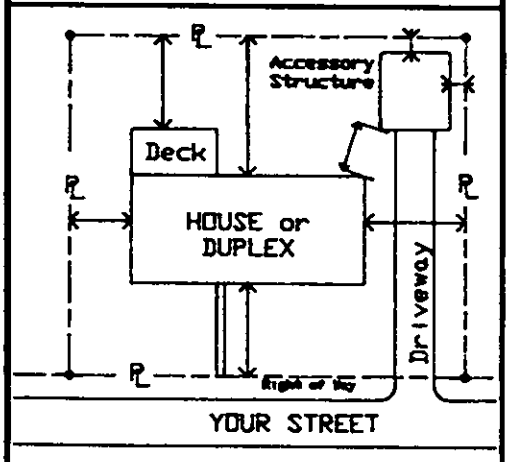
TAX JURISDICTION: (Check One)
- ☑ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

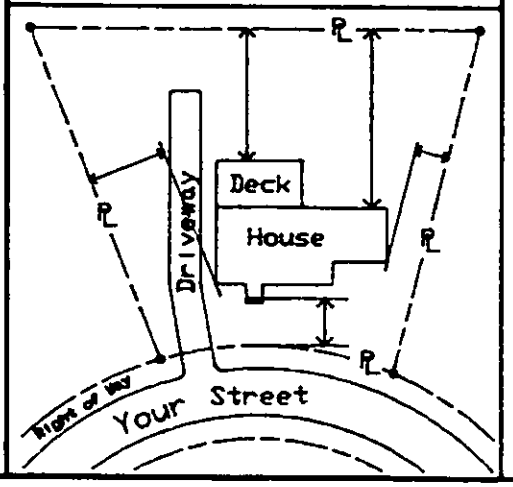
TAX PARCEL #

JOB #

EXAMPLES/PLOT PLAN





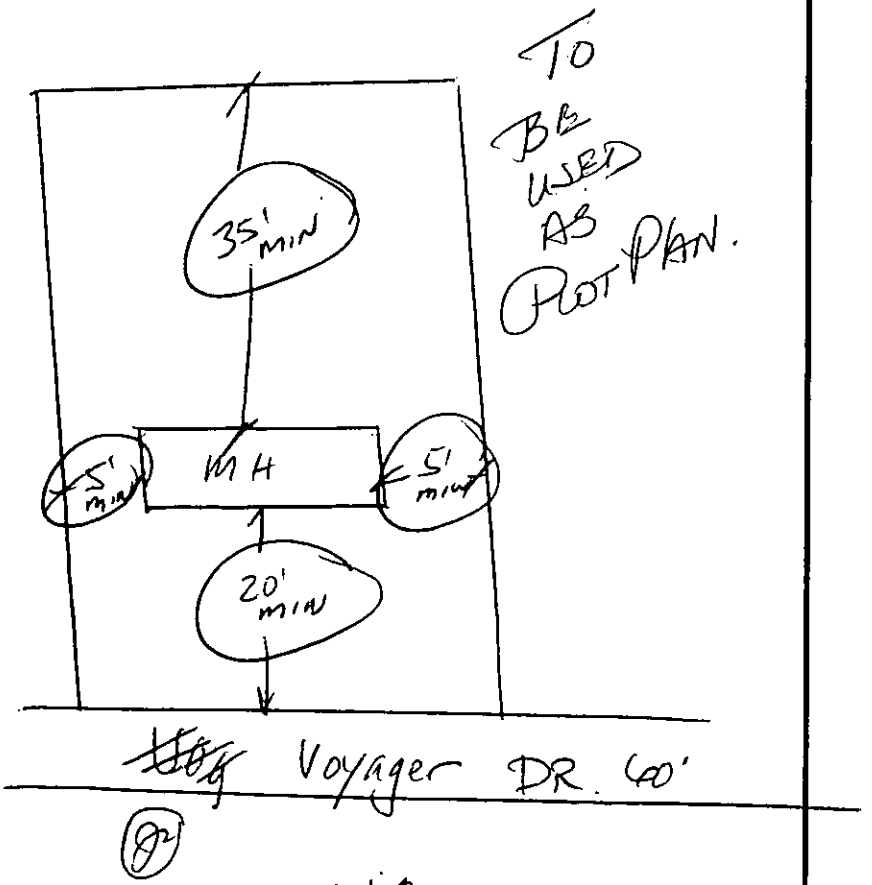


- INSTRUCTIONS -

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

Jerry L. Webb Jr. | 1/21/97 | Jerry L. Webb, Jr.

APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT

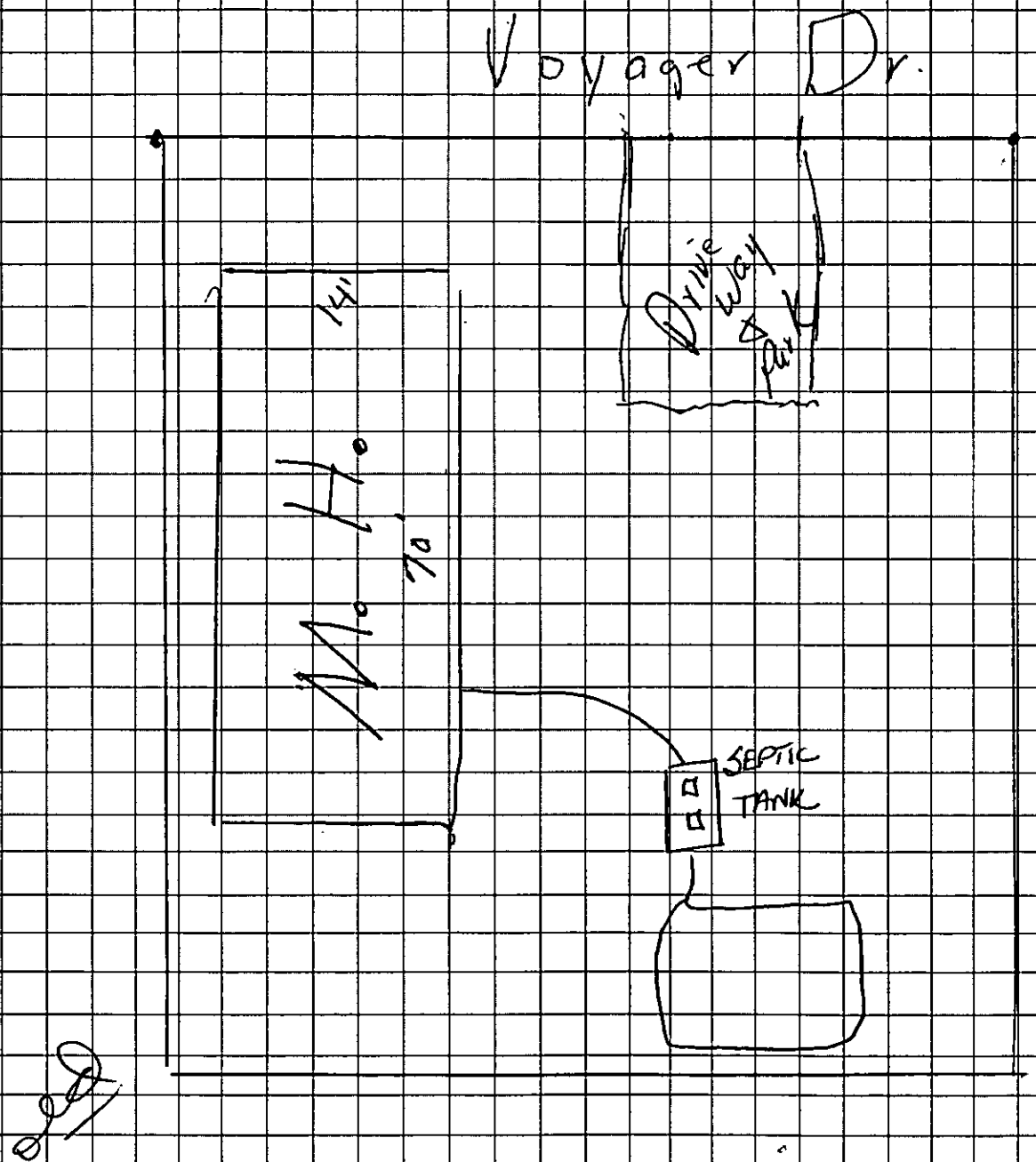
PROPOSED PLOT PLAN

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

FILE: 2787

TC: 113-171-04

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

DATE

APPROVAL DATE 1-29-97

Void plot plan. See plan submitted to Mklg. Standards for approval. JHB 1-29-97

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

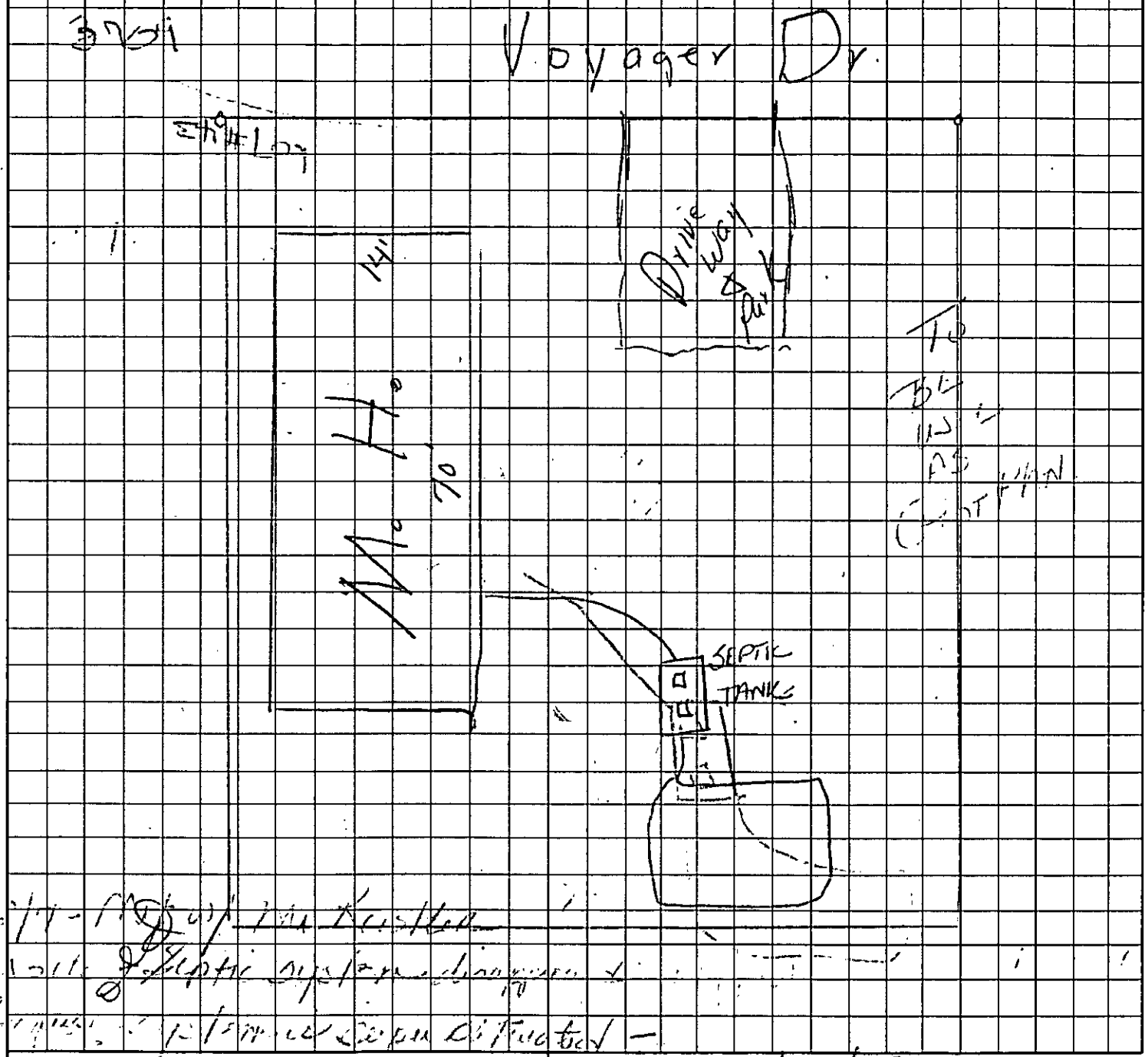
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APPROVAL DATE 1/99

OWNER/AGENT SIGNATURE

DATE

Void plot plan. See plan submitted to bldg. standards for approval. MHB 1-29-99

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

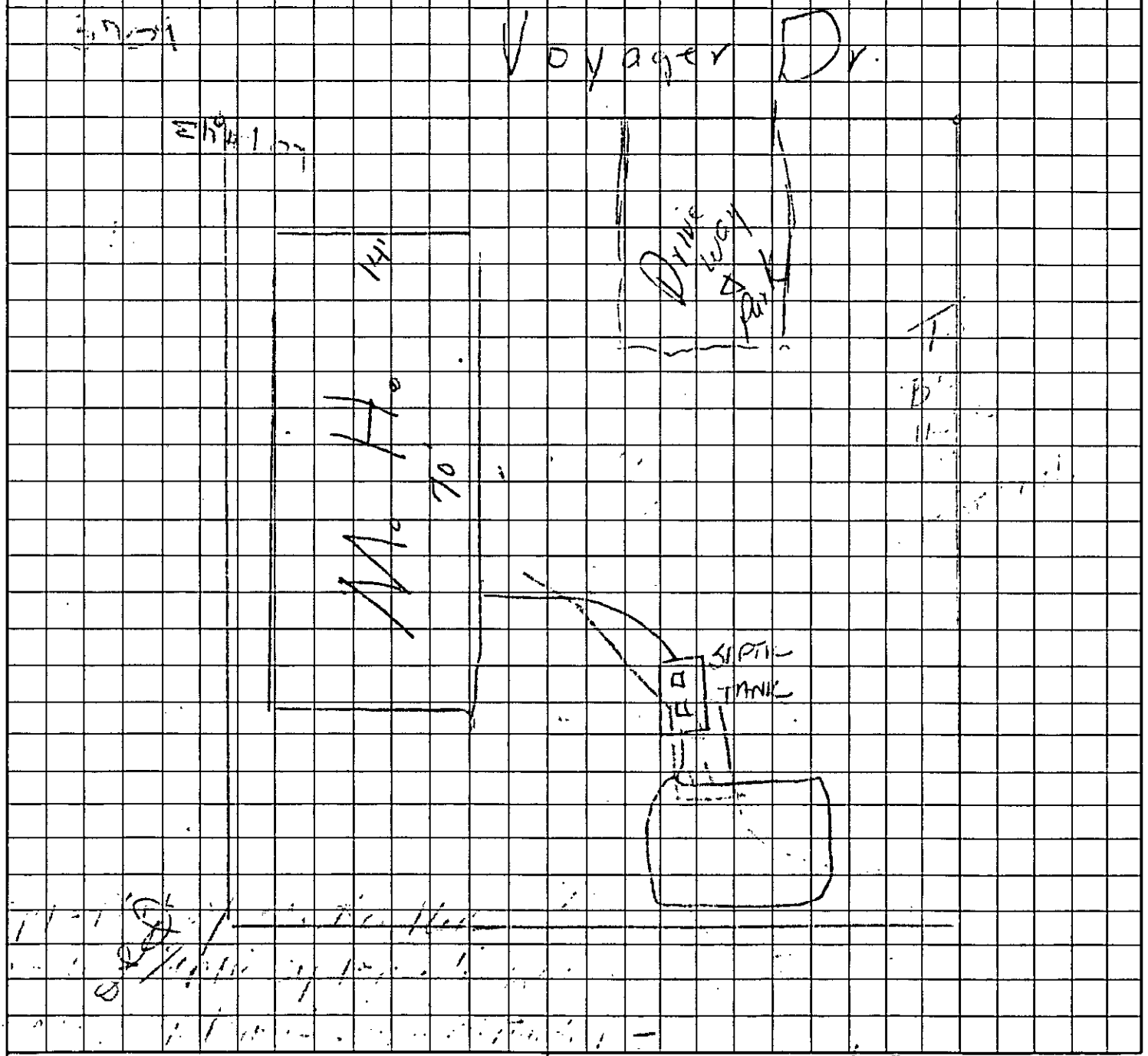
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE ~~12-1-99~~

Void plot plan. See plan submitted [illegible]

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

SEE INSTRUCTIONS ON BACK

Date Received 11-22-71

ICAR(S) Application No. 2151

T. C. No.

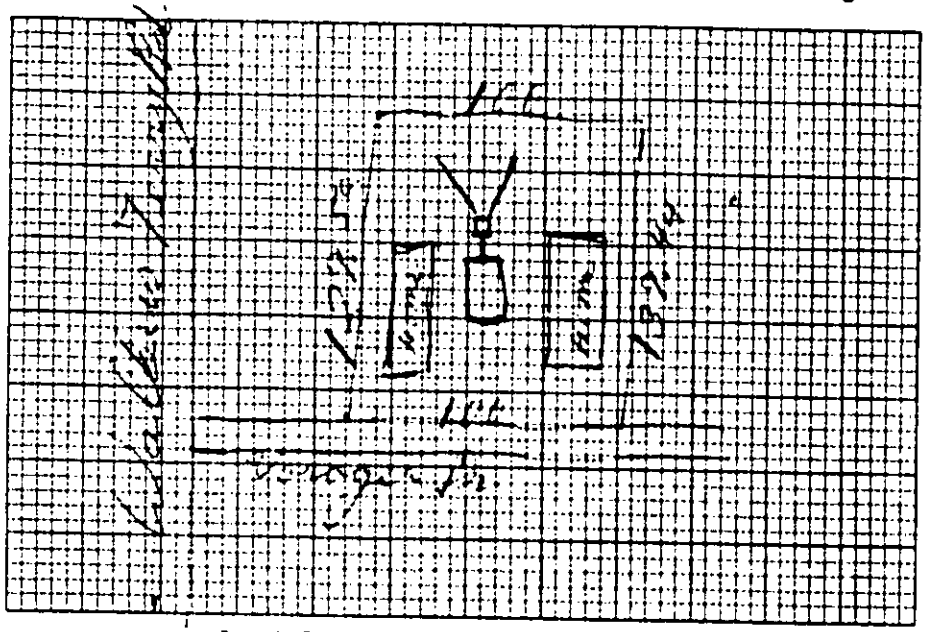
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) _____ Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 4

5) Business Use - Max. No. Employees _____

6) Washing Machine ✓ Yes _____ No

7) Garbage Disposal _____ Yes ✓ No

8) Dishwasher _____ Yes ✓ No

9) Water Supply:
   A) Individual Well _____
   B) Governmental System _____
   C) Community System:
      1. Well source ✓
      2. Governmental source _____

10) Sewage System:
   House located within 200 feet of public sewer _____ Yes ✓ No
   House located within 200 feet of community sewer _____ Yes ✓ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Luttrell (LAST) William (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER 3719 Voyager Dr. RD

15) PHONE NO. Home 537-2073 Office _____

16) LOCATION OF SYSTEM Same 3719 Voyager Dr. RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lemmon Hill Lot No. 43 Block No. _____

Map Book No. 12 Page No. 371

18) DEED REFERENCE --- DEED BOOK 2223 AT PAGE 457

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN Nov. 11-71

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

Nov. 12 - 71
DATE OF APPLICATION

William Luttrell
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

C of A (s) No. 2787

Date Issued 22 Feb 84 **Serial** 6428 T. C. No. 113-12-...

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Luttrell, William (LAST, FIRST, MIDDLE)

Location of Property 3719 Voyager Drive

Application Number 2787 Permit Number 2787

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile — Number of Lines 3

Depth of Filter Material 17" Cover Depth 15-18"

Water Supply Source Community Distance from Water Source NA

Excavation Inspected 20 Feb 84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 20 Feb 84 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ____ installed or constructed, ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not, in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: 1 Bed 9'x33'x12"

[signature] Environmentalist

DHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT

Date Issued 17 Feb 84

Serial No. 6958

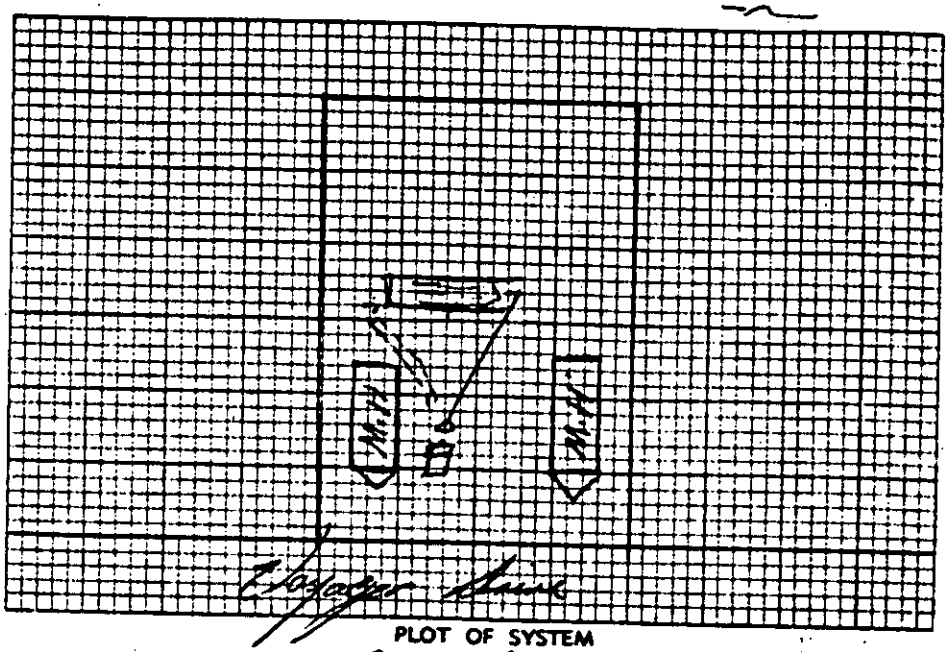
ICAR (S) Permit No. 22 [illegible]

T. C. No. 113-17-[illegible]

Map Date ___

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ____Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 2787 dated 17 Feb 84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 17 Mar 84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate -

Liquid Capacity of Tank -

Tank Construction -

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 3

Distance from House >10'

Distance from Property Line >10'

Distance from Well N/A

NAME OF OWNER Luttrell, Williams

LOCATION OF PROPERTY 3719 Doyle Drive

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

1 Bed 9'x33'x11"

Comments: ___

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-3-76

ENVIRONMENTAL HEALTH SUPERVISOR

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER Jerry Webb, Jr. MAILING ADDRESS 3709 Voyager Rd., charlotte 28214

OCCUPANT _____ LOCATION lot 43

[X] RESIDENCE [ ] BUSINESS [ ] OTHER tax parcel 113-171-04

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number

336-5572/336-5102 .

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by May 20, 1996, appropriate legal action will be taken.

Notice Issued April 17, 1996 (Date) Signed Toni Higgins-Bunney, R.S. (Agent) Division of Environmental Health

Compliance _____ (Date) Signed _____ (Agent) Division of Environmental Health

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

File 2787