

8845 SHAVER DR

22329305

8/22/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

19797

[] CBF

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: 8-29-97

PERSON FILING APPLICATION:

NAME: TITLER (last) LEON (first) E. (mi)

ADDRESS: 8845 SHAVER DR PHONE: ~~541-919~~ 541-9190

CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 223-293-05

STREET ADDRESS: 8845 Shaver Dr

ZONING:

PROPERTY OWNER:

NAME: TITLER (last) LEON (first) E. (mi)

ADDRESS: 8845 SHAVER DR PHONE: (704) 541-9190

CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

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: 4 LOT SIZE (in acres): .67

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
SUNROOM / Deck Replacement

[redacted]

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

NUMBER BEDROOMS: 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)
[X] 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: Leon E. Titler Date: 8-29-97

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.

...9/2/97 OSW w/Judy Kiser.

Approval to UKS for Sunroom + deck replacement ~~@backside of house~~.
No change in sewage flow.
System located to front of home - see record.

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

Lisa B. Malik, RS 9/2/97
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: 19797

TC: 223-293-05

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.

See attached plan

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

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

LOCATION

STREET # (N,S,E,W): 8845 | STREET NAME: SHAVER | (AV,RD,ST, etc): DR

SUITE/UNIT(S):

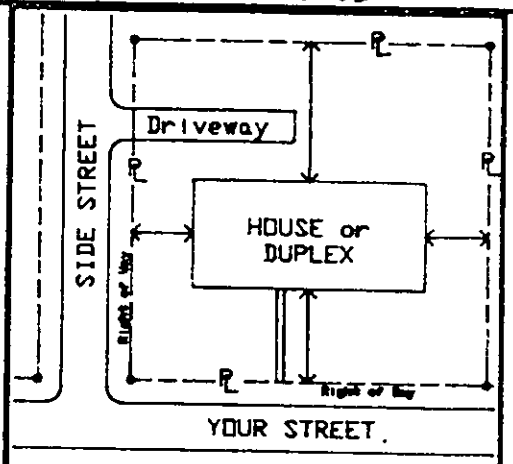
PERMIT #.

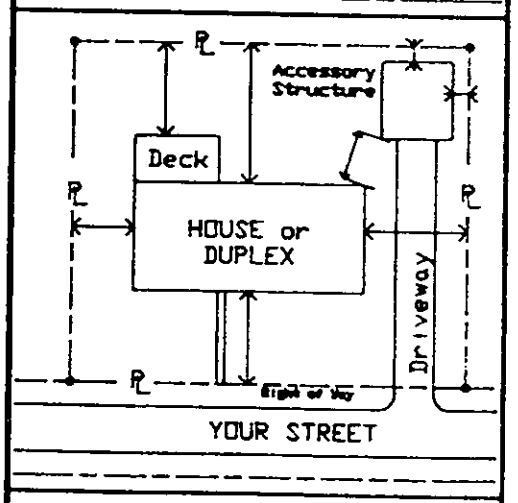
TAX JURISDICTION: (Check One)
- ☐ 0-Mecklenburg
- ☐ 4-Pineville
- ☒ 1-Charlotte
- ☐ 5-Matthews
- ☐ 2-Davidson
- ☐ 6-Huntersville
- ☐ 3-Cornelius
- ☐ 7-Mint Hill

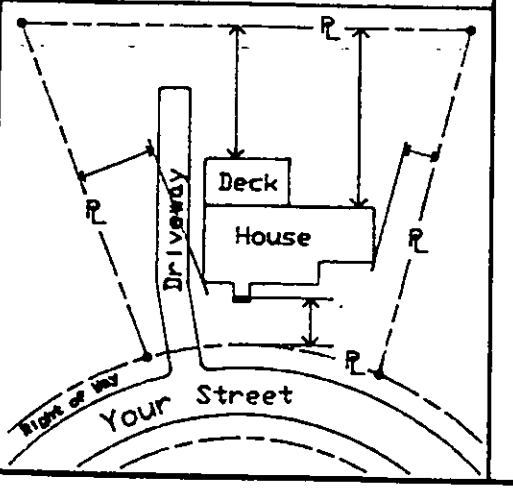
TAX PARCEL # 223-293-05

JOB #

EXAMPLES/PLOT PLAN



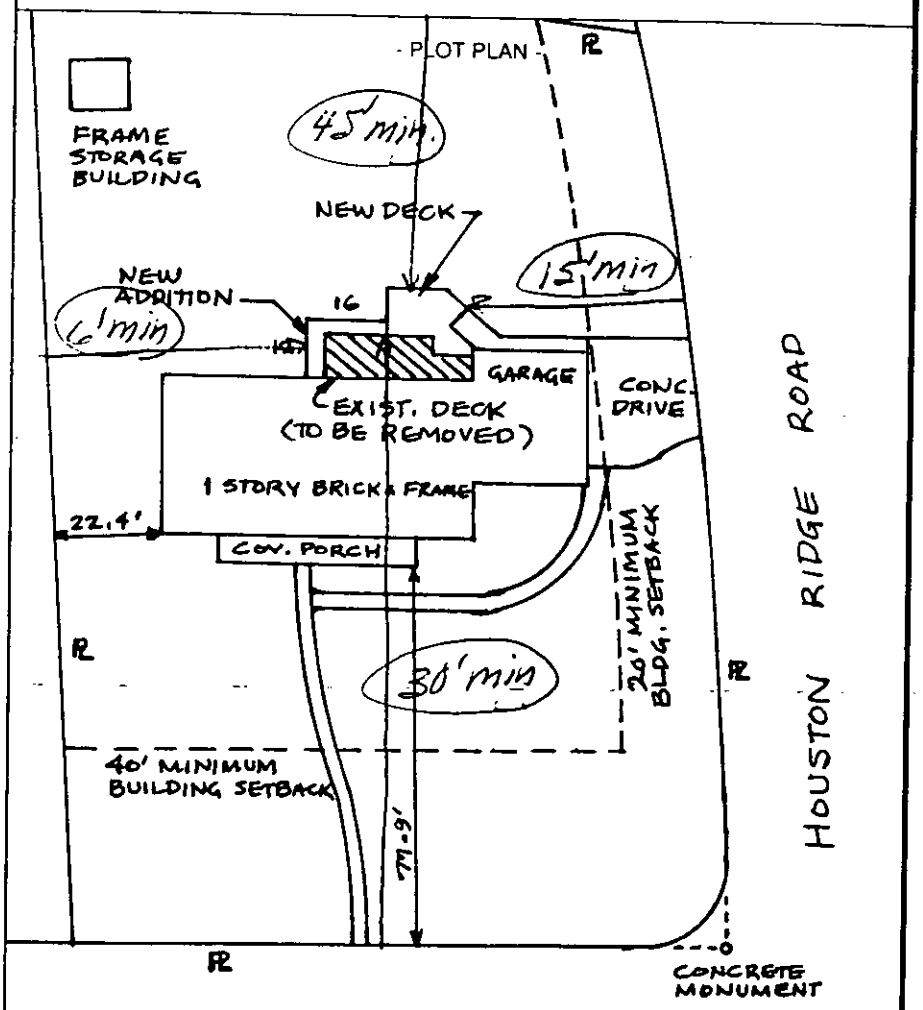




- INSTRUCTIONS -

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.



LOT 4
BLOCK 2

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

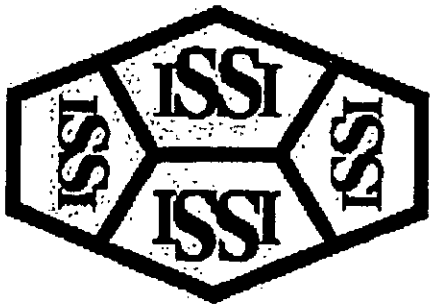
Leon E. Titler — APPLICANT'S SIGNATURE

8/29/97 — DATE

LEON E. TITLER — PRINT APPLICANT'S NAME

APPROVED BY

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



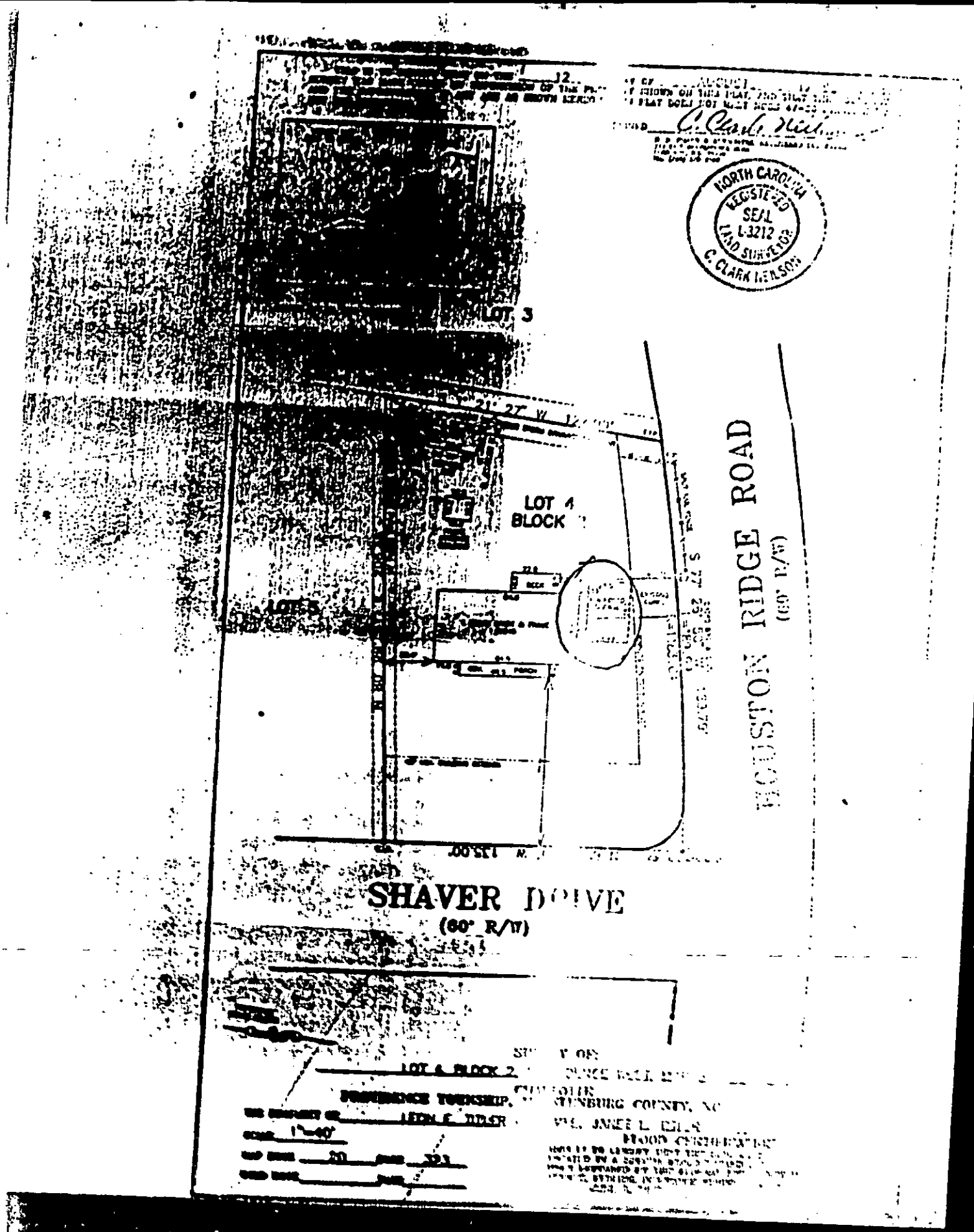
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ISSI Operations Center Staff


NORTH CAROLINA
REGISTERED
SEAL
L-3212
LAND SURVEYOR
C. CLARK HENSON
LOT 3
LOT 4
BLOCK
LOT 5
HOUSTON RIDGE ROAD
(60' R/W)
SHAVER DRIVE
(60' R/W)
LOT 4 BLOCK 2
PROVIDENCE TOWNSHIP,
LEON E. RIDER
1"=40'

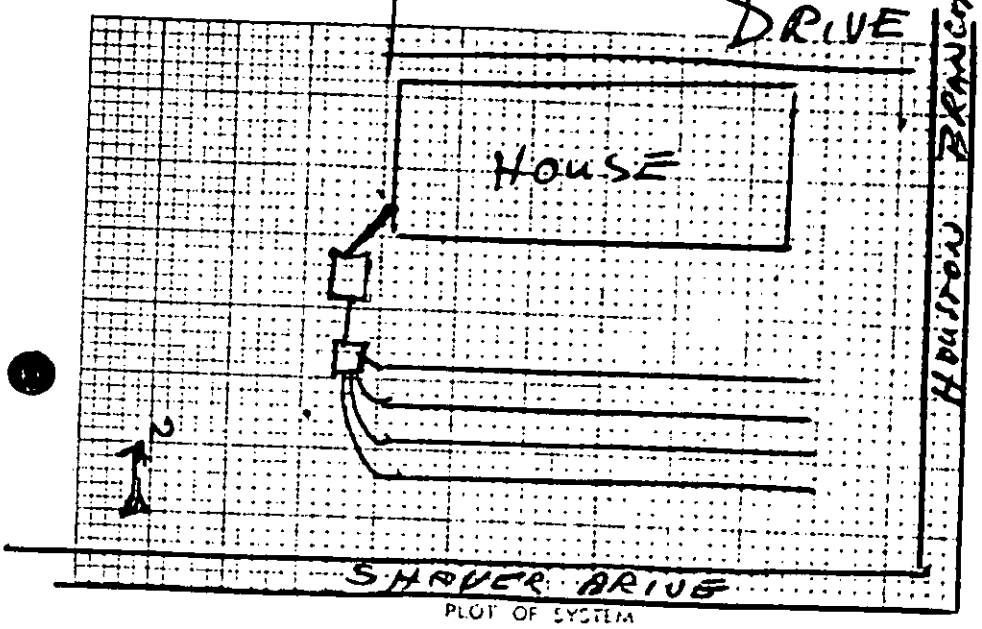
Date Issued 11-2-1983 Serial No. 6776 ICAR(S) Permit No 19797

T C No 227-201

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 X 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 on application 19797 dated 7-19-83 and this permit shall be void and of no effect if the information provided on the application is not true or is erroneous. All work must be completed on or before Dec 20 1983 after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate PS IV+

Liquid Capacity of Tank 1500 gal

Type Construction Pre Cast Co...

Absorption Unit or Filtration Area

Total Line Length 400 Lin. Ft.

Number of Lines FOUR

Distance from Structure 10 FT.

Distance from Property Line 20 FT 300 FT

Distance from Well COMMUNITY DOUBLE

NAME OF OWNER William TROTTER Co

LOCATION OF PROPERTY 8845 SHAVER 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.

Comments: FOUR TRENCHES 4OBE 100FTX 3FTX 12INCHES STONE layout COOER-grade DES-plumb w/m line into D.I.ST Box

Division or Section Head

Ralph Mills
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-5-76

WHITE - HEALTH DEPARTMENT'S COPY

COPY

19797

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APPLICATION FOR SERVICES

[] CRT

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...This permit is not transferable.

...9/2 OSV w/ Kisler

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

Environmentalist 9/2/97 Date

Director or Authorized Section Head Date

WATER : 122791