

13727 MILLS END CR

19501557

5/28/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

400 + 50 CK # 9156 11/30/98 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 6171

Date:

PERSON FILING APPLICATION:
NAME: DAILY (last) DANIEL (first) W. (mi)
ADDRESS: 13727 MILLS End Cir PHONE: (704) 847-4741
CITY: MATHHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 195-015-57
STREET ADDRESS: 13727 Mills End Cir. Matthews, NC 28105
ZONING:

PROPERTY OWNER:
NAME: DAILY (last) DANIEL (first) W. (mi)
ADDRESS: 13727 MILLS End Cir PHONE: (704) 847-4741
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

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: 21 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)
[redacted] 1973
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
STORAGE HOUSE 8X8
[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: 3 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)
[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: Daniel W. Daily Date: 11-30-98

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.

... O.K. to use existing system - Storage bldg will not interfere with septic 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

Jeff Knight 12/2/98
Environmentalist Date

WATER : 122791

JK

COPY

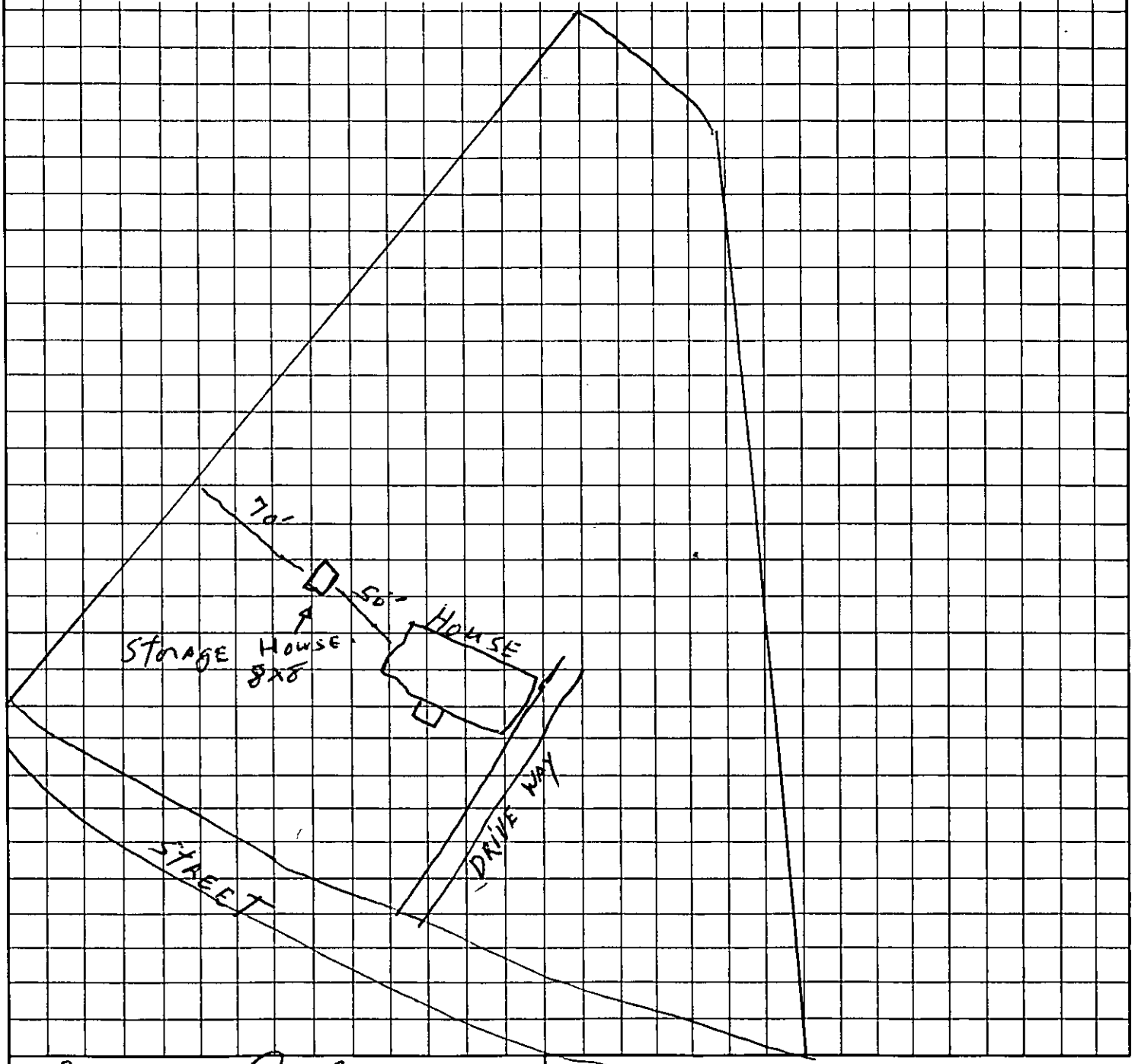
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6171

TC: 195-015-57

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.



David W. Davis
OWNER/AGENT SIGNATURE

DATE 11-30-98

APPROVAL DATE _____

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

COPY

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APPLICATION FOR SERVICES

10.00 Ck# 9156 11/30/98 [ ] CRT

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Jeff Knight Environmentalist 12/2/98 Date

WATER : 122791

JK

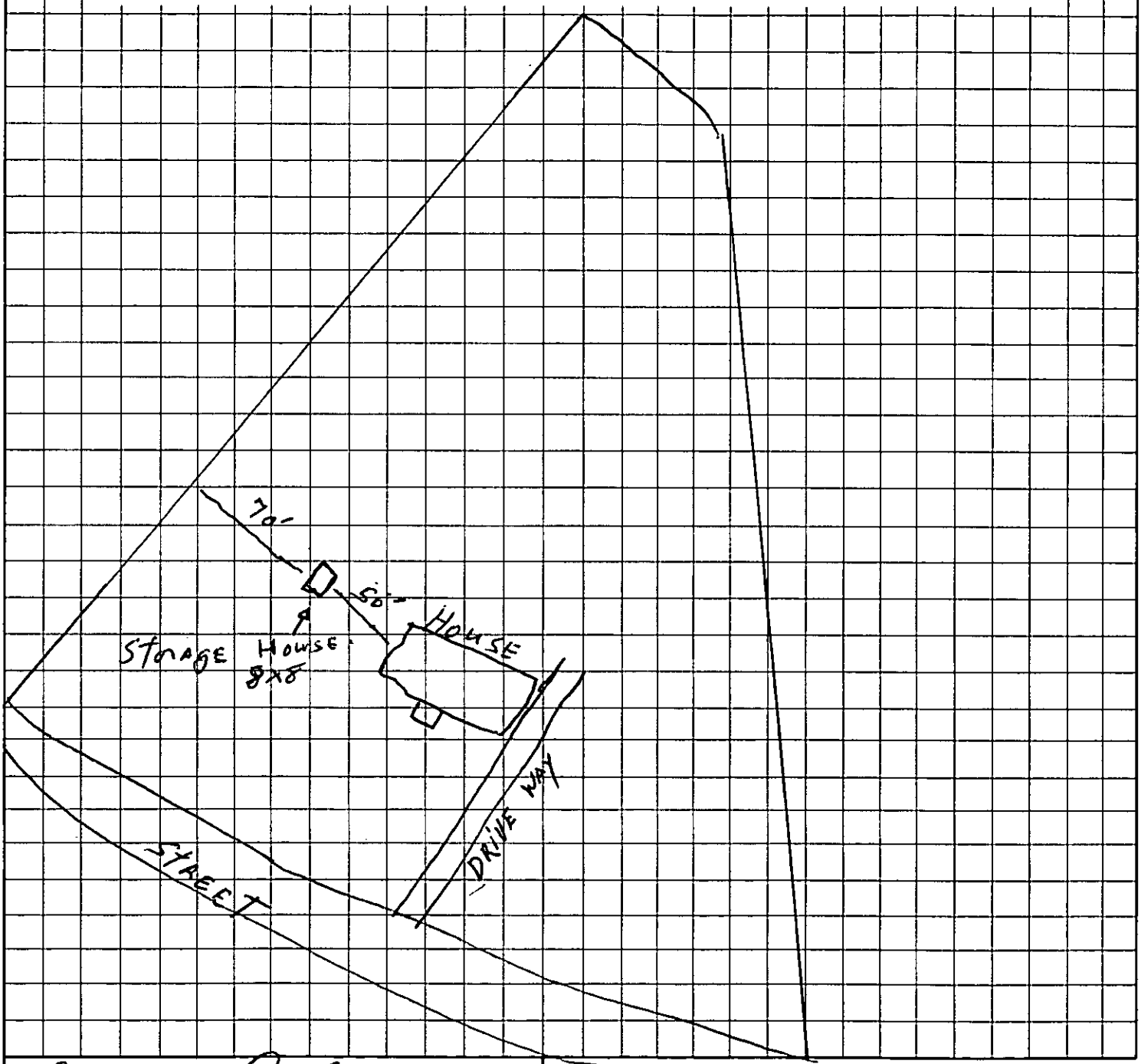
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David W. Davis
OWNER/AGENT SIGNATURE

DATE 11-30-98

APPROVAL DATE _____

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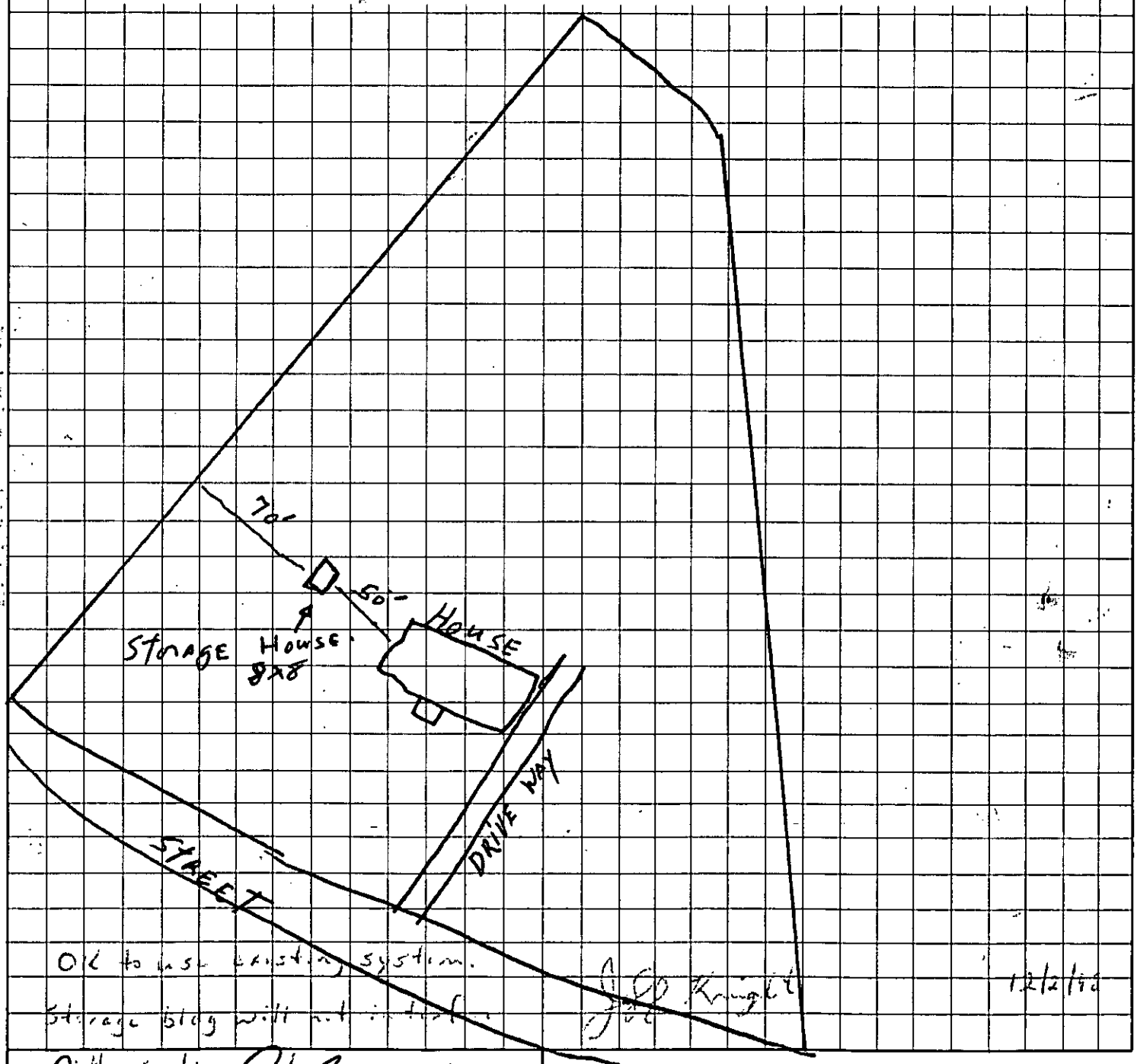
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O/C to use existing system.
Storage bldg will not have [illegible]

J.C. Knight 12/2/98

OWNER/AGENT SIGNATURE

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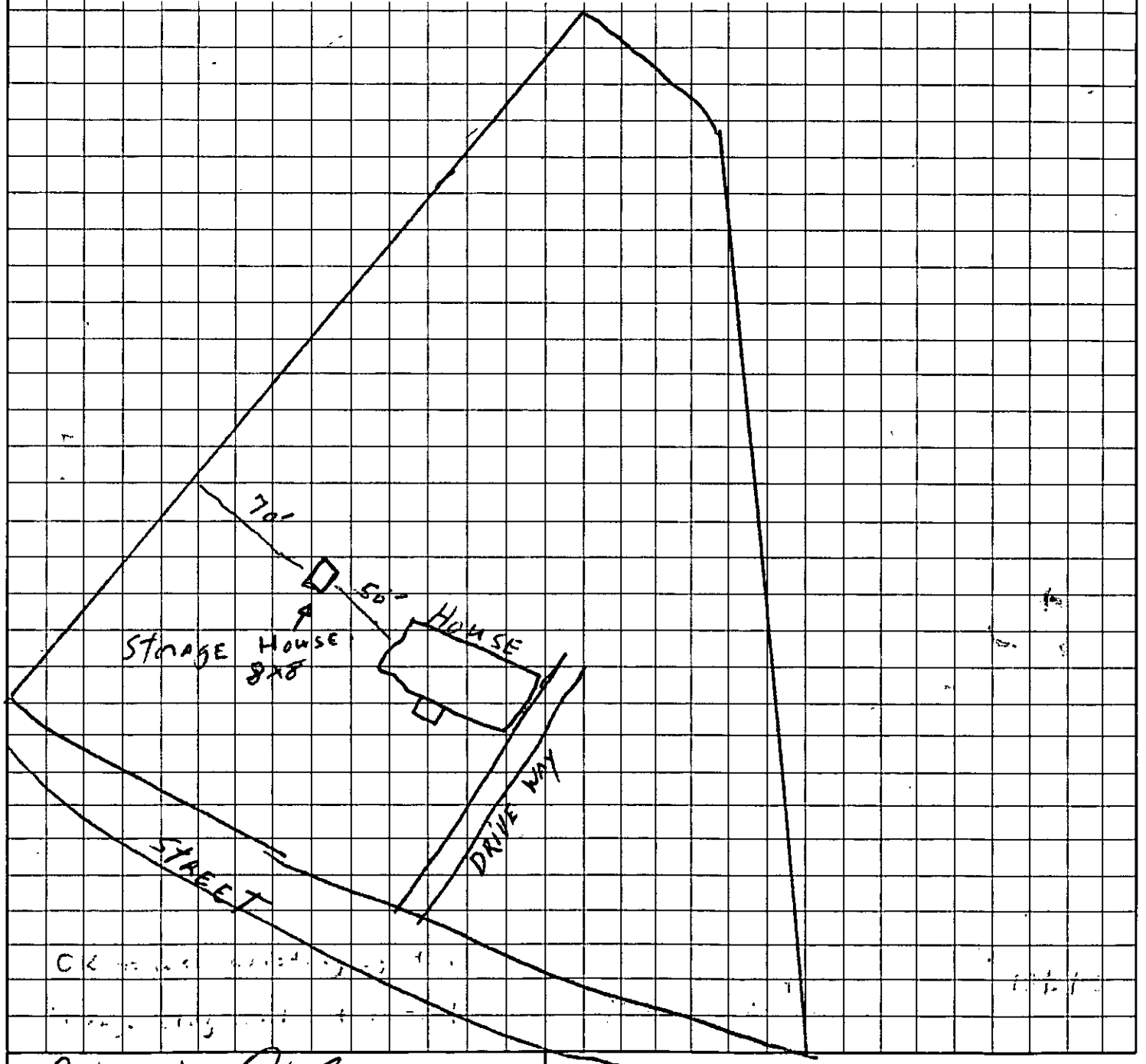
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DATE 11-30-98

APPROVAL DATE _____

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Date Issued 10-4-73 Serial No. 4447 ICAR (S) Permit No 61

T C No 195-C

Map Date 12-15

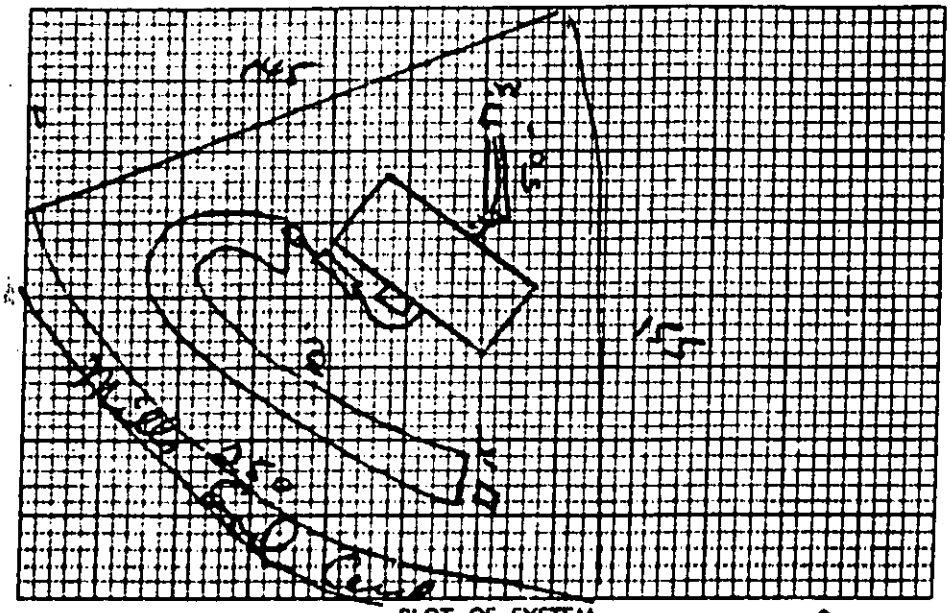
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 - water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the scribed location. This permit is granted based upon the information supplied in application 6171 dated 5-29-73 and this permit shall be void and of no effect if the information provided in the plication is not true or is erroneous. All work shall be completed on or before 11-4-73, after date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction precast

Absorption and/or Nitrification Lines

Total Line Lenght 600'

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Dellie Madison & Ada

LOCATION OF PROPERTY 21 C Mill End Circle

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered inspectable or can be used.

Comments: 15 X 100'

Wash 7½ X 50'

Howard Hyatt, Contractor

Thomas R. Wa

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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 3834

Cert Appl. No. 6121

T. C. No.

Map Date

Date Issued 20 Oct 1973.

John R Adkisson

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION **CERTIFICATE OF APPROVAL**

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Dellinger Madison + Aeson (LAST, FIRST, MIDDLE)

Location of Property 21 C Miller End Circle

Application Number 6121

Permit Number 6121

Inspection Data:

Liquid Capacity of Tank 1500 gal

Total Length of Drain Tile 600 l/ft

Depth of Filter Material 12"

Water Supply Source Community well

Excavation Inspected ✓ (DATE)

Nitrification Field Inspected 10-8-73 (DATE)

Washing Machine Line Inspected, If Applicable 10-8-73 (DATE)

Tank Material concrete

Number of Lines 6 (15 ft ea)

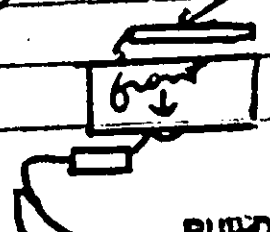
Cover Depth 36" - 15"

Distance from Water Source —

Tank Inspected 10-8-73 (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 Board of Health 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: wash line 7½' x 5-0" x 12" on rear of house



John R Adkisson

BUILDING INSPECTOR

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY