

427 PINE ISLAND DR

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

ADD 30 ch ft 6603 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 File 85
(704)336-5102

PERSON FILING APPLICATION:
NAME: EGEL (last) PHILIP (first) D (mi)
ADDRESS: 427 PINE ISLAND DR PHONE: 704 398-2606
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date:

PROPERTY OWNER:
NAME: EGEL (last) PHILIP (first) D (mi)
ADDRESS: 427 PINE ISLAND DR PHONE: 704-398-2604
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-081-18
STREET ADDRESS: 427 PINE ISLAND DR
ZONING:

Township (check one):
[] 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: 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)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) REPLACE DECK

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: 6 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)
[X] 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 into the property for the purpose of processing this request.

Signed: Philip D Egel Date: 11-30-1998

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.

...Approval granted to replace the existing deck, no plumbing

Use existing system

[] 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

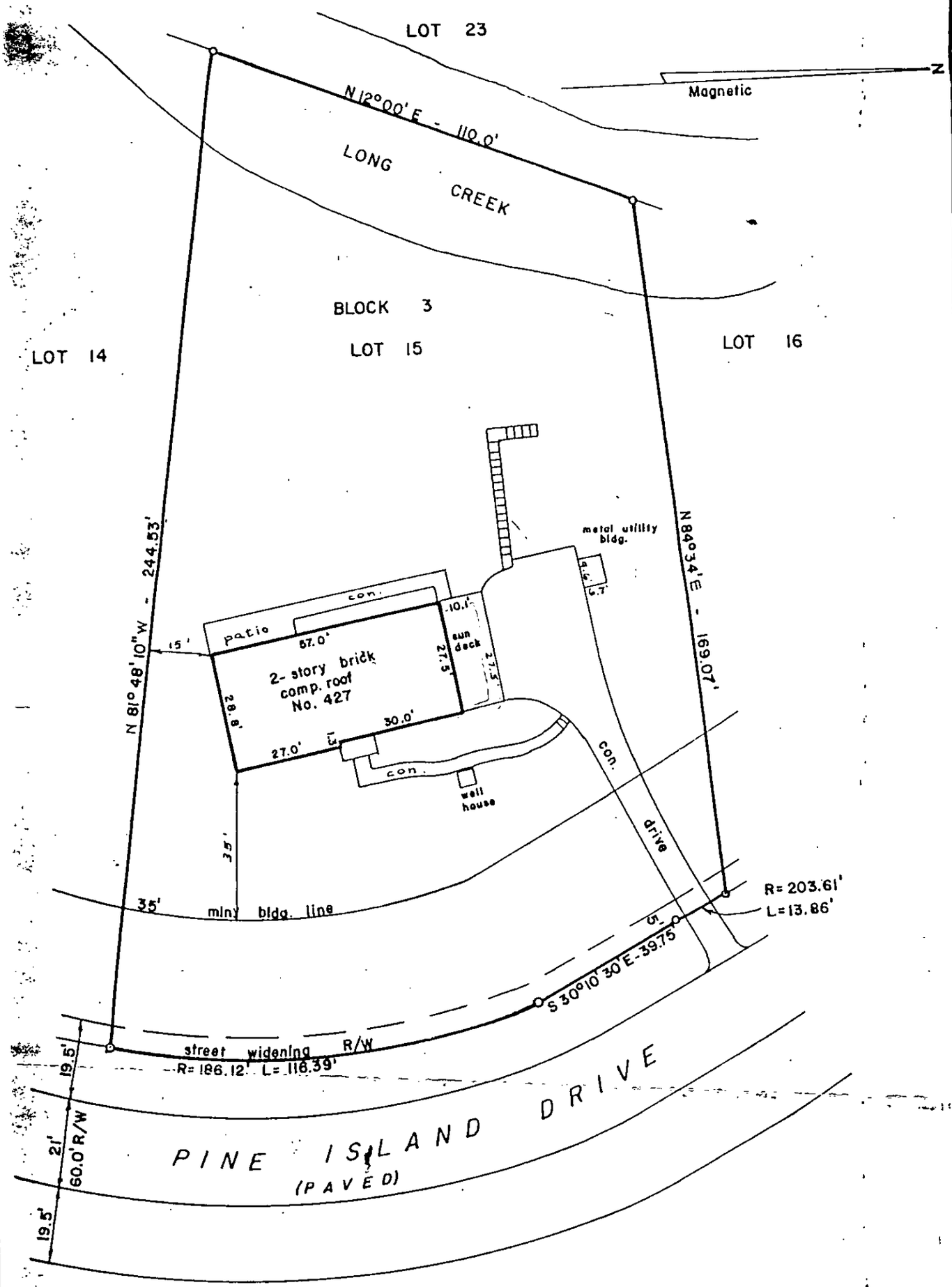
Philip L. Walker RS. 12/2/98
Environmentalist Date

WATER : 122791

THIS IS TO CERTIFY THAT ON THE 2nd DAY OF NOV. 19 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON.

F, L & H
95

SIGNED Rio J. Zordanelle
REGISTERED SURVEYOR



PHYSICAL SURVEY
OF

LOT 15 BLOCK 3, PINE ISLAND COUNTRY CLUB ESTATES
PAW CREEK, N. C.

SCALE 1" = 30'

THE PROPERTY OF PHILIP D. EGEL & Wife, MARILYN D.

MAP RECORDED IN BOOK 14 AT PAGE 267 DEED RECORDED IN BOOK PAGE



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ISSI Operations Center Staff

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Serial No. 1181 ICAR(S) Permit No. 85

Date Issued [illegible] T.C. No. [illegible]

Map Date

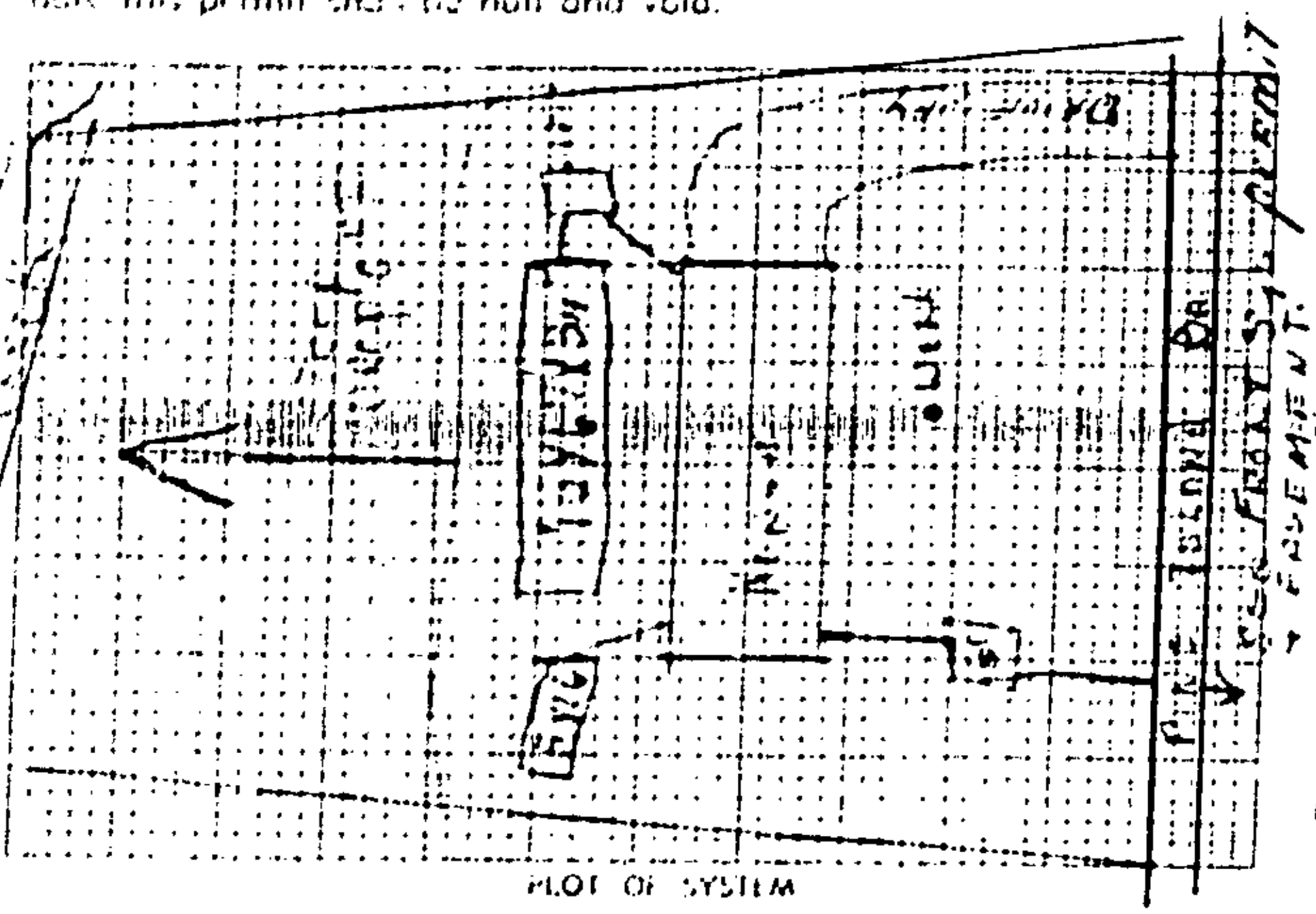
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 waste water 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 85 dated [illegible] 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 9-22-[illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank: FRONT - 1250 gal; REAR - 1250 gal

Tank Construction Precast

Absorption and/or Distribution Lines:

Total Line Length 400 + 400

[illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well 50

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 the permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Sherrill & Son

* (Rear system only) (FRONT System Tank.)

G. F. McMillan
Division or Section Head

John G. Ker[illegible]
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. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 3-4-71 Serial No. 1143 ICARS Permit No. 85

T C No. 231-09

Map Date

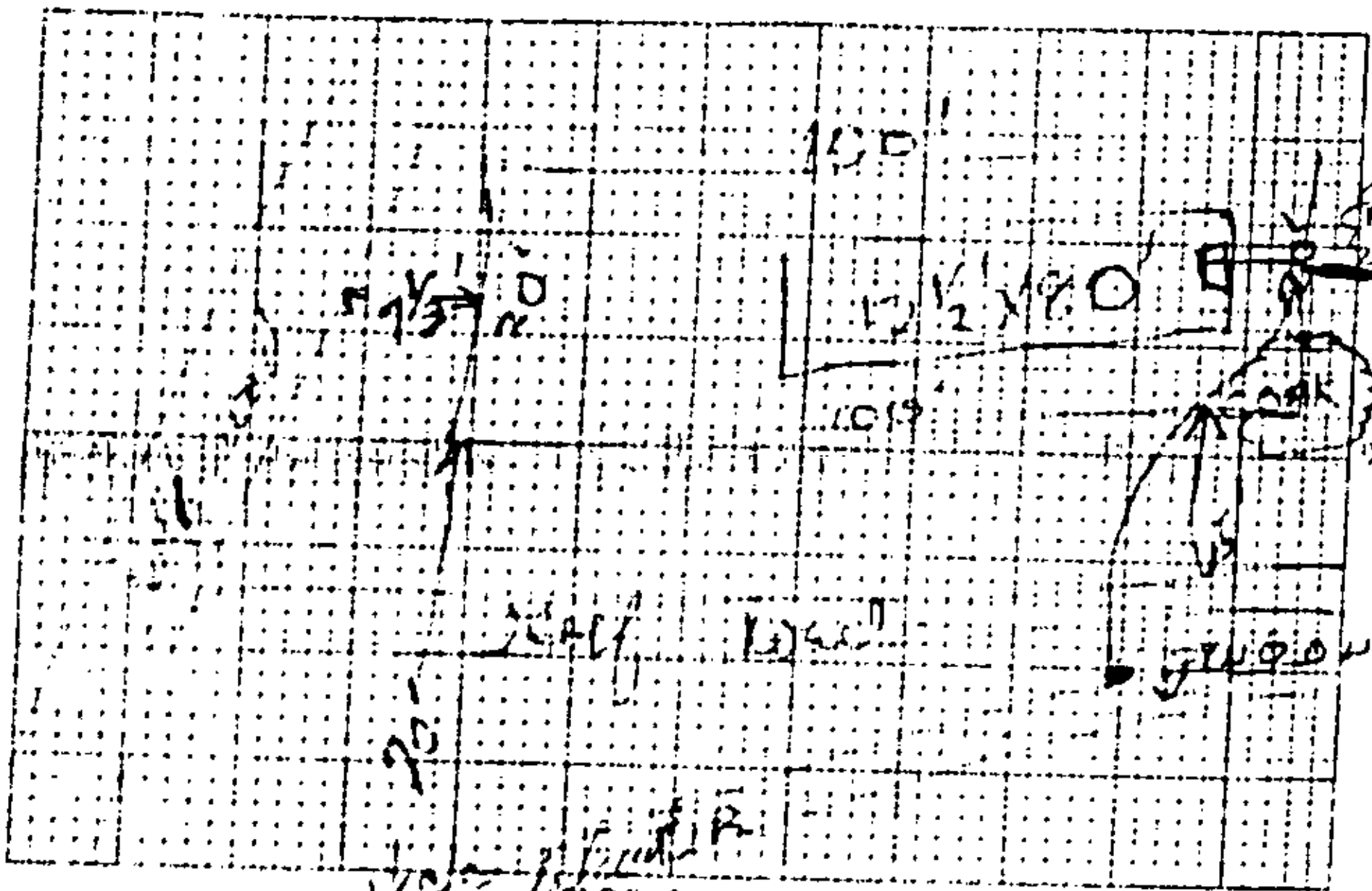
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 waste water 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 85 dated 12-2-70 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 8-23-71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank ——

Tank Construction ——

Absorption and/or Nitrification Lines.

Total Line Lenght 400'

Number of Lines 5 (12½ x 80)

Distance from House 100'

Distance from Property Line 50'

Distance from Well 100'

NAME OF OWNER Mary McConnell

LOCATION OF PROPERTY One [illegible] Drive

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 uninspectable or can be used.

Comments: [illegible]

John Gibson

Division or Section Head

[illegible signature]

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. [illegible]

[illegible] COPY

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner McConnell Wayne
LAST FIRST MIDDLE

Location of Property Pine Island Rd

Application Number 25 Permit Number 35

Inspection Data:

Liquid Capacity of Tank 1,000 gal. Tank Material Cement

Total Length of Drain Tile 1100' Number of Lines 5

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 6-2-71 Tank Inspected 6-2-71
DATE DATE

Distribution Unit Inspected 6-2-71
DATE

Absorption Area Inspected, If Applicable N/A
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 at 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 in addition to those listed below under comments. This Certificate of Approval shall be void 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 Installed 1 line

2 (FOR FRONT System Only)

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Serial No. 1004

C of A (s) No 85

Date Issued 6-23-71

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Mr. Connell (LAST FIRST MIDDLE)

Location of Property Pine Leland Dr.

Application Number 85 Permit Number 1181

Inspection Data:

Liquid Capacity of Tank 2 (1250 gal) Tank Material Precast

Total Length of Drain Tile 400' + 100' Number of Lines 3 + 2

Depth of Filter Material 34" + 4' Cover Depth 15" min.

Water Supply Source Well Distance from Water Source 50

Excavation Inspected 5-31-71 (DATE) Tank Inspected 5-31-71 (DATE)

Nitrification Field Inspected 5-31-71 (DATE)

Washing Machine Line Inspected, If Applicable 5-31-71 (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: Shrubbery on lot

* Lateral system only + Fast cycle Tank)

J. Fred Gibson

Environmentalist

FORM NO E 6-4-1-71

HEALTH DEPARTMENT'S COPY