

8607 BRIEF RD

13903219

12/17/07

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AS paid 100-RE 9/20/01 AP 072759 [X] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

3B

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: COCHRANE (last) TERESA (first) ANN (mi)
ADDRESS: 8607 Brief Rd. PHONE: (704) 545-9022
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139 032 19
STREET ADDRESS:
ZONING:

PROPERTY OWNER:
NAME: COCHRANE (last) RICHARD (first) M. (mi)
ADDRESS: 8607 BRIEF RD. PHONE: (704) 545-9022
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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)
enlarging Kitchen

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)
[] 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 onto the property for the purpose of processing this request.

Signed: Teresa Ann Cochrane Date: 9-20-2001

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.

...9-21-01 USE EXISTING 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

Environmentalist 9-21-91 Date

WWATER : 122791

PROPOSED PLOT PLAN

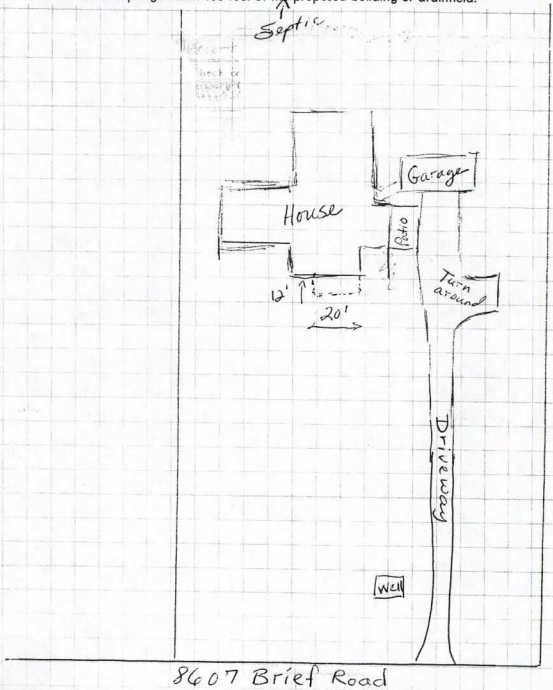
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

3B

FILE: ~~2001A~~

TC: 139.032 19

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.



8607 Brief Road

APPROVAL DATE

Teresa Ann Cochrane
5-20-01

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

3.5 ~~7890A~~ 400 ☒ 12/04/91 $125.00 CK# 2194

~~00003B~~ ~~00003B~~

~~R-9111A~~(00038)

~~7893A~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PC TM ☐ 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

Date:

PERSON FILING APPLICATION:
NAME: COCHRANE (last) RICHARD (first) M. (mi)
ADDRESS: 8607 BRIEF Rd. PHONE: (704) 545-9022
CITY: CHARLOTTE STATE: NC. ZIPCODE: 28227

PROPERTY INFORMATION
(FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-032-19
STREET ADDRESS: 8607 BRIEF Rd CHARLOTTE N.C.
ZONING:

PROPERTY OWNER:
NAME: COCHRANE (last) RICHARD (first) M. (mi)
ADDRESS: 8607 BRIEF Rd PHONE: (704) 545-9022
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28227

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 SIZE (in acres): 1.60

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] 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)

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: NUMBER OCCUPANTS:

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: Allan D. Little Date: Dec. 4-91

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 permit is issued 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

_____ 12-12-91
Environmentalist Date

_____ 12-13-91
Director or Authorized Section Head Date

WWATER : 112991

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

~~7911A 2893A~~ / 3B

FILE: ~~7898A~~ DATE: 12-12-91

TC: 139-032-19 ☑ L ☐ CRT

SERIAL № 13974

Name of Owner MICHAEL COCHRANE Juris.:

Address of Property 8607 BRIEF RD.

Inspection Data:

Tank Material -

Total Length of Drainfield 0066

Number of Lines 02 @ 133

Cover Depth 12"

Water Supply Source P WELL

Distance to Water Source >100'

Excavation Inspected 12-12-91

Tank(s) Inspected -

Wash Line Inspected -

High Water Alarm Inspected -

PLOT

Design: 1991, 798 sq ft ALTERATION/ADDITION CTR# CONT. INST.

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☑ installed or constructed ☑ altered or repaired
☑ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this
☑ Certificate of Completion ☐ Operation Permit
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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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:

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

PROPOSED PLOT PLAN

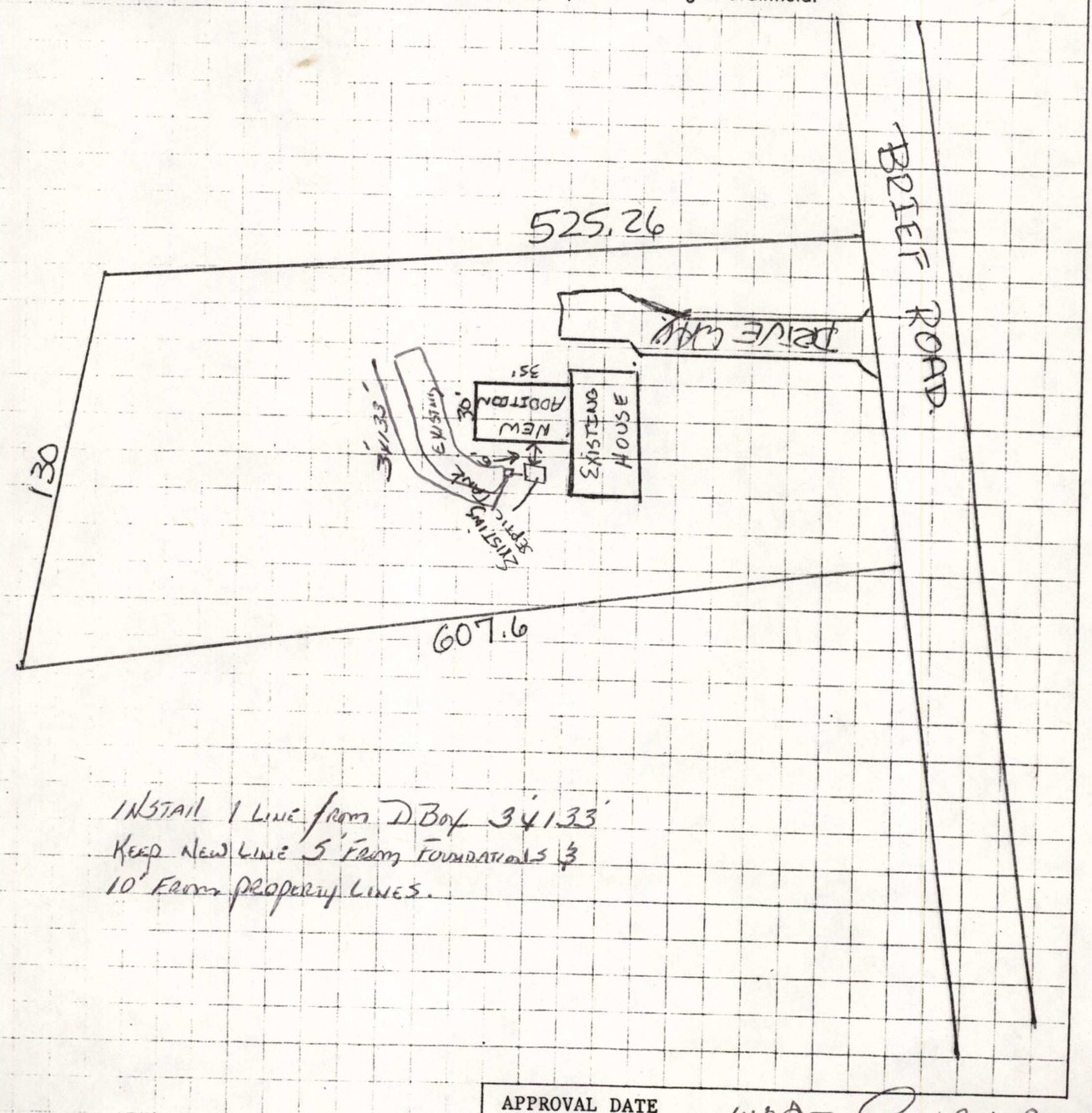
~~78934~~ / 30
~~78904~~
~~78904~~

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~00003B~~

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.



INSTALL 1 LINE from D.Box 3'x1.33'
KEEP NEW LINE 5' FROM FOUNDATIONS &
10' FROM PROPERTY LINES.

APPROVAL DATE _____ 12-6-91

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

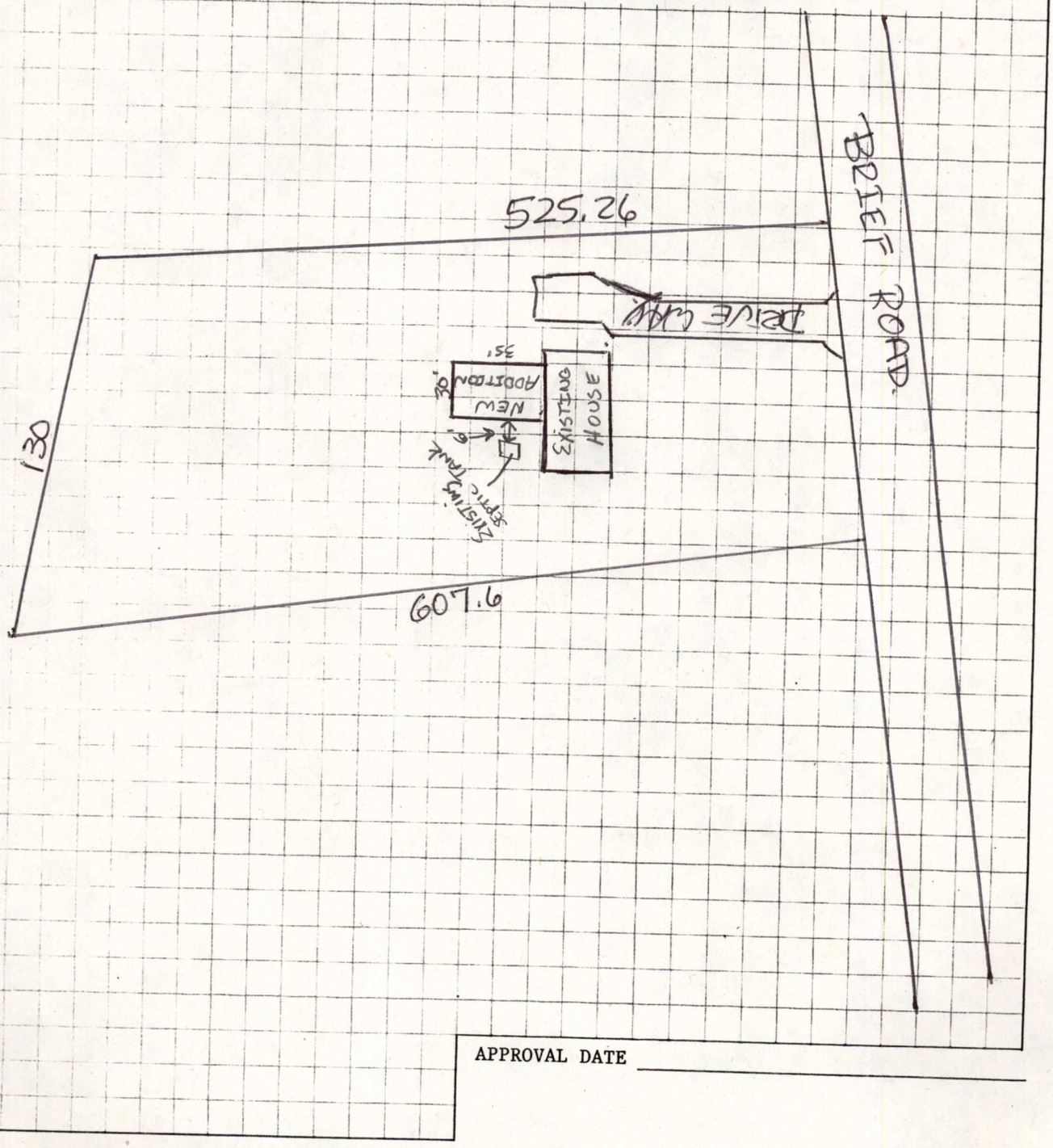
~~7934~~
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 00003B - ~~7890A~~

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DEED BOOK PAGE

3692 0576

PRESENTED FOR REGISTRATION

JUL 12 4 52 PM '74

CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

INDIVIDUAL DEED

Printed and For Sale by
KALE OFFICE OUTFITTERS,
Charlotte, N. C.

PRESENTED FOR REGISTRATION

JUL 12 4 52 PM '74

CHARLES E. CROWDER
REGISTER OF DEEDS
MECKLENBURG CO. N.C.

STATE OF NORTH CAROLINA

MECKLENBURG COUNTY

This Deed

Made this ____ day of

172

July, A. D. 19 74 by and between

H. J. HOUSTON and wife, FLORENCE B. HOUSTON

of the County of Mecklenburg and State of North Carolina

Parties of the first part, and

RICHARD M. COCHRANE (single)

of the County of Mecklenburg and State of North Carolina

party of the second part:

WITNESSETH, that the said parties of the first part, in consideration of

One Hundred Dollars and Other Valuable Considerations ~~Dollars~~

to them paid by the party of the second part, the receipt of which is hereby acknowledged have bargained and sold, and by these presents do grant, bargain, sell and convey unto the said party of the second part, his assigns and his heirs, all that certain tract or parcel of land, situate, lying and being in Clear Creek Township, Mecklenburg County, State of North Carolina, and more particularly described as follows:

BEGINNING at a point on the line of W. A. James, now or formerly, said point being the northwesterly corner of property conveyed this date to Calvin R. Cochrane and wife, Margaret L. Cochrane, and running thence with the easterly boundary of the property conveyed this date to Calvin R. Cochrane and wife, Margaret L. Cochrane, S 20-07 E 525.26 feet, passing an iron at 495.46 feet, to a point in the center line of Brief Road; thence with the center line of Brief Road (1) S 50-47 W 100.0 feet to a point, and (2) S 47-44 W 30.0 feet to a point; thence leaving the center line of Brief Road and running a new line N 20-18 W 607.6 feet, passing an iron at 28.2 feet, to a point on the line of W. A. James, now or formerly; thence with the line of W. A. James, now or formerly, N 87-01 E 130.0 feet to the point and place of BEGINNING, and containing 1.60 acres as shown on survey prepared by William J. Alexander, R.S., dated July 1, 1974, and being subject to a 20 foot underground telephone cable right-of-way.

BEING part of the property conveyed to H. J. Houston and wife, Florence B. Houston by deed recorded in Book 3200 at page 285 of the Mecklenburg County, North Carolina, Public Registry, and also part of other property of H. J. Houston.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

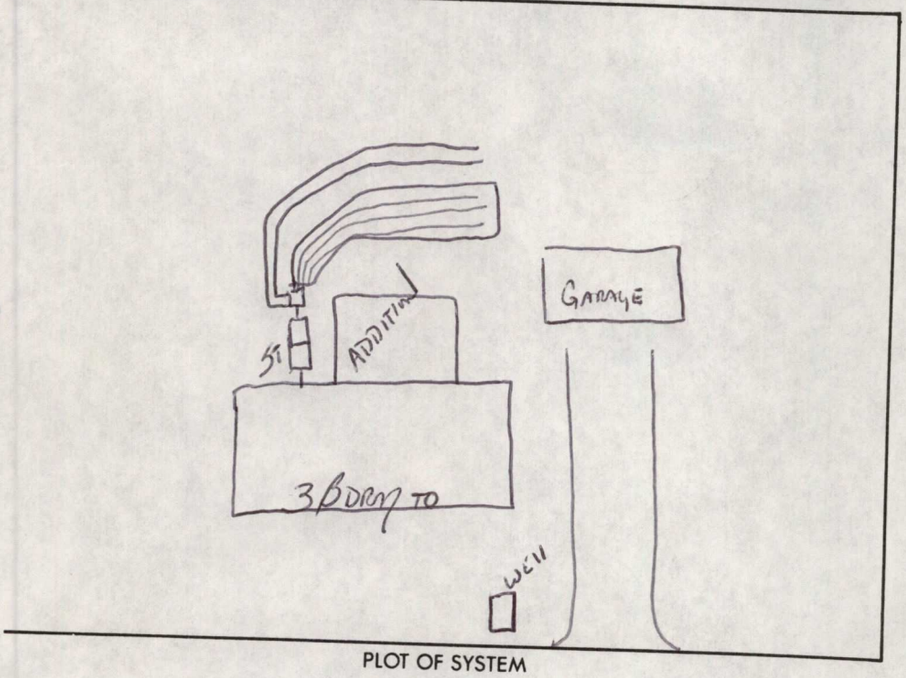
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~7893A~~ 7898A/3B DATE: 12-6-91

TC: 139-032-19 ☑ L

SERIAL № 13878

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 the application dated 12-6-91. All work shall be completed on or before 1-6-91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank - gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction -

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 266 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >100 feet

NAME OF OWNER MICHAEL COCHRANE

LOCATION OF PROPERTY 8607 BRIEF RD.

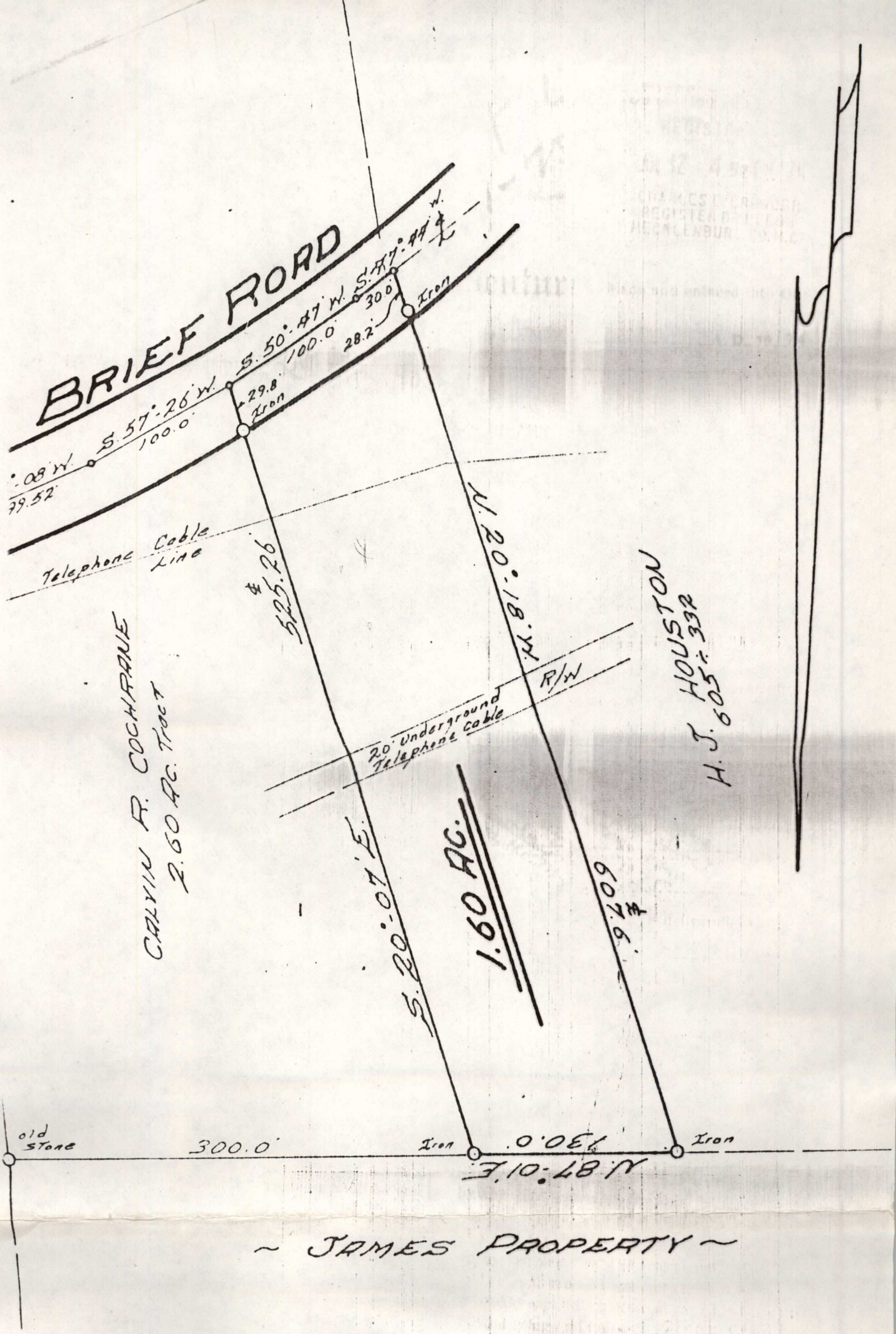
Comments: INSTALL NEW D-BOX, 2 LINES @ 34/33, 9' CENTERS

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 a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY



BOUNDARY SURVEY

OF

1.60 Acre Tract on Brief Road

Clear Creek Township ~ Mecklenburg Co.