

8814 LIVE OAK DR

13708321

5/22/08

marliwr

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

100.00 ACS NO 61805

12/15/03 JKA VISA PAYMENT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 Drew
(704)336-5102 4213

PERSON FILING APPLICATION:
NAME: McNUTT (last) THOMAS (first) R (mi)
ADDRESS: 8814 LIVE OAK DR PHONE: (DAY) 545-2073
CITY: MINT HILL STATE: NC ZIPCODE: 28227

Date: 15 DEC 03

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-083-21
STREET ADDRESS: _____
ZONING: _____

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [X] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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: 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):
[X] 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 [X] 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: /Thomas R McNutt Date: 15 Dec 03

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.

... 12/9/03

OK TO 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 12/9/03 Date

WATER : 122791

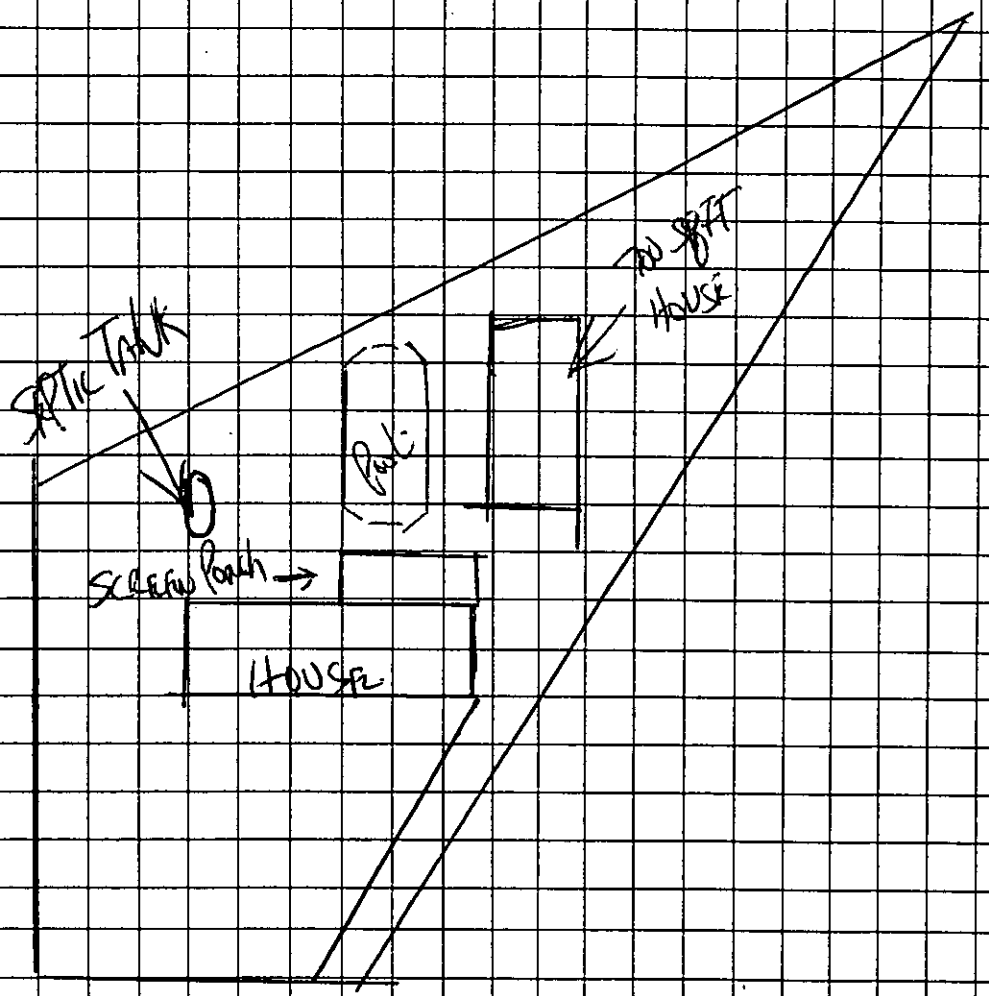
PROPOSED PLOT PLAN

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

FILE: 4213

TC: 137-083-21

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.



8814 LIVE OAK DR

OWNER/AGENT SIGNATURE

DATE 5/22/03

APPROVAL DATE _____

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

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4213

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 137-083-21

STREET ADDRESS: 8814 Live Oak Drive

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 6 B2 1967

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
✓ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: McNUTT (LAST) TOM (FIRST) (MI)

ADDRESS: 8814 LIVE OAK DRIVE

CITY: CHARLOTTE STATE: NC ZIP: 28211

DAYTIME PHONE: ( ) –

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: _____ DATE:

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4213 DATE: 4-5-02

TC: 137-083-21 ☐ L ☐ CRT

SERIAL 19144

Name of Owner TOM Mc NUTT Juris.:

Address of Property 8814 LIVE OAK DRIVE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200' / 100' SEPTIC 100' WASH

Number of Lines 2 @

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source >100

Excavation Inspected 4-8-02

Tank(s) Inspected —

Wash Line Inspected /

High Water Alarm Inspected

SEE INSTALLATION

PLOT

Design REPAIR 6x50' BED TO SEPTIC AND 9'X33' TO WASH LINE CTR# STEVE AMERY.

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II.

(1) DUE TO REMOVAL OF BUILDINGS AND SHRUBBERY - SEPTIC CONTRACTOR ADVISED WE COULD NOT ADDITIONAL LINE TO SEPTIC FIELD, BUT HOMEOWNER CHOSE NOT TO PURSUE.

Environmental Health Specialist

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4213 DATE: 4-8-02

TC: 137-083-21 ☐ L ☐ CRT

SERIAL 19144

Name of Owner TOM McNUTT Juris.: _____

Address of Property 8814 LIVE OAK DRIVE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200 / 100' SEPTIC 100' WASH

Number of Lines 2 @ _____

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source >100

Excavation Inspected 4-8-02

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected _____

SEE INSTALLATION

PLOT

Design REPAIR 6x50' BED TO SEPTIC AND 4'x33' TO WASH LINE CTR# STEVE AUTRY.

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: INSPECTOR: JL

(1) DUE TO REMOVAL OF BUILDINGS AND SHRUBBERY - SEPTIC CONTRACTOR ADVISED HE COULD ADD ADDITIONAL LINE TO SEPTIC FIELD, BUT HOMEOWNER CHOSE NOT TO PURSUE -

Jamie Lee
Environmental Health Specialist

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4213 DATE: 4-5-02

TC: 137-083-21 ☐ L ☐ CRT

SERIAL 19144

Name of Owner TOM McNUTT Juris.: _____

Address of Property 8814 LIVE OAK DRIVE

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 200 / 100' SEPTIC 100' WASH

Number of Lines 2 @ _____

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source >100

Excavation Inspected 4-4-02

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected _____

SEE INSTALLATION

PLOT

Design REPAIR 6x50' BED TO SEPTIC AND 6'x33' TO WASH LINE CTR# STEVE AUTRY.

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: YEAR II

(1) DUE TO REMOVAL OF BUILDINGS AND SHRUBBERY - SEPTIC CONTRACTOR ADVISED HE COULD ADD ADDITIONAL LINE TO SEPTIC FIELD, BUT HOMEOWNER CHOSE NOT TO PURSUE -

Jane Allen

Environmental Health Specialist

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

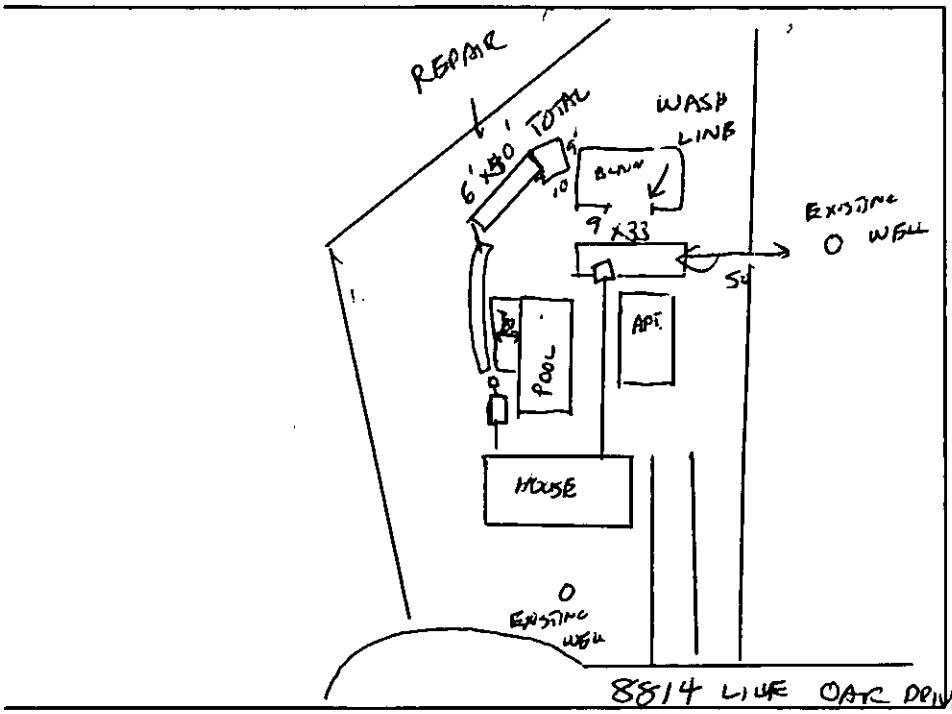
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4213 DATE: 4-8-02

TC: 1370821 ☐/L

SERIAL Nº 18819

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 4-8-02. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines: 9x33' WASH LINE

Trench Width 6x50' SEPTIC feet

Trench Walls Scored and Porous _____

Total Line Length 200 feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER TOM McNUTT

LOCATION OF PROPERTY 8814 LIVE OAK DRIVE.

Comments: (1) SEVERE SITUATION DUE TO LACK OF SPACE WITH POOL BEING SITUATED OVER A PORTION OF DRAINFIELD - MANY SEVERAL OUT BUILDINGS, PROBABLY AN UNPERMITTED GARAGE APARTMENT, (2) SEPTIC AND WASH LINE MALFUNCTIONING

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

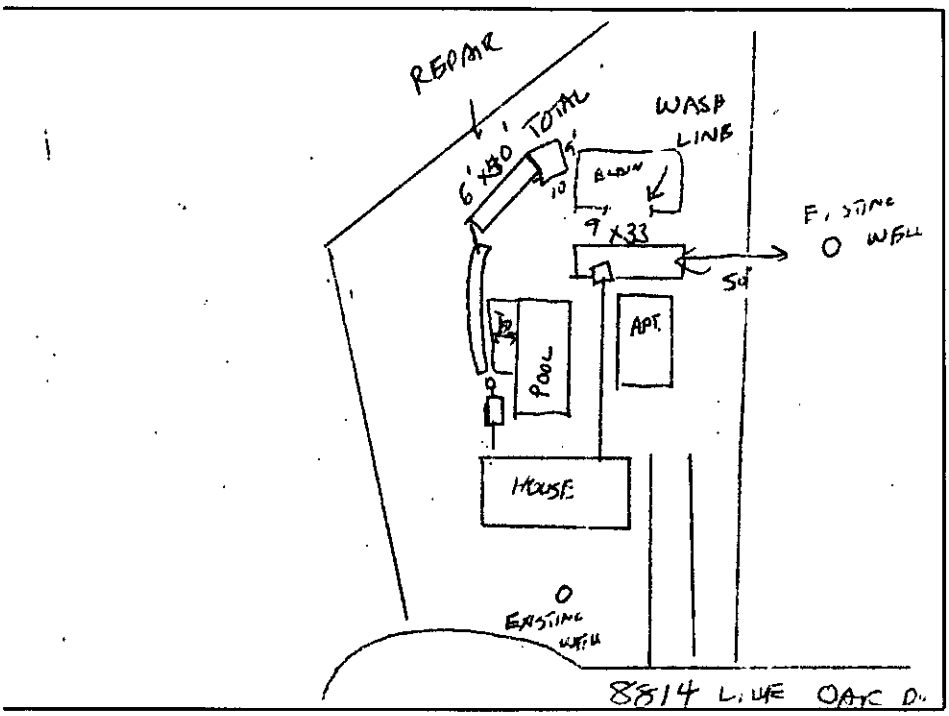
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4213 DATE: 4-8-02

TC: 1370832 1 ☐/L

SERIAL Nº **18819**

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 4-8-02. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6X50' SEPTIC / 9X33' WASH LINE feet

Trench Walls Scored and Porous _____

Total Line Length 600 feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER TOM McNUIT

LOCATION OF PROPERTY 8814 LIVE OAK DRIVE

Comments: (1) SEWAGE SITUATION - TO LACK OF SPACE WITH POOL BEING SITUATED OVER A PORTION OF DRAINFIELD - MANY SEVERAL OUT BUILDINGS, PROBABLY ANY GARAGE UNPERMITTED APARTMENT, (2) SEPTIC AND WASH LINE MALFUNCTIONING -

Environmental Health Specialist

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

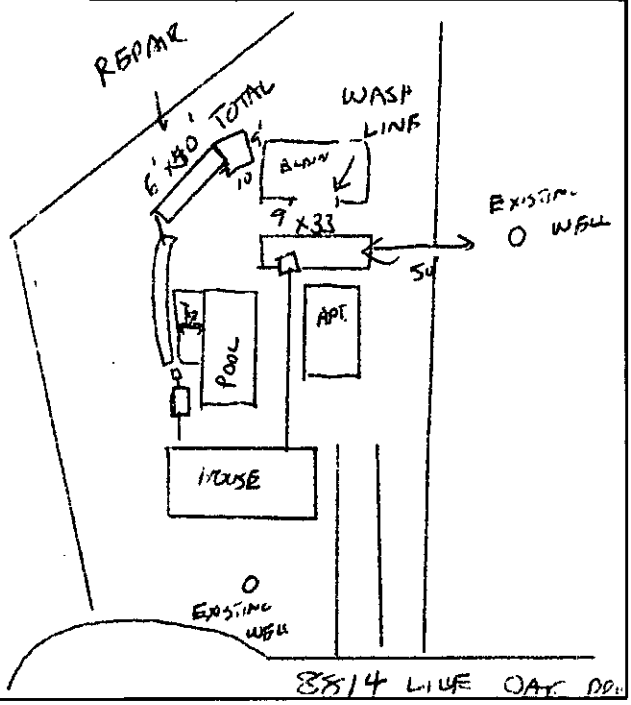
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4213 DATE: 4-8-02

TC: 1370832 1 ☐ L X

SERIAL Nº 18819

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 4-8-02. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 EXISTING gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6'x50' SEPTIC / 9'x33' WASH LINE feet

Trench Walls Scored and Porous _____

Total Line Length 200 feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER TOM McNUTT

LOCATION OF PROPERTY 8814 LIVE OAK DRIVE

Comments: (1) SEVERE SITUATION DUE TO LACK OF SPACE WITH POOL BEING SITUATED OVER A PORTION OF DRAINFIELD - MANY SEVERE OUTBUILDINGS, PROBABLY AN UNPERMITTED GARAGE APARTMENT (2) SEPTIC AND WASH LINE APPEAR FUNCTIONAL -

_____

Environmental Health Specialist

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