

16613 STANLEY MCELRATH RD

00720123

9/4/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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CO#4075 1/17/96 $150.00 — INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM — APPLICATION FOR SERVICES — 91242 — W460 — 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: PARSONS (last) CLIFFORD (first)
ADDRESS: 11200 albemarle Rd PHONE: 704 545-6308(mi) 332-8958
CITY: Charlotte NC STATE: ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 007-201-07
STREET ADDRESS: 16613 STANLEY McEltach Rd
ZONING:

PROPERTY OWNER:
NAME: PARSONS (last) CLIFFORD (first)
ADDRESS: 11200 albemarle Rd PHONE: 704 545-6308(mi) H 332-8958 W
CITY: Charlotte NC. STATE: 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

LOT NUMBER: 5 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] ~~NEW FOOT SUBDIVISION LOT (F)~~
[] ~~NEW CONSTRUCTION ON VACANT LOT - EXISTING OR NEW~~ (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ~~100% FOOT DEVELOPMENT (F)~~
[] 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)
[X] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 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)
[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: Clifford Parsons Date: Jan 17 1996

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.

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

...Use existing system for 3 bedroom double-wide - mobile home placement upslope from septic system with 6" minimum separation. Jom
See approved plot plan on file.

Lisa B. Mialik, RS 1/26/96
Environmentalist Date

/s/ Signature for J. Daniel Bogen, Chief 1-31-96
Director or Authorized Section Head Date

WATER : 122791

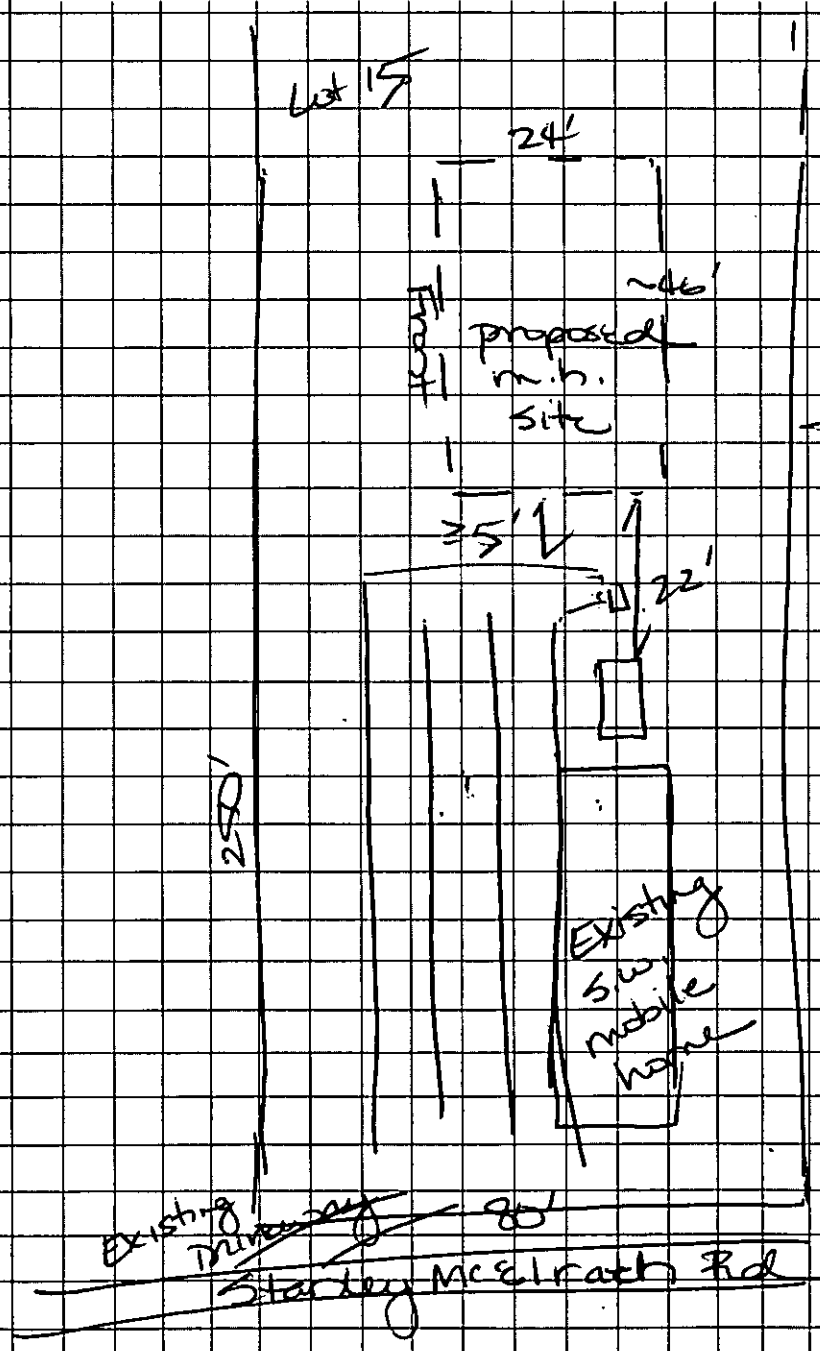
PROPOSED PLOT PLAN

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

FILE: 21242

TC: 007-201-07

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 to use existing ~~for~~ system for doublewide 3 bedroom mobile home. Existing singlewide mobile home to be removed prior to location of doublewide on lot.

Keep doublewide 5' minimum from any portion of sewage disposal system.

DO NOT drive or park vehicles over any portion of sewage disposal system.

OWNER/AGENT SIGNATURE Clifford C Parsons

DATE 1/24/96

APPROVAL DATE 1/26/96 Josie B. Mialik, RS

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

Date Received 10-1-84

SEE INSTRUCTIONS ON BACK

2242

ICAR(S) Application No. 3129

T. C. No. PU-02

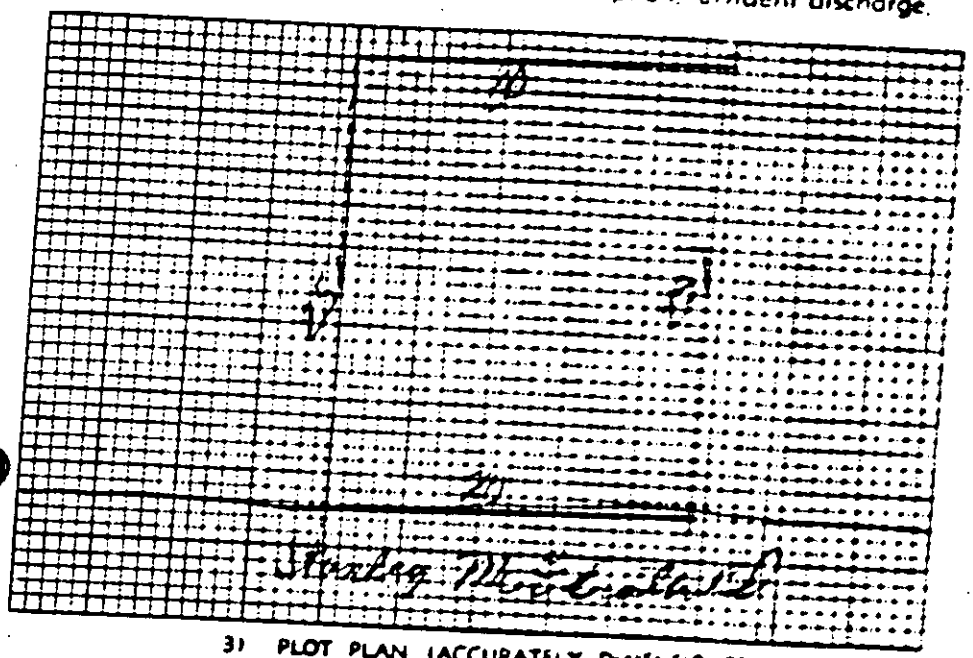
Map Date 4

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Departm Environmental Health for a permit to:

1) ✓ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewate ment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ✓ Yes
Residence ___ Yes
No of Bedrooms 3
5) Business Use — Max No Employees
6) Washing Machine ___ Yes
7) Garbage Disposal ___ Yes
8) Dishwasher ___ Yes
9) Water Supply
A) Individual Well ___
B) Governmental System ___
C) Community System
1 Well source ✓
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓
House located within 200 feet of community sewer ___ Yes ✓
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Parsons (LAST) Clifford (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER 1120 Alexander Rd 28212

15) PHONE NO. Home 545-6300 Office 332-4950

16) LOCATION OF SYSTEM 1613 Stonington McElrath Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 15 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 4873 AT PAGE 0051

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 8-31-8

20) PTR NUMBER (See Instructions) 2242

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

9-25-84
DATE OF APPLICATION

C. Clifford Parsons
OWNER

EHD-S-76

Date Issued 11-30-94

Serial No. 07784

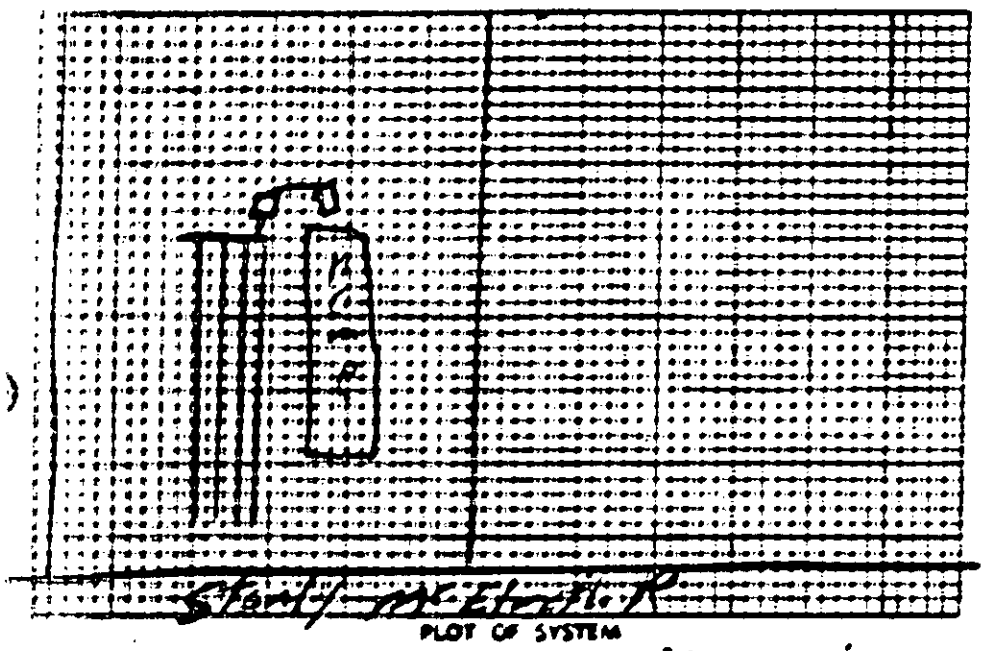
ICAR(S) Permit No. 21242

T. C. No. 007-201-07

Map Date L

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 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 21242, dated 9-25-94, 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 12-30-94, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate IV 9

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines FOUR

Distance from House 5'

Distance from Property Line 10'

Distance from Well >100'

NAME OF OWNER Parsons, Clifford

LOCATION OF PROPERTY 16613 Stanly McElrath Rd lot 15

This 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.

Four Trenches 100' X 2' X 12" Stone

Comments:

B. Hamilton
Division or Section Head

Jim Emerson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or c 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

Environmental Health Department's Copy

Cert A (s) No. 21242

Serial 7212

T C. No. 007-201-0 L CRT

Date Issued 1-2-85

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Persons (LAST) Clifford (FIRST) (MIDDLE) Date 1-2-85

Location of Property 16613 Stanley McElrath Rd

Application Number 21242 Permit Number 21242

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 400' Number of Lines Four

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source Comm. Well Distance from Water Source 210'

Excavation Inspected 1-2-85 (DATE) Tank Inspected 1-2-85 (DATE)

Nitrification Field Inspected 1-2-85 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption or 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 Health Commission 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 _____

Environmentalist

EHD-5-76