


209 PINE ISLAND DR

03109108

7/29/08

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W400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12/07/93
CK #3417 $50.00
X CRT

1692

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Digh (last) Frank (first) B (mi)
ADDRESS: 209 Pine Island Dr PHONE: (704) 391-9370
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY OWNER:
NAME: Digh (last) Frank (first) B (mi)
ADDRESS: 209 Pine Island Dr PHONE: 704 391-9370
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-091-08
STREET ADDRESS: 209 Pine Island Dr
ZONING:

Township (check one):
[X] 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):
[] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Adding Car Port
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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)
[] 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: Frank B Digh Date: 12-7-93

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.

...May use existing System to Add Compost

[] 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

Judy J Rossi R.S. 12/8/93
Environmentalist Date

T. Walker R.S. for L. Daniel 12/9/93
Director or Authorized Section Head Date

WWATER : 122791

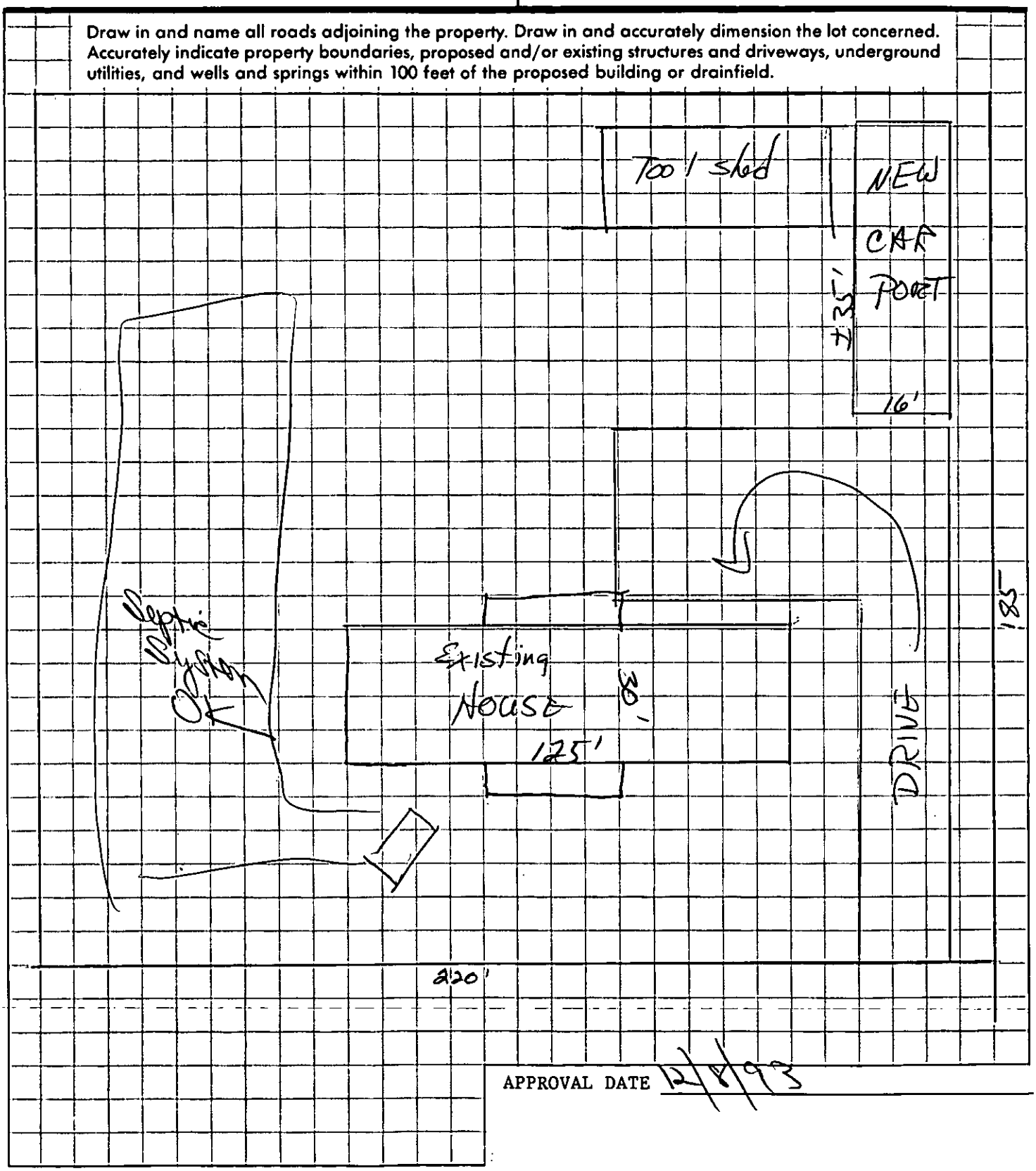
# PROPOSED PLOT PLAN

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

FILE: 16092

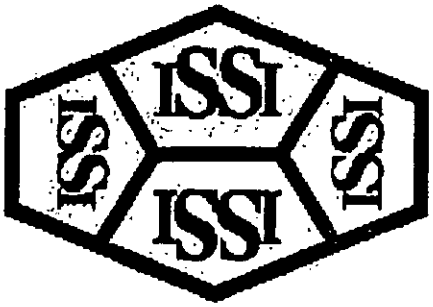
TC: 031-091-08

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 12/8/93

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




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*ISSI Operations Center Staff*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 16092 DATE: 2 April 1987

TC: 031-091-08 ☒ L ☒ CRT

SERIAL № 10093

Name of Owner Frank B. Dick Juris.

Address of Property 209 Pine Island Drive

Inspection Data:

Tank Material precast

Total Length of Drainfield 600 Lft

Number of Lines 4 @ 75' ea

Cover Depth 12"

Water Supply Source well

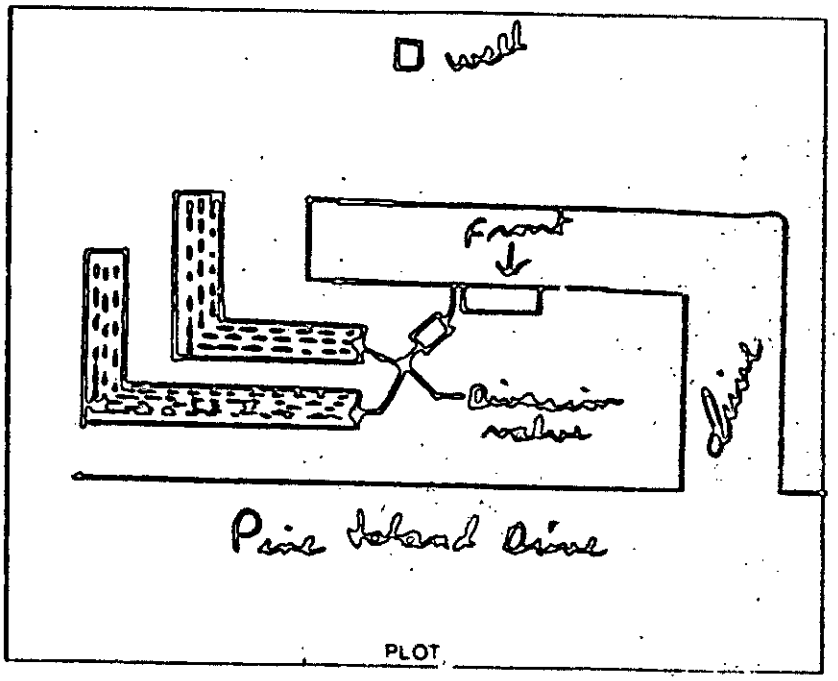
Distance to Water Source 50'+

Excavation Inspected 1 April 1987

Tank(s) Inspected 2 April 1987

Wash Line Inspected NA

High Water Alarm Inspected NA




Design: CTR#

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: 2 beds 12 x 75 x 12" + 4" cover each with Bull Run diversion valve

John R. Adkisson
Environ[illegible]

Mecklenburg Count[illegible]

ORTH CAROLINA
EPARTMENT OF HUMAN RESOURCES
IVISION OF HEALTH SERVICES
ALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION

S. I. R. NO. _____

T. C. # 031-09-69

(Ground Absorption Sewage Disposal)

OWNER: _____ DATE REQUESTED: _____
ADDRESS: _____ PLAT NO.: _____
COUNTY: _____ LOT SIZE: _____
LOCATION OF SITE: _____

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| . SLOPE (%) | S<br>PS 2-8<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| . SOIL TEXTURE (12-36 in.) (Sandy, loamy, clayey. Note 2:1, Clay) | S<br>PS 2-1<br>U clay | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| . SOIL STRUCTURE (12-36 in.) (Clayey Soils) | S<br>PS massive<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| . SOIL DEPTH (In.) | S 24"+<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| . RESTRICTIVE HORIZONS (In.) (Impervious Strata, Rock) | S None<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| . SOIL WATER/GROUNDWATER (External & Internal) | S seasonal<br>PS perched<br>U water table | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| . SOIL PERMEABILITY (Percolation Rate) | S<br>PS V. slow<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| . OTHER (Specify) | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U | S<br>PS<br>U |
| . SITE CLASSIFICATION | unsuitable | | | |
| SOIL SERIES | Iredell | | | |

S - Suitable PS - Provisionally Suitable U - Unsuitable

* See Diagram on Back (Include: Soil areas, property lines, roads, wet areas, fill areas, wells, etc.)

Recommendations/Comments: _____

Recommended by: _____

Title: _____