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Groundwater and Wastewater Services File Imaging Project
May 2007
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04/18/94

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3102B1947 3A Cash $50.00 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

PERSON FILING APPLICATION:

NAME: PERDUE (last) GARY (first) O (mi)

ADDRESS: 3535 VAIL AV #9 PHONE: (704) 334-1481

CITY: charlotte STATE: N.C. ZIPCODE: 28205

Date:

PROPERTY OWNER:

NAME: ~~D~~ Trautman ← CONTACT + 597-5035
~~Owners~~ (last) Dorthea (first) M (mi)
Lisa - owner

ADDRESS: 4415 OAK DR LOT 11 PHONE: (704) 597-8700

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 043-052-07 (11) 08 83

STREET ADDRESS: 4415 OAK DR LOTS.
charlotte N.C. 28269

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 5P LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

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) [X] 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: Gary O Perdue Date: 4-18-94

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.

... Property owner agreed to keep space #4 vacant due to septic system size.

[] 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

Sunny Patterson 4-27-94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

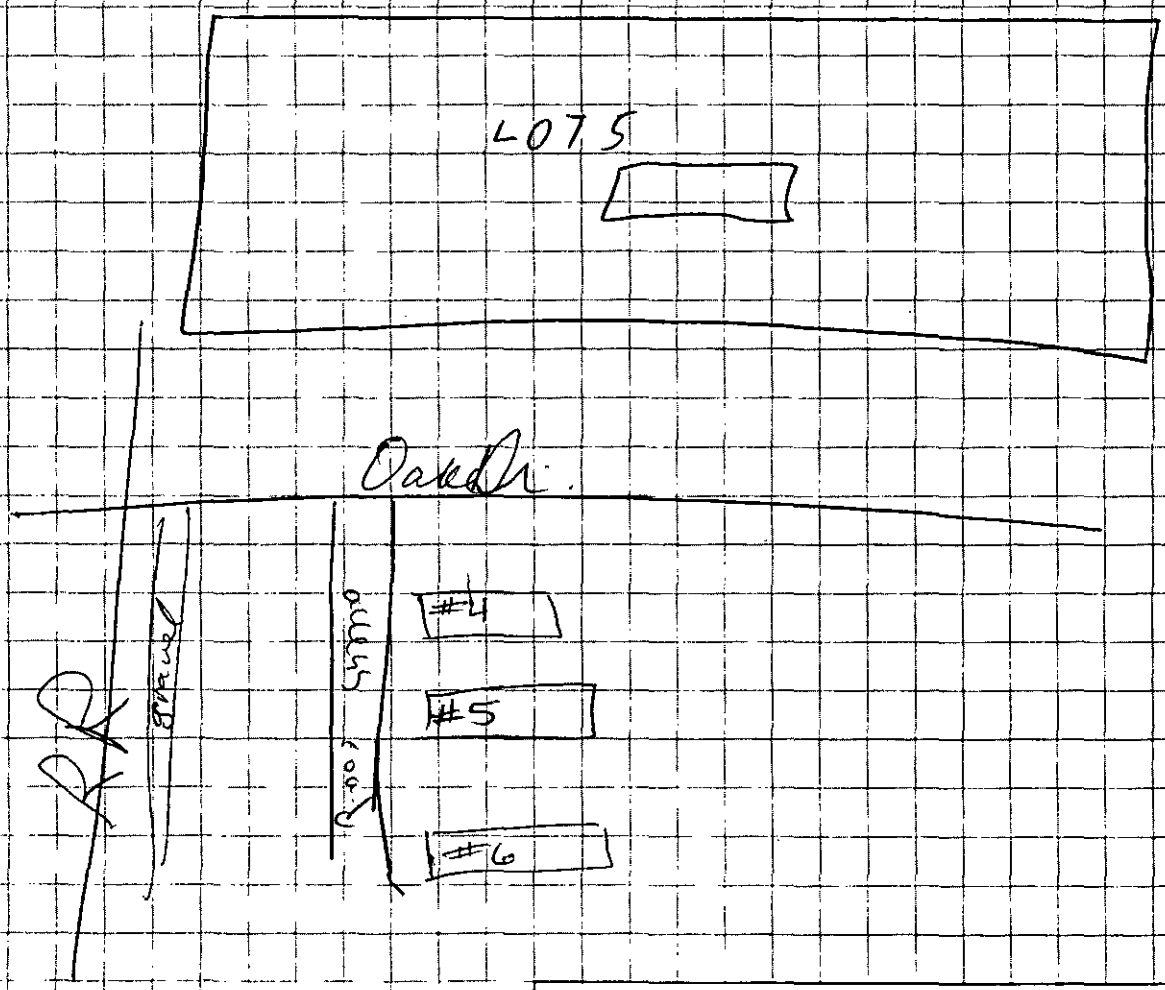
PROPOSED PLOT PLAN

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

FILE: 3102B1943A

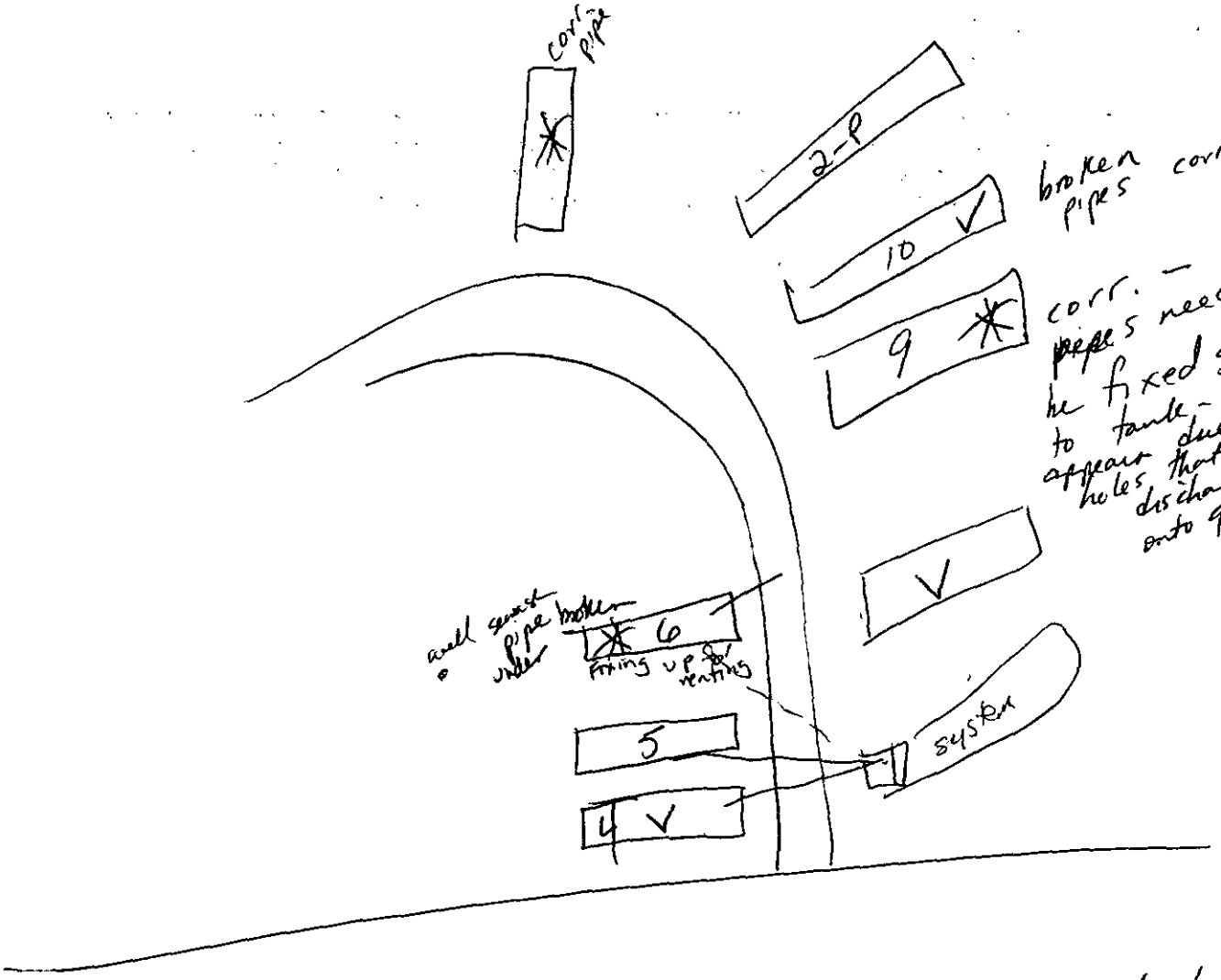
TC: _____

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



Remove 4 - not approved to have 4+5 on system together if one is a 2 bdrm + other 3 bdrm

Fix sewage pipe to homes 6, 9, ~~10~~ one w/ dog on Chain

4-27-94

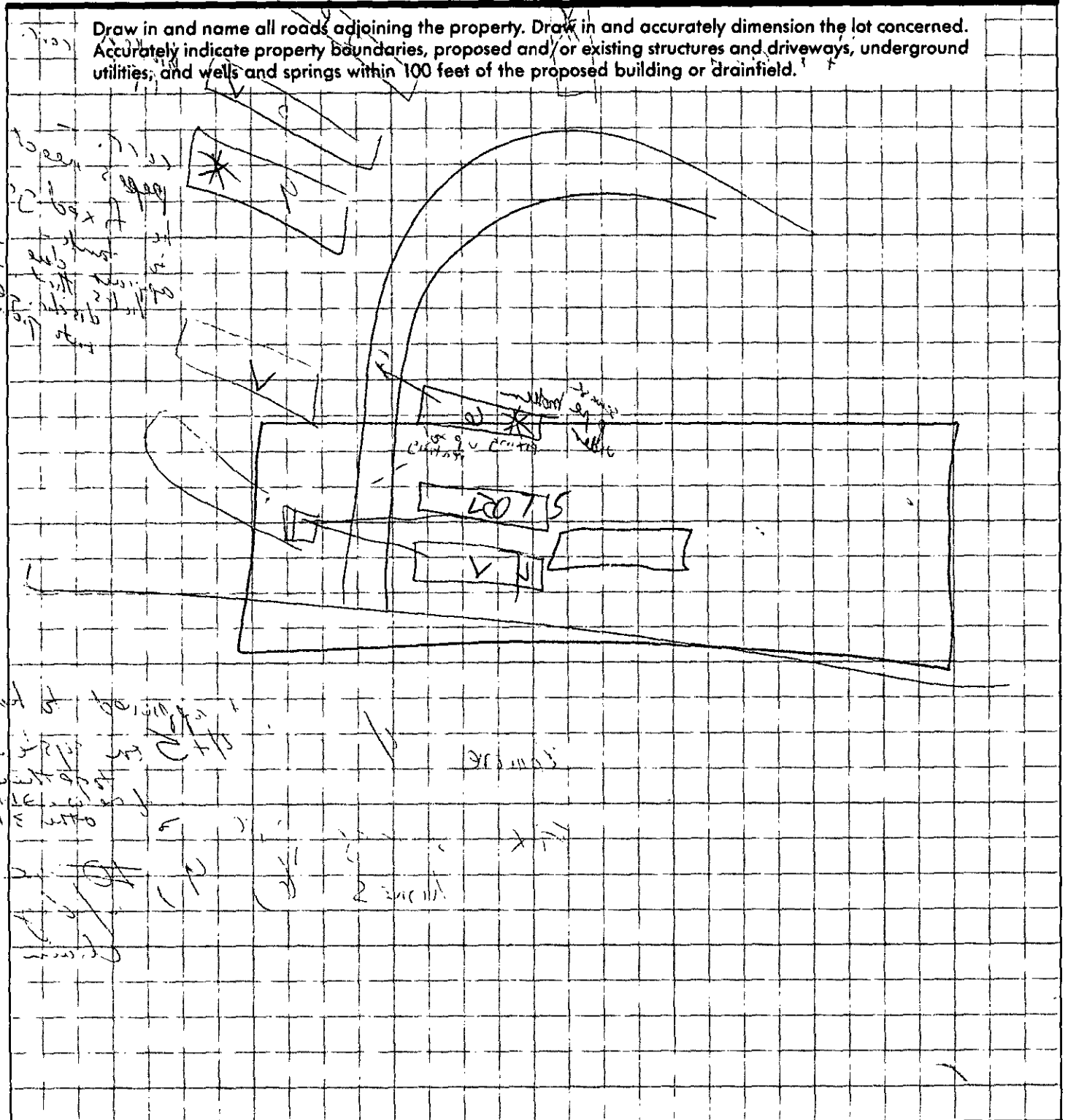
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 21CB1473A

TC: _____

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INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

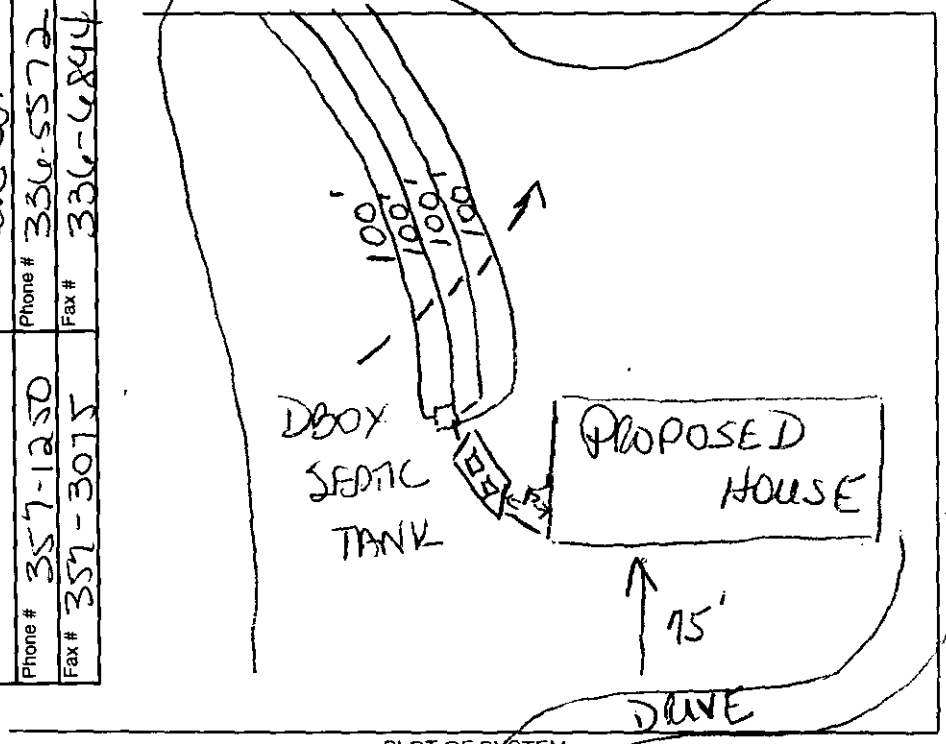
FILE: 3103B DATE: 10-6-97

TC 217-085-03 ☐ L

SERIAL Nº 17419

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 10-6-97. All work shall be completed on or before 11-6-97, 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 properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the system to operate properly.

Post-it® Fax Note 7671 | Date 10/6 | # of pages ▲ 1
To Steve Kuhlkin | From Tom
Co./Dept. | Co. Meck Co.
Phone # 357-1250 | Phone # 336-5572
Fax # 357-3075 | Fax # 336-6844



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 18"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous _____

Total Line Length 400' feet

Number of Lines 4

Depth of Stone 12" inches

Distance from House 15' BASEMENT feet

Distance from Property Line 10' feet

Distance from Well 75' feet

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

NAME OF OWNER Robert S. Kuhlkin

LOCATION OF PROPERTY 16804 Youngblood Rd.

Comments: 1500 SEPTIC TANK SHALL BE LOCATED AT TOP OF GROUND TRENCHES SHALL BE PLACED EXACTLY ON GROUND LEVEL TRENCH MAXIMUM DEPTH 18" = WITH 8" ~~ADDITIONAL~~ MINIMAL COVER OVER TRENCHES.

Joni Riggs-Birney, RS.
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

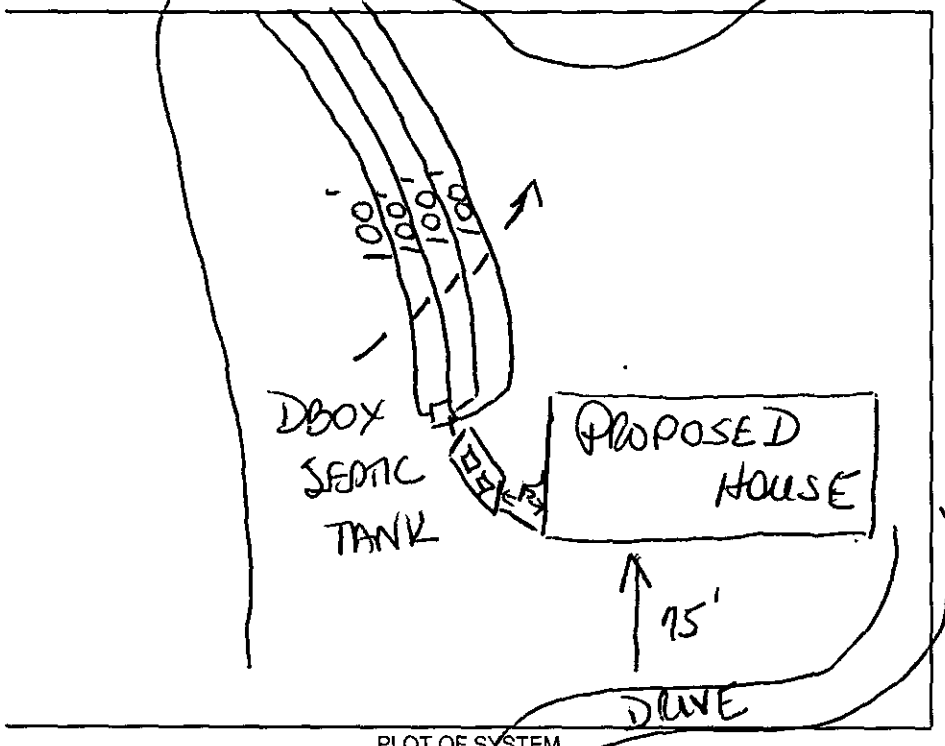
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Dawn Huggins Burney, R.S.
Environmental Health Specialist