

10626 WILLIAMS RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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File 16949 @ 460

16949

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 cash 3/19/96 JC 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: Munday (last) Jack (first) W (mi)
ADDRESS: 10626 Williams Rd PHONE: (704) 573-3083
CITY: Charlotte STATE: NC ZIPCODE: 27228

Date:

PROPERTY OWNER:
NAME: Munday (last) Jack (first) W (mi)
ADDRESS: 10626 Williams Rd PHONE: (704) 573-3083
CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-101-08
STREET ADDRESS: 10626 Williams Rd
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):

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Detached
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

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: 1 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
[X] 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: Jack W. Munday Date: 3-14-96

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.

... Approval for Detached Garage Addition. Use existing system

[ ] 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

Philo A. Walker R.S. 3/20/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

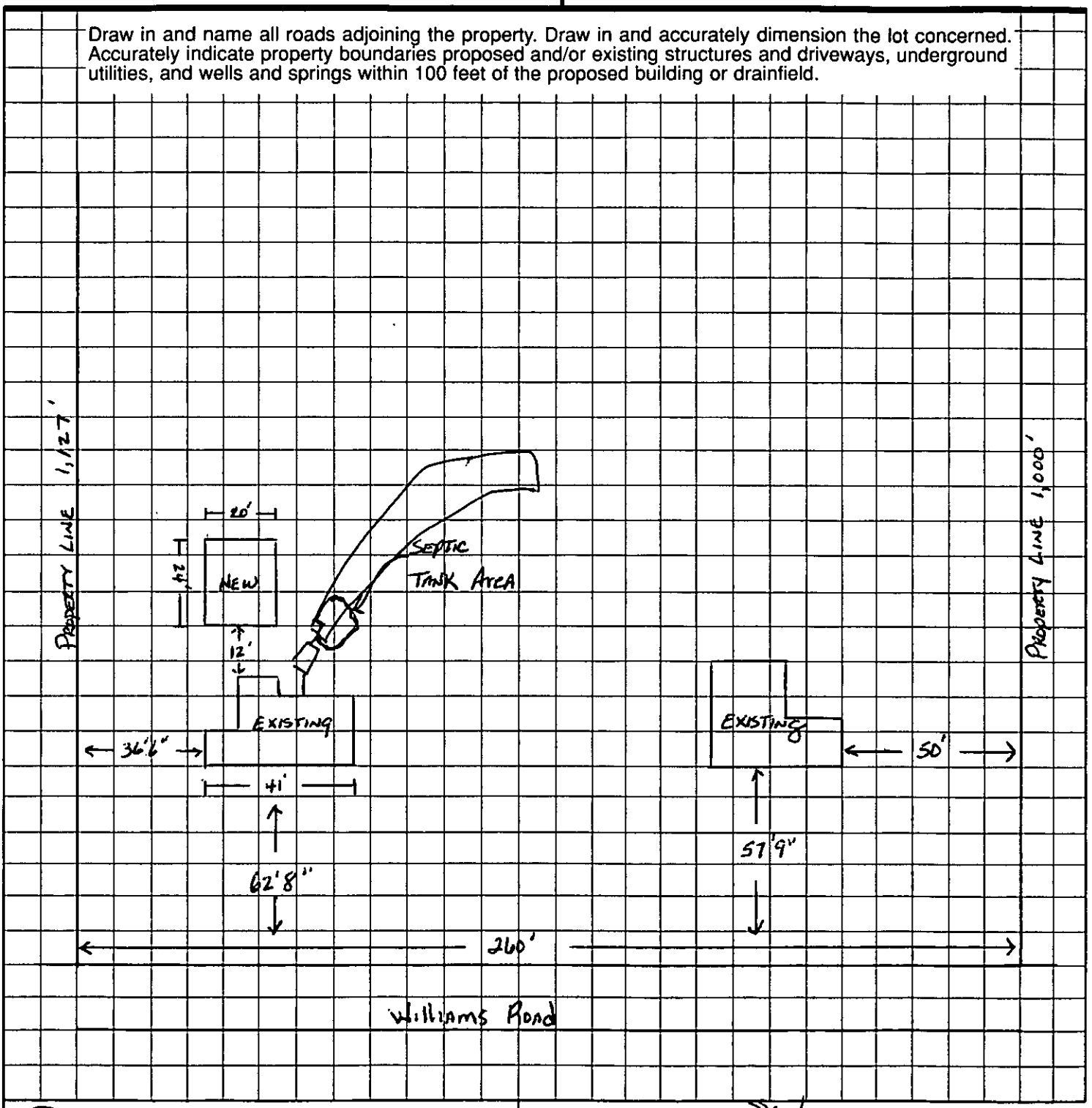
PROPOSED PLOT PLAN

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

FILE: 16949

TC: 137-101-08

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.

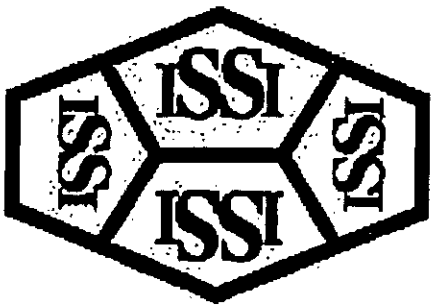


Dea W. Mundey
OWNER/AGENT SIGNATURE

DATE 3/18/96

APPROVAL DATE PSW UES 3/20/96

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



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ISSI Operations Center Staff

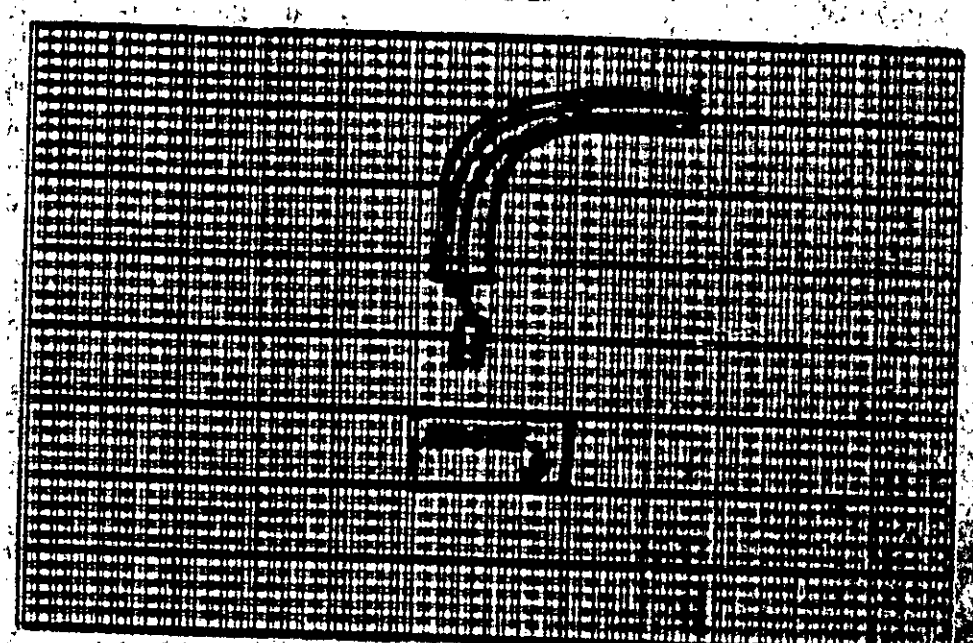
Date Issued 6/4/80 Serial No. 4000 ICAR(S) Permit No. 16949

T. C. No. 139-101-0

Map Date

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 ____ 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 application _____ dated 6/3/80 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 9/3/80, after which date this permit shall be null and void.



Permeability Rate .8 GPM

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines 2

Distance from House 20'

Distance from Property Line >10'

Depth 18"

PLOT OF SYSTEM

NAME OF OWNER Ross, Carl G.

LOCATION OF PROPERTY 1068 Tuckaseegee Rd.

The 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 Division before any portion 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 of liability for damages resulting, from installing or using such system from any liability resulting from the failure of the system to operate properly.

6'x100'x12" of STONE

Comments:

Division or Section Head

* If this permit is for the installation or construction of a [illegible] Division or a section head of the Department of Environmental Health [illegible] of the Environmentalist is required where an existing system is [illegible]

EHD-5-76

Environmental Health

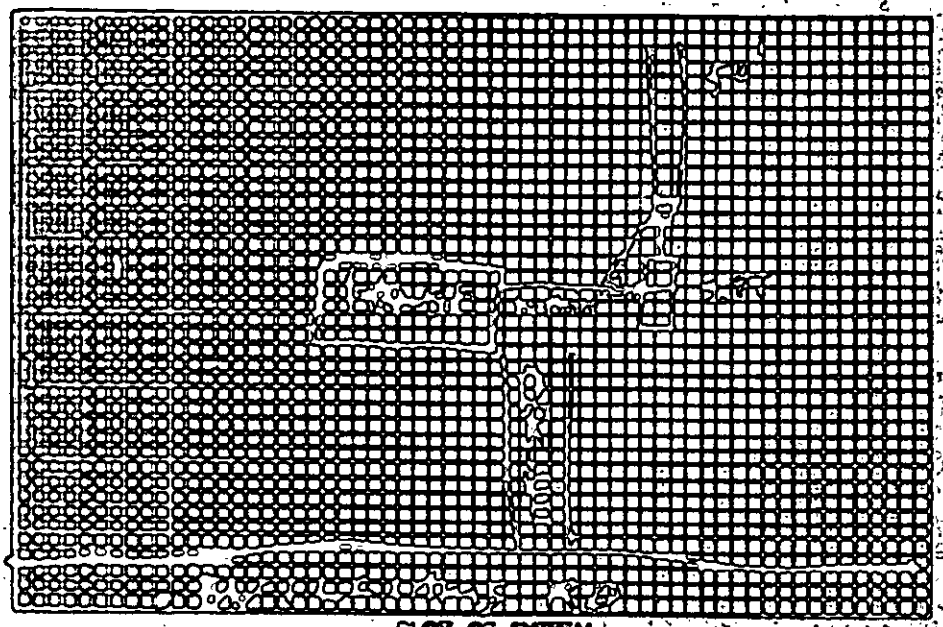
Date Issued 11-6-84 Serial No. 07710 ICAR(S) Permit No. 1694

T. C No. 139-101

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ___ Alter or Repair the individual septic tank wa
water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the
following location. This permit is granted based upon the information supplied in application 1694
dated 11-6-84 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 12-6-84, after w
date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate REPAIR

Liquid Capacity of Tank (

Tank Construction

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 2 x 50'

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER ROSS, CARL

LOCATION OF PROPERTY 10626 WILLIAMS RD

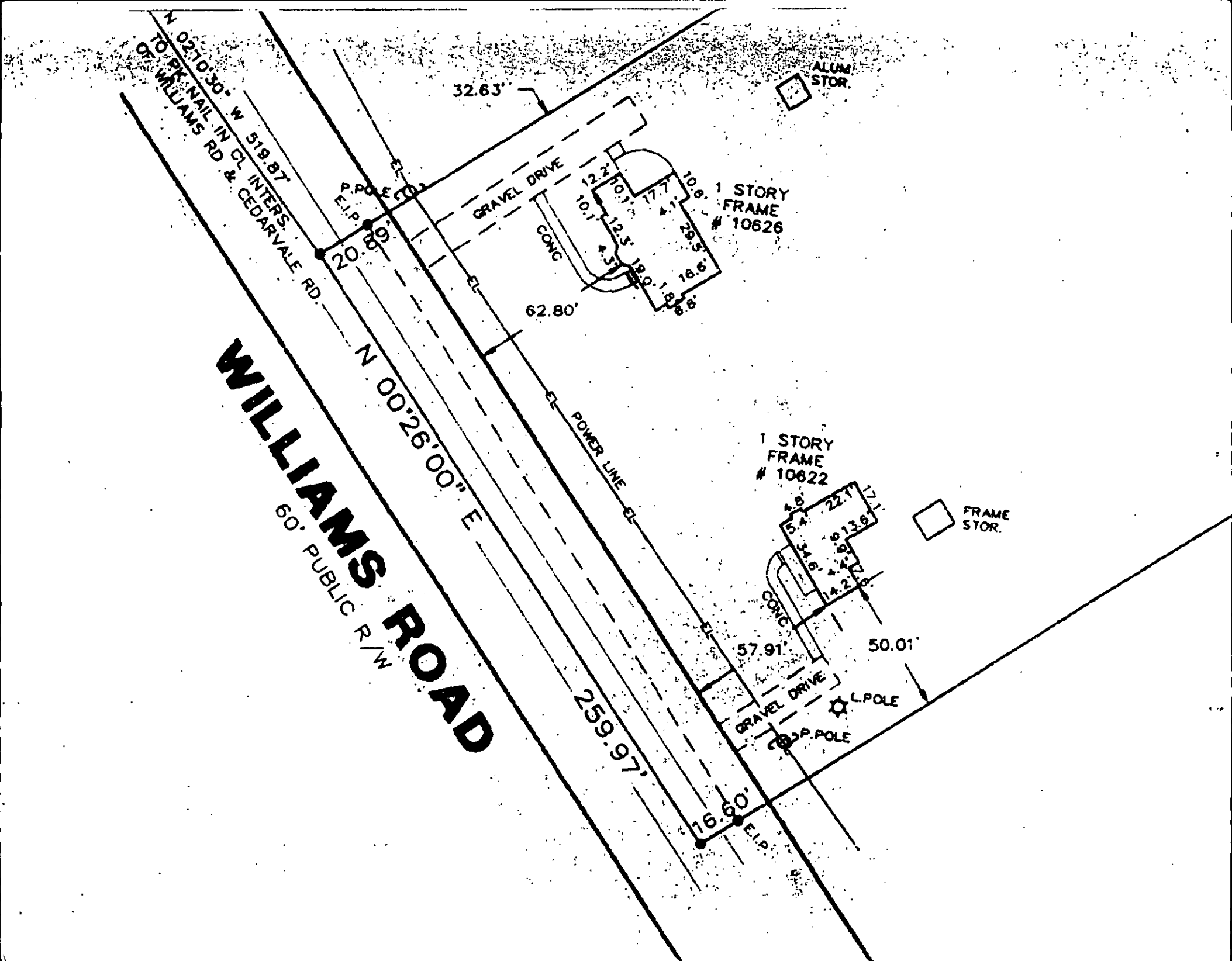
The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenb
County Health Commission which are in effect on the date of the granting of this permit. A certificate of
approval must be issued by the Environmental Health Director before any system can be covered up or other
rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that
system anticipated to be constructed will operate properly, or relieve any person or business owning,
renting or using such system from any liability resulting from the failure of the system to operate properly.

2 lines x 50' long x 3' wide x 12" stone - hook septic line
Comments: and wash line with d-box then 2-50' lines of 12" sto

Bobby Smith
Issued by

Kelly Caudill

* If this permit is for the installation or construction of a new system, it must be signed by the division
health head of the Department of Environmental Health in order to be valid. Only the signature of the
representative is required when an existing system is being altered or repaired.


WILLIAMS ROAD
60' PUBLIC R/W
N 02°10'30" W 519.87'
TO PK NAIL IN CL INTERS.
OF WILLIAMS RD & CEDARVALE RD.
N 00°26'00" E
259.97'
32.63'
ALUM STOR.
GRAVEL DRIVE
P.POLE
E.I.P.
20.89'
1 STORY
FRAME
10626
CONC
62.80'
POWER LINE
1 STORY
FRAME
10622
FRAME STOR.
CONC
57.91'
50.01'
GRAVEL DRIVE
L.POLE
P.POLE
16.60'
E.I.P.

COPY

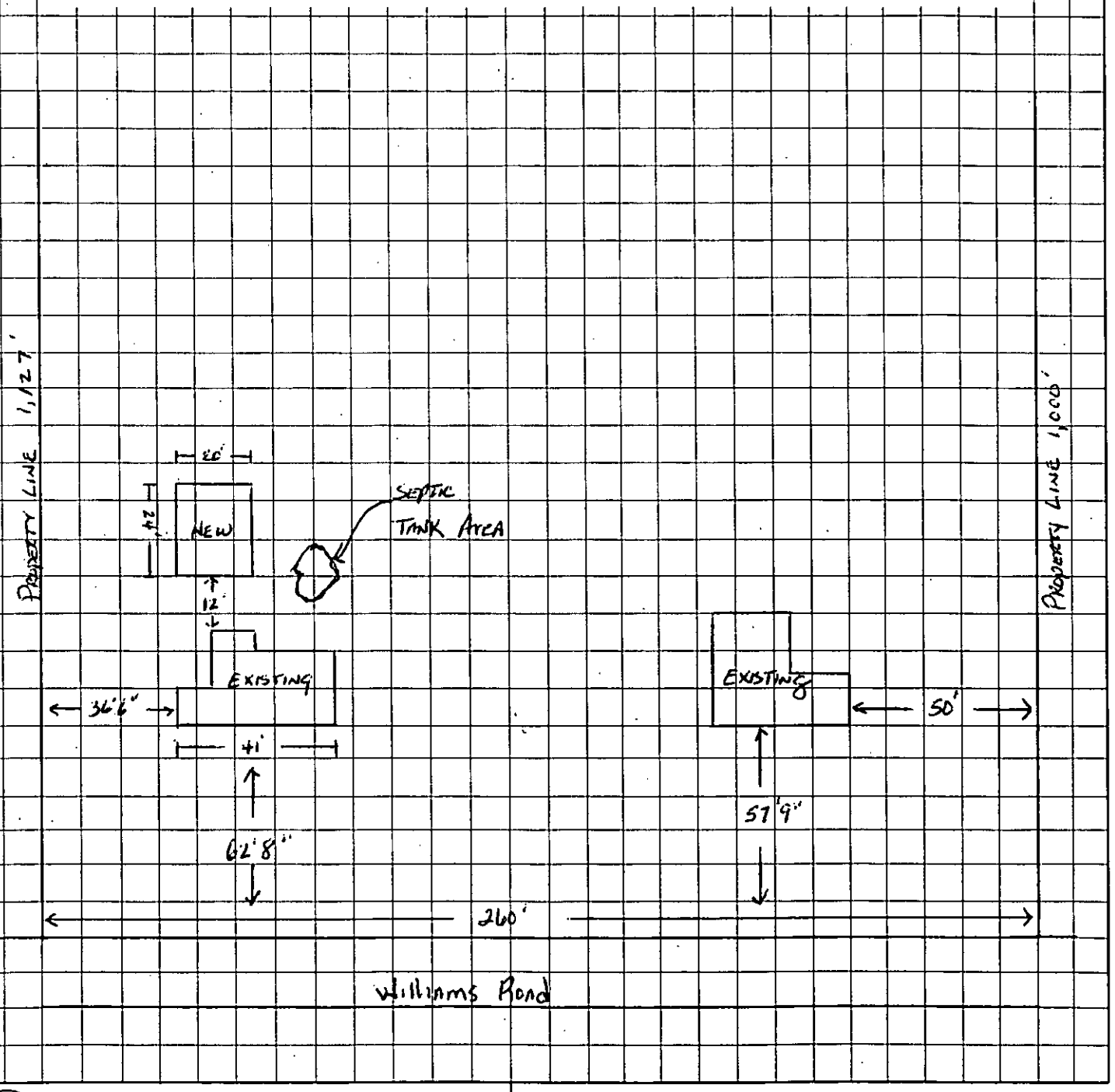
PROPOSED PLOT PLAN

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

FILE: 16 94/9

TC: 139-101-08

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.



Jean W. Mundy
OWNER/AGENT SIGNATURE

DATE 3/18/96

APPROVAL DATE _____

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