

16625 MARVIN RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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$50.00 Chk # 1233 8/11/98

400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

16718 CRT X

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: 8/11/98

PERSON FILING APPLICATION:
NAME: BM HOMES INC. (last) (first) (mi)
ADDRESS: 224 B FOSTER AVE PHONE: (704) 525-9601
CITY: CHARLOTTE STATE: NC ZIPCODE: 28203

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 223 [redacted]
STREET ADDRESS: 16625 Marvin Rd
ZONING:

PROPERTY OWNER:
NAME: Janewsky Robin (last) (first) (mi)
ADDRESS: 16625 MARVIN PHONE: (704) 544-0979
CITY: CHARLOTTE STATE: NC ZIPCODE: 28277

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: 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (M)
[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Study, breakfast Room
[redacted]

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:

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: [signature] Date: 8-11-98

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.

... O.K. to use existing system with addition of garage only. Addition to left rear of house is denied due to location of S.T. and drainfield

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

[signature] Environmentalist

9/9/98 Date

WATER : 1227

PROPOSED PLOT PLAN

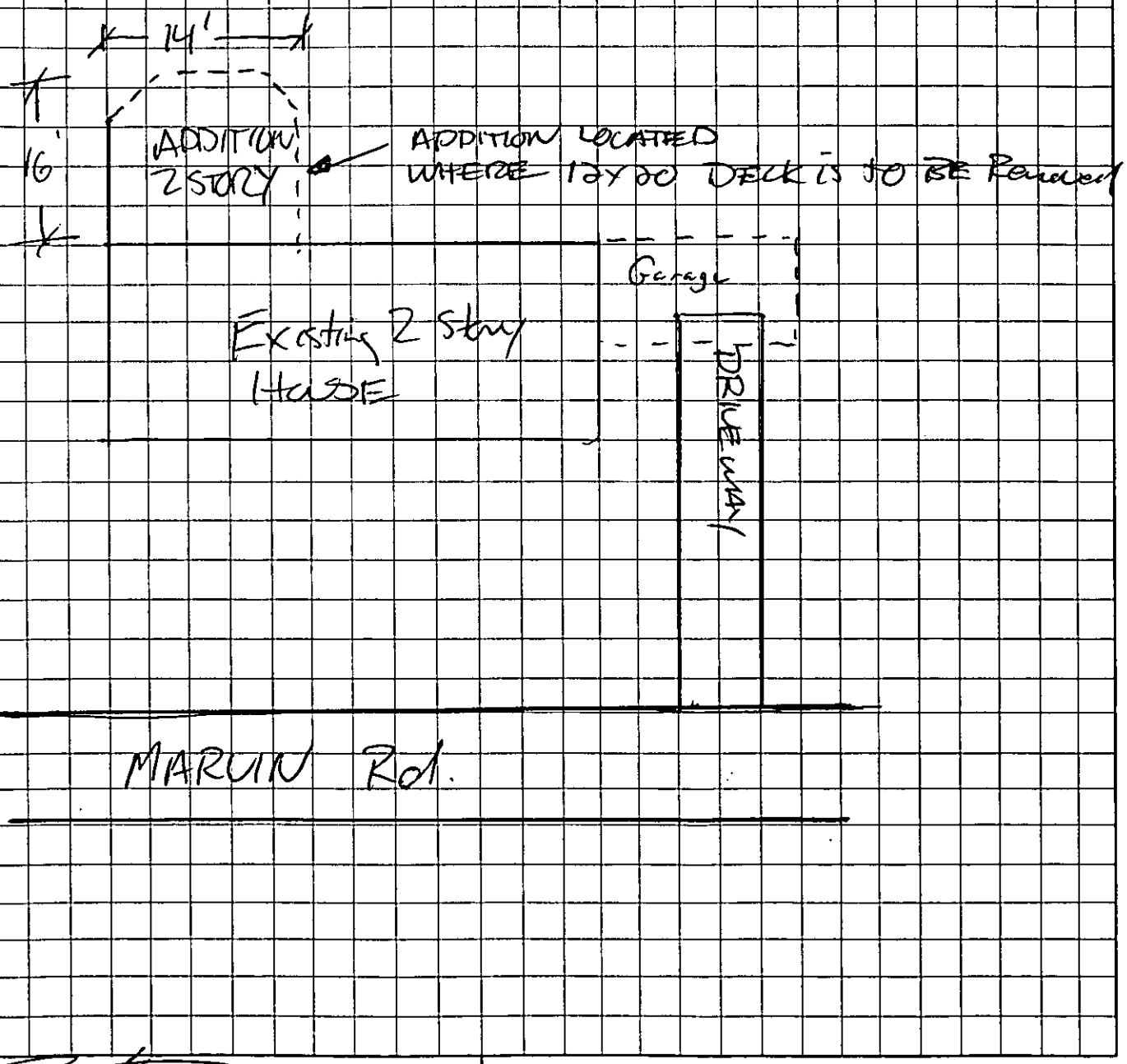
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: _____

TC: 223-271-51

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.



OWNER/AGENT SIGNATURE

DATE 8-11-98

APPROVAL DATE _____

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

04

$50.00 Chk # 4/2-33 8/11/98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

16718 [] CRT

COPY

Mecklenburg County Health Dept.
Environmental Health Division
700 Hal Marshall Ctr., Suite 211
[illegible] N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: BM HOMES INC. 363-9060 Bobb (last) (first) 309-1981 mobile
ADDRESS: 224 B FOSTER AVE PHONE: (704) 525-9101
CITY: CHARLOTTE STATE: NC ZIPCODE: 28203

Date: 8/11/98

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...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.

... O.K. to build garage as shown at the end of the driveway. They will not be building the addition to the left rear of the house due to location of septic tank.

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

Jeff Knight 8/9/98
Environmentalist Date

WATER : 1227

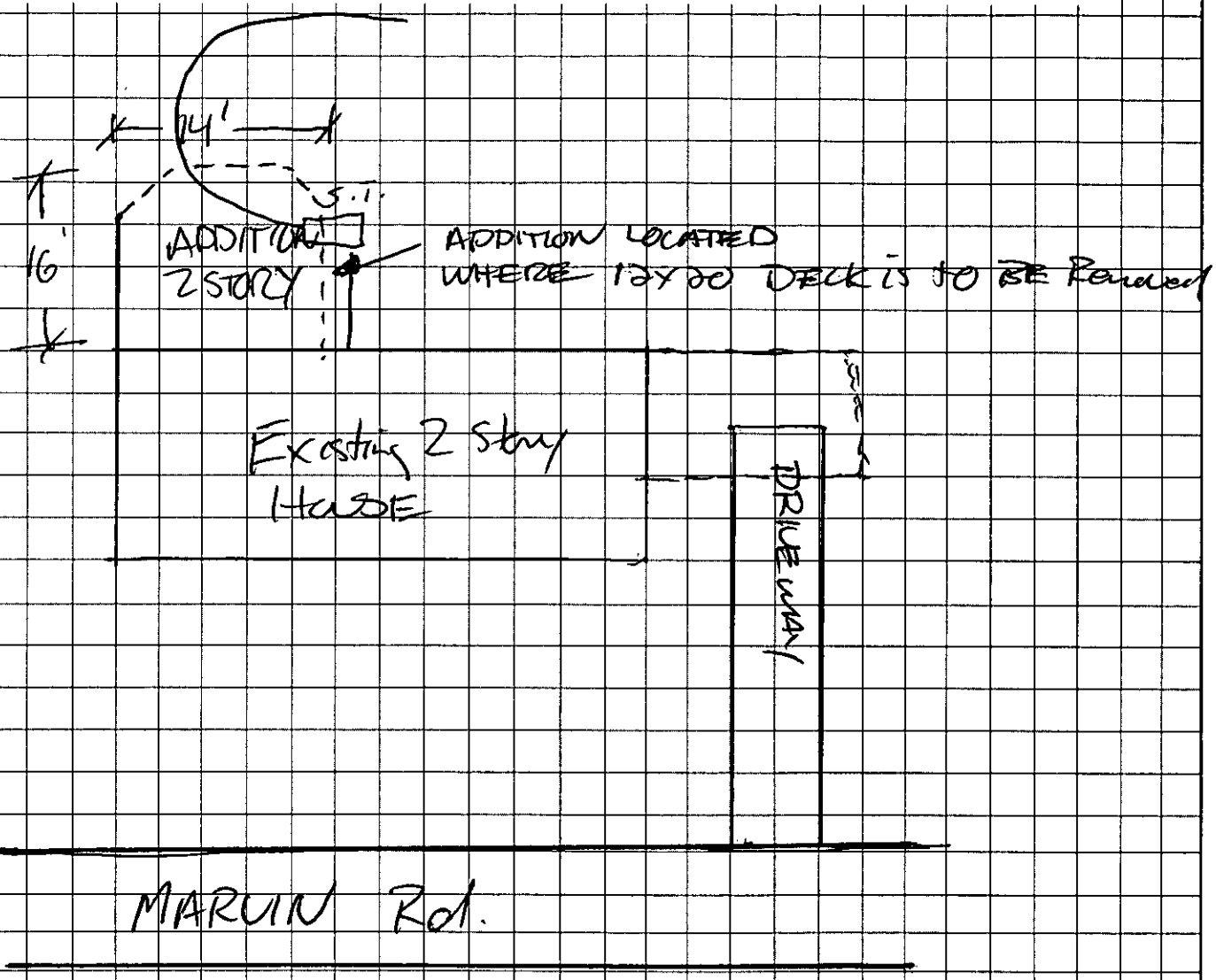
PROPOSED PLOT PLAN

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

FILE: _____

TC: 223-271-51

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OWNER/AGENT SIGNATURE

DATE 8-11-98

APPROVAL DATE _____

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PROPOSED PLOT PLAN

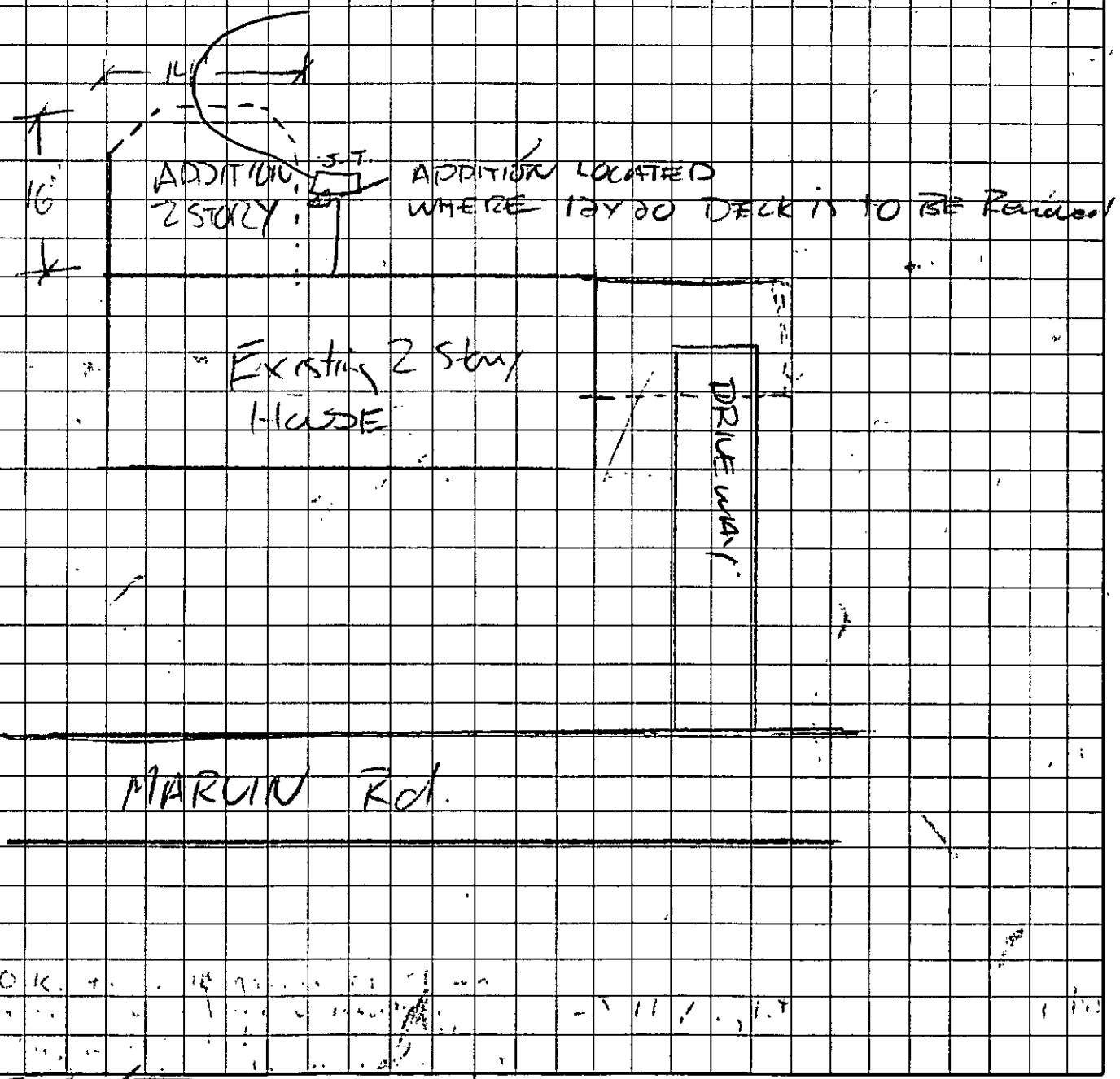
HEALTH DEPARTMENT
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CHARLOTTE, NC 28202
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16718 X

FILE: 363-9060 Bobb

TC: 223-271-51

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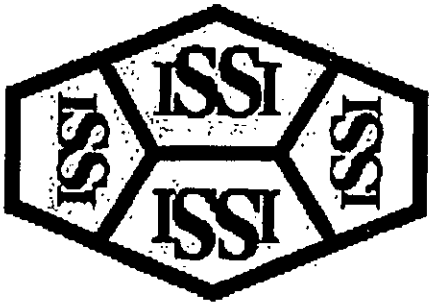
OK

OWNER/AGENT SIGNATURE

DATE 8-11-98

APPROVAL DATE

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Imaging Solutions and Services, Inc

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ISSI Operations Center Staff

Serial No. 4371

Date Issued 12-2-80

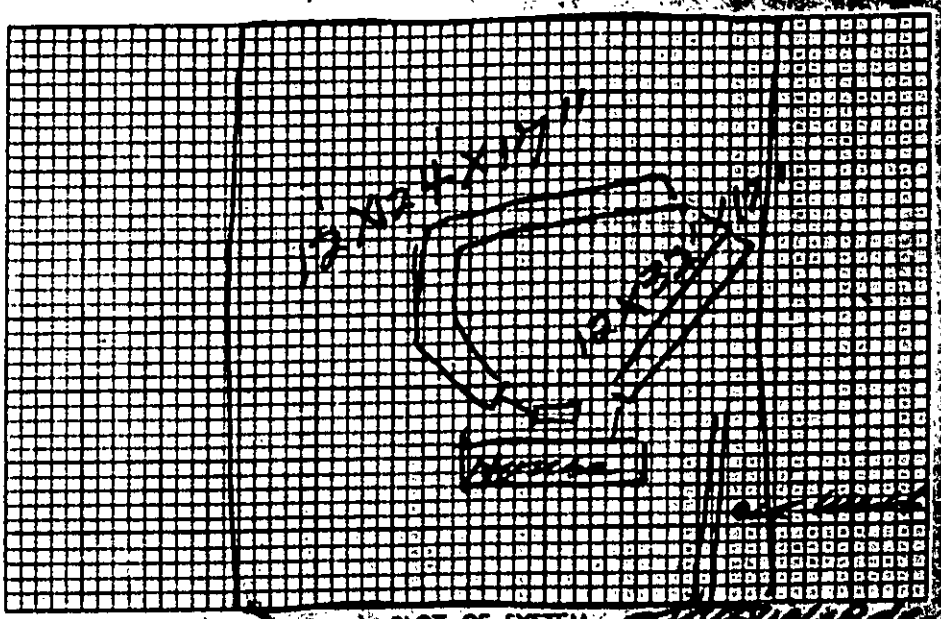
ICAR (S) Permit No. 6718

T. C. 123-142-4

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 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 6718 dated 12-7-80 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 1-2-81 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P/S

Liquid Capacity of Tank 1520

Tank Construction P/C

Absorption and/or Nitrification Lines:

Total Line Length 495'+12

Number of Lines 4-4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER John R. Pope Builder

LOCATION OF PROPERTY 16625 Marvin 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 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.

Comments: Septic Tank Sized 1 1/2 x 1 1/2 x 4' x 7" Stone
Washing Machine 12 x 22 x 17" Stone

Division or Section Head

Environmentalist

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