

3320 TILLEY MORRIS RD

23110175

6/27/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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 12128

Date: 9-16-98

PERSON FILING APPLICATION:
NAME: Currence, Eugene R (last) (first) (mi)
ADDRESS: 1933 Wildlife Rd PHONE: 704, 391-2914
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-101-75
STREET ADDRESS: 3320 Tilley Morris Rd
Matthews nc
ZONING:

PROPERTY OWNER:
NAME: Bogaard Gary & Susan (last) (first) (mi)
ADDRESS: 3320 Tilley Morris Rd PHONE: 704, 846-5996
CITY: Charlotte-Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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: 4 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):
[X] Community (C) [] 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: Eugene R. Currence Date: 9-16-98

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.

... Use existing system for playroom addition. NO BEDROOMS.

[] 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

Larry B. Thompson Jr. R.S. 9-18-98
Environmentalist Date

WATER : 122791

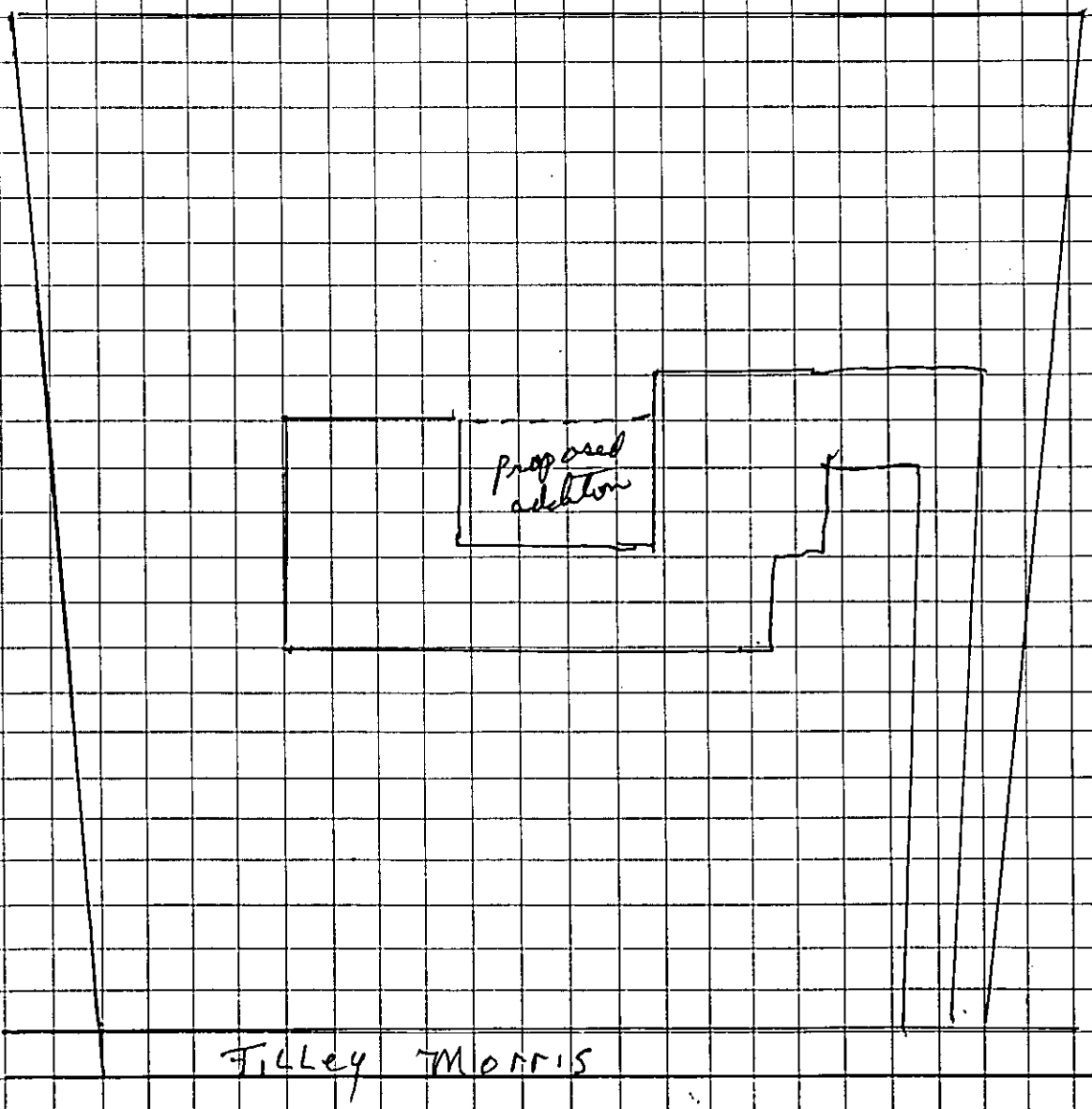
PROPOSED PLOT PLAN

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

FILE: 12128

TC: 231-101-75

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.



Eugene R Carrere
OWNER/AGENT SIGNATURE

DATE 9-16-98

APPROVAL DATE _____

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

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COPY

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Environmentalist Date

WATER : 122791

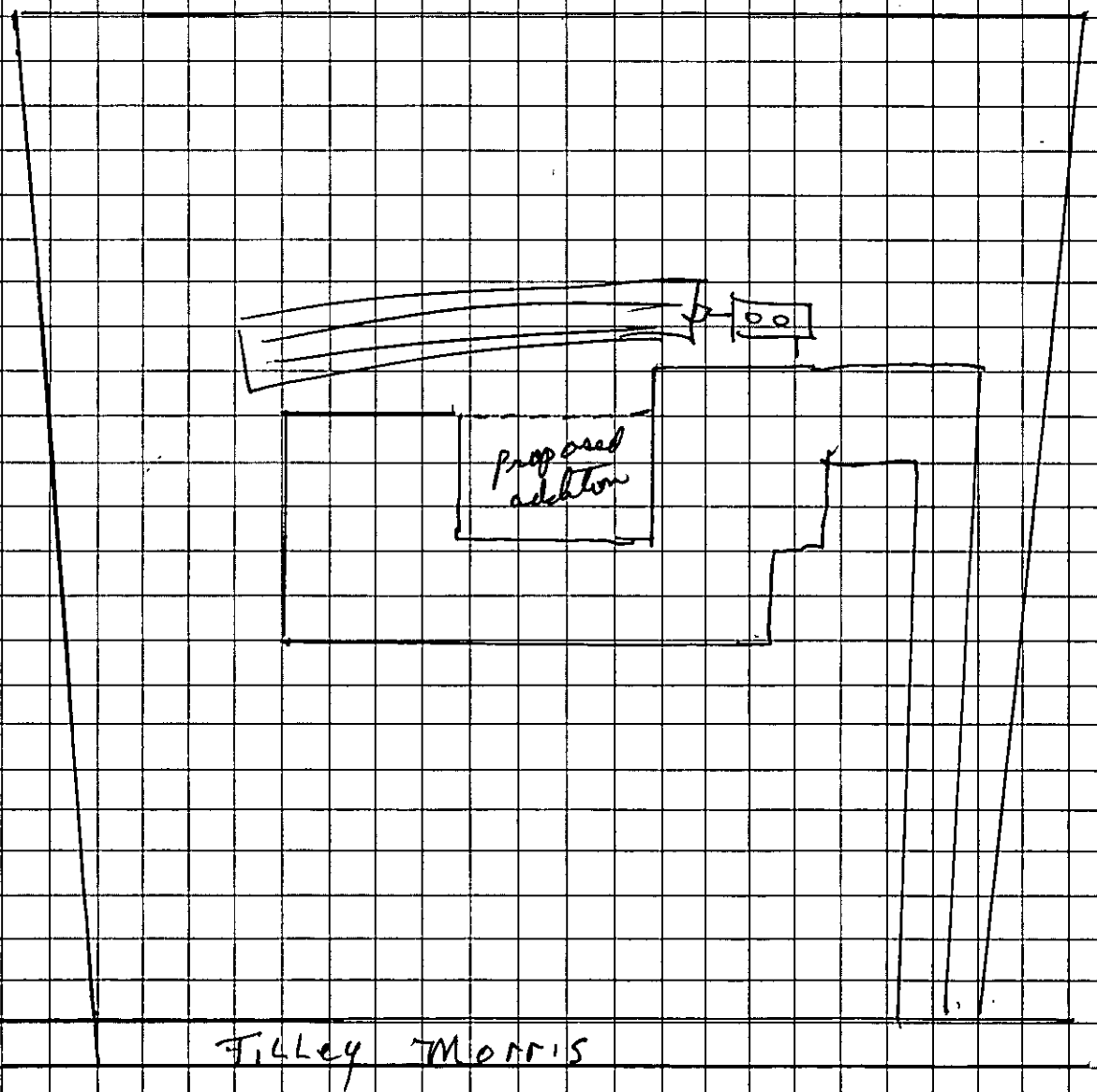
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 12128

TC: 231-101-75

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Eugene R Currence
OWNER/AGENT SIGNATURE

DATE 9-16-98

APPROVAL DATE 9-18-98

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

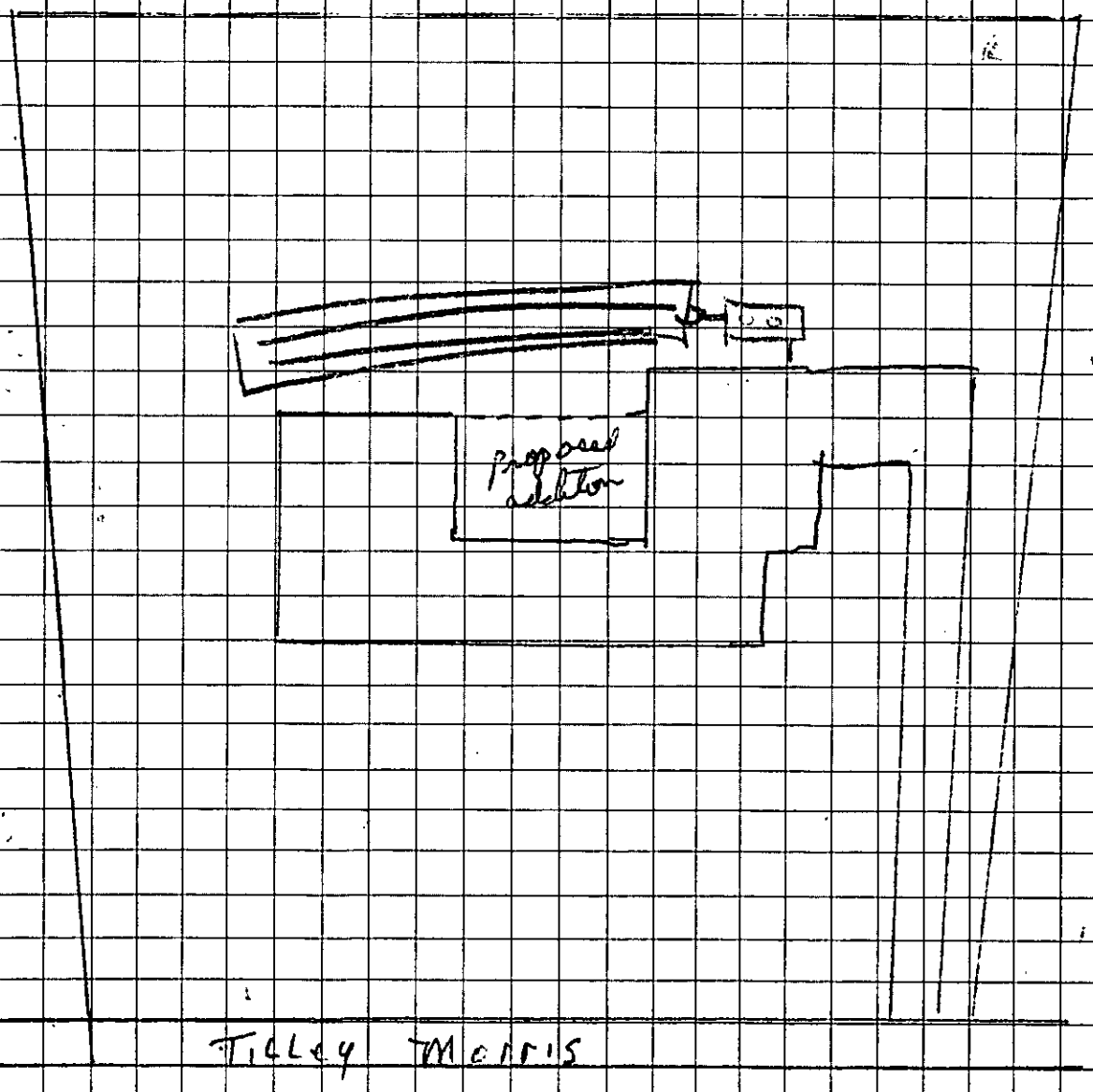
PROPOSED PLOT PLAN

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PHONE (704) 336-5102

FILE: 12108

TC: 231-101-75

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Evaine R Currence
OWNER/AGENT SIGNATURE

DATE 9-16-98

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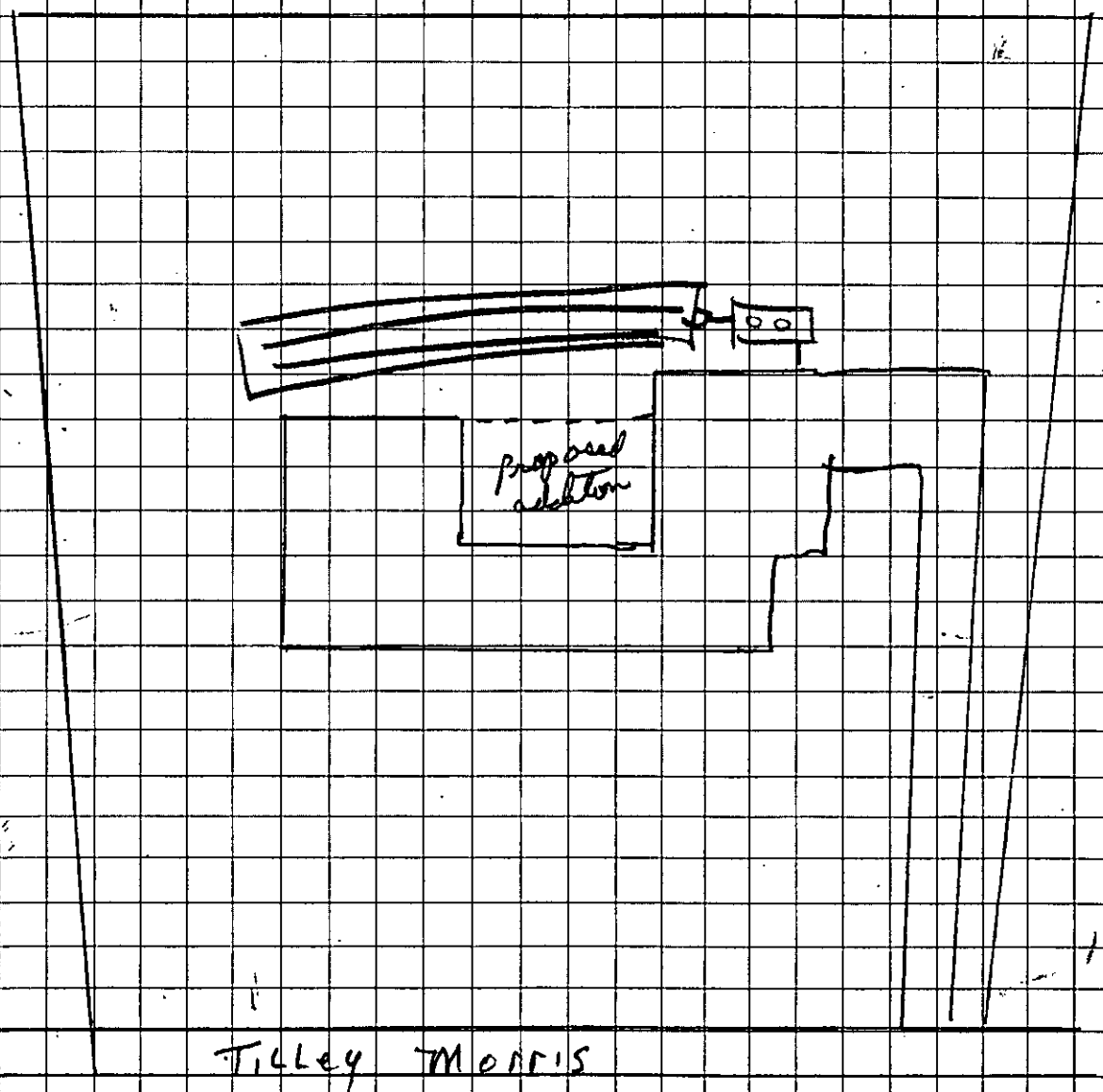
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Tilley Morris

Eugene R Currence
OWNER/AGENT SIGNATURE

DATE 9-16-98

APPROVAL DATE 9-18-98

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ISSI Operations Center Staff

Serial No. 2243

Date Issued

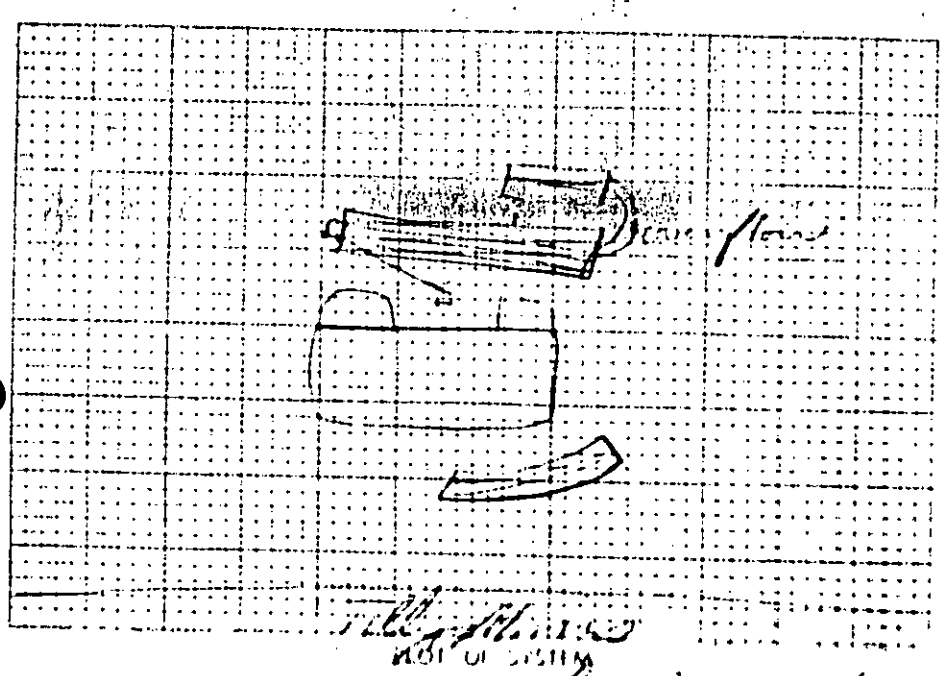
ICAR-S Permit No

T C No.

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 following 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 on application / 2243 dated 7/27/75 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 / after which date this permit shall be null and void.



Permeability rate

Liquid capacity of Tank

Type of Tank

Absorption area in square feet

Total Lineal feet

Number of Lines 5 & 4

Distance between lines 10

Distance from Building Line 10'

Distance from Water Supply

NOT TO SCALE

NAME OF OWNER

LOCATION OF PROPERTY

The system shall meet all of the requirements set forth in the Regulations of the Mecklenburg County Health Commission governing the construction, use and operation of this system. A certificate of approval must be issued by the Environmentalist before the system may be used. If the system is not completed, inspected or approved, this permit shall be void and of no effect. **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:

Director or Section Head

Environmentalist

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

Rev 5/75

Environmental Health Department's Copy

Serial No. 2188

C of A Issue No. 12128

Date Issued 19 Dec 79

T C No 231-10-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

~~SEPTIC TANK CERTIFICATE OF APPROVAL~~

CERTIFICATE OF APPROVAL

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

Name of Owner Troy (LAST) Pollard (FIRST) Const. Co. Inc. (MIDDLE)

Location of Property 3320 Tilley Morris Rd.

Application Number 12128 Permit Number 12128

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material F.C. Conc.

Total Length of Drain Tile 60' & 167' Number of Lines 5 & 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source comm. Distance from Water Source 100'

Excavation Inspected _____ (DATE) Tank Inspected 19 Dec (DATE)

Nitrification Field Inspected 19 Dec (DATE)

Washing Machine Line Inspected, If Applicable 19 Dec (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, 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 at the time 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 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: Changed due to altered Sanitary Lateral

