

15212 TIMBERVIEW LN

00908128

8/19/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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406

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 chk #3037 5/24/99 SC [ ] CRT

18625

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: SIPPERLY (last) ANDREW (first) P. (mi)
ADDRESS: P.O.Box 1456 PHONE: (704) 662-5909
CITY: CORNELIUS STATE: NC ZIPCODE: 28031

Date: 5/24/99

PROPERTY OWNER:
NAME: JUNTGEN (last) TIM (first) (mi)
ADDRESS: 15212 TIMBERVIEW LN. PHONE: (704) 875-6844
CITY: HUNTERSVILLE STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 009-081-28
STREET ADDRESS: 15212 TIMBERVIEW LN
HUNTERSVILLE, NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 3.5

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
16' X 13' ADDITION - MASTER BATHROOM

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 [X] 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: 5/24/99

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.

... OK. to use existing system

[ ] 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 5/25/99
Environmentalist Date

WATER : 122791

JK

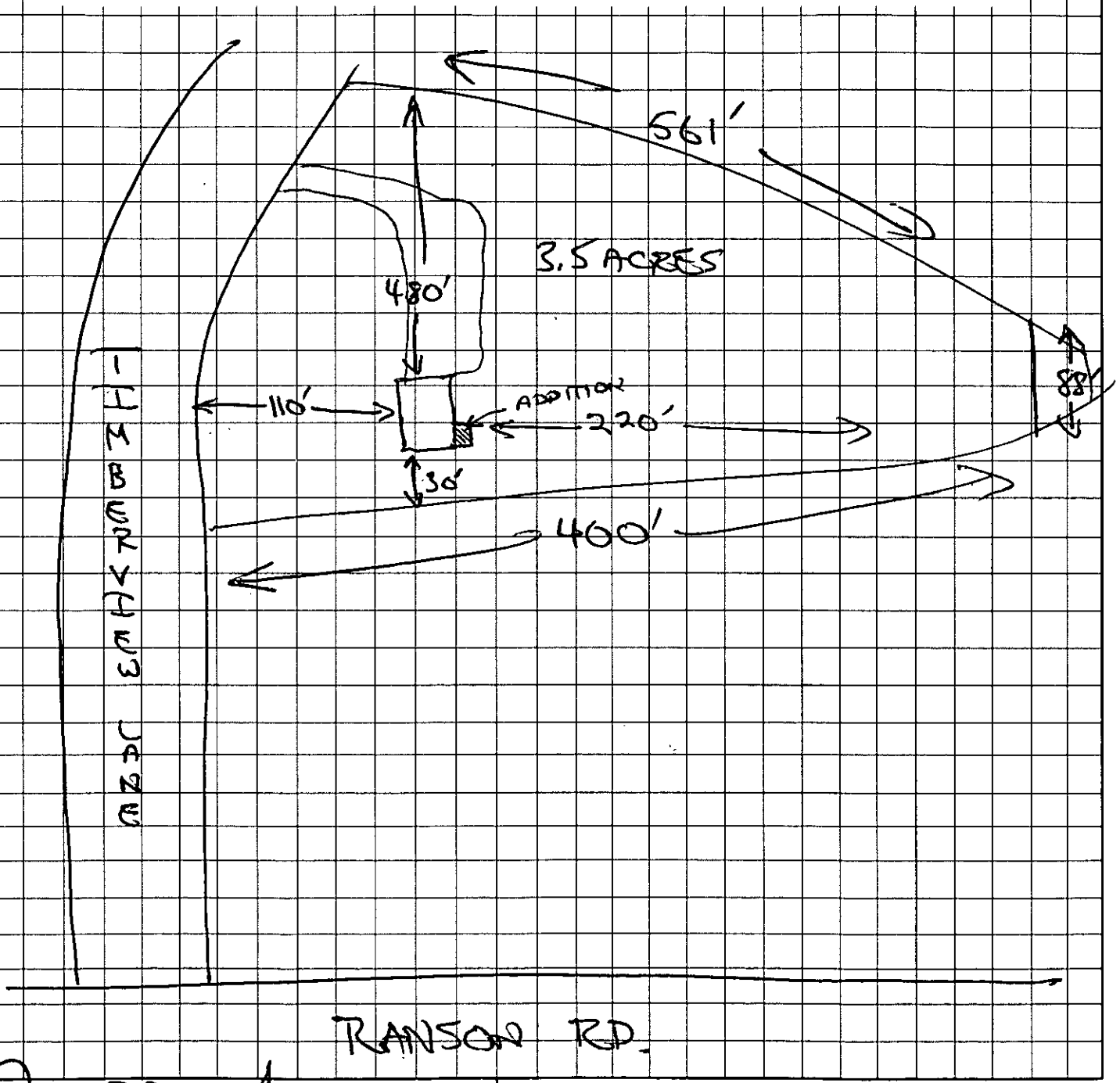
PROPOSED PLOT PLAN

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

FILE: 18665

TC: 009-081-28

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 5/24/99

APPROVAL DATE _____

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

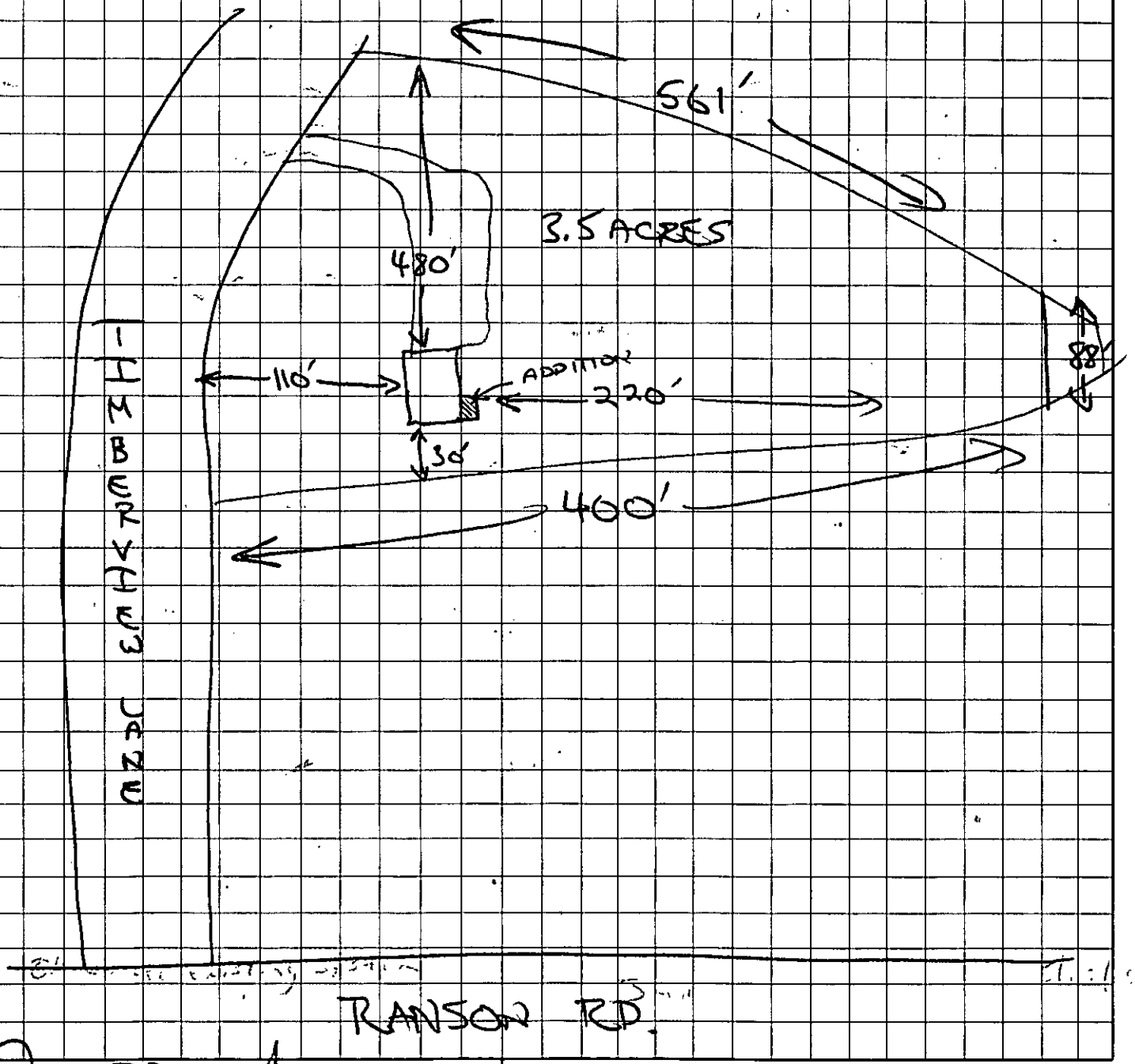
PROPOSED PLOT PLAN

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

FILE: 18625

TC: 009-081-28

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 5/24/99

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

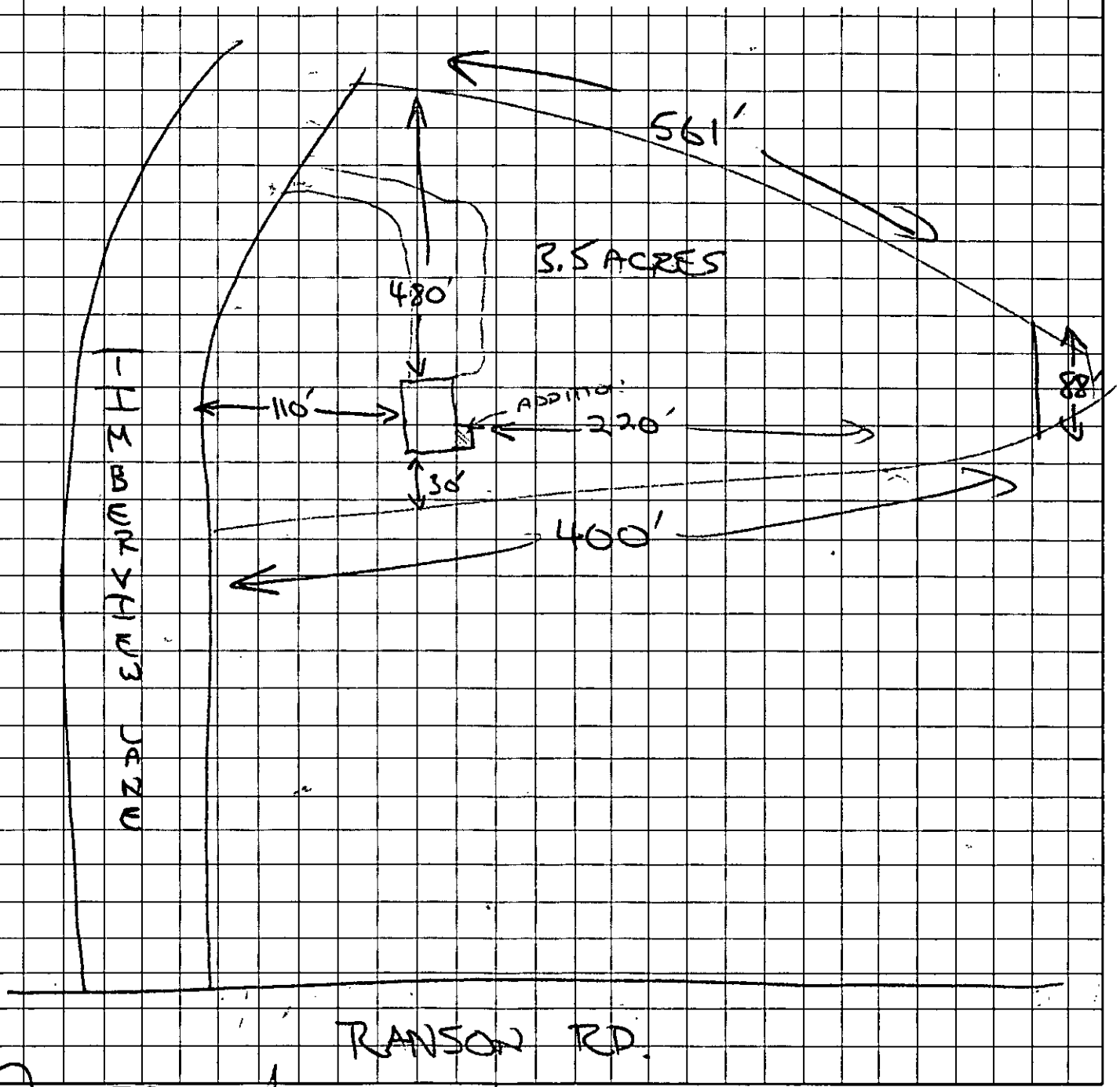
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 18605

TC: 209-081-28

X

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 5/24/99

APPROVAL DATE _____

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

Serial No. 6042

ICAR(S) Permit No. 18605

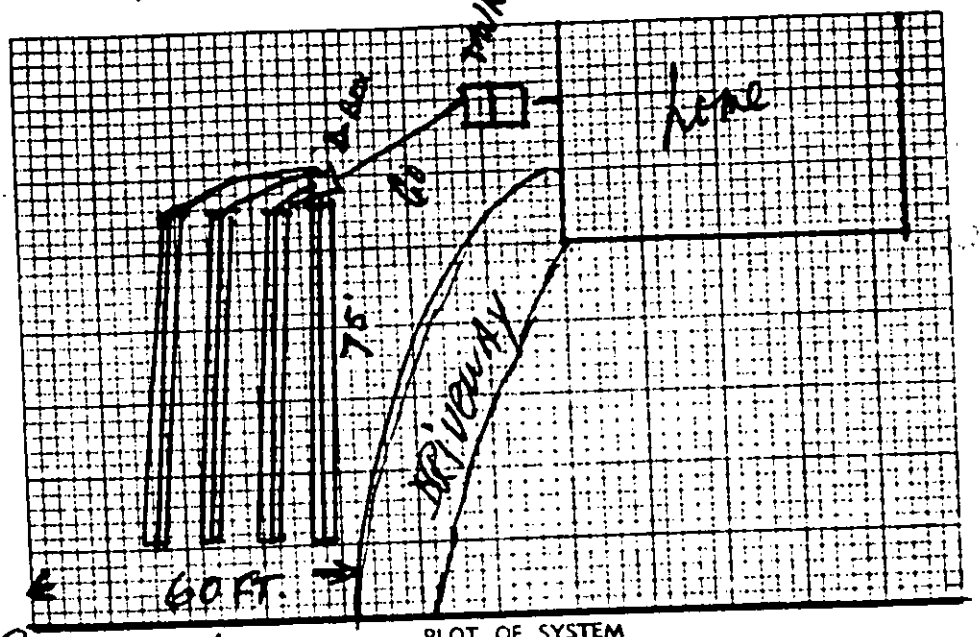
T.M. No. 009-08-28

Date Issued 2-21-83

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 18605 dated 1-14-83 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 4-21-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 8.5

Liquid Capacity of Tank 1500 gal

Tank Construction P/C concrete

Absorption and/or Nitrification Lines

Total Line Length 300

Number of Lines 4

Distance from House 710'

Distance from Property Line 710'

Distance from Well 750'
Not in yet.

Rawson Rd

NAME OF OWNER EUGENE Keener

LOCATION OF PROPERTY 11557 Rawson 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: 4- 75 ft. Long x 3 ft wide x 12" stone trenches
Cleanout every 50 ft from tank to D-Box

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 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.

EnD 5-76

HEALTH DEPARTMENT COPY

Date Received 4-1-82

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED APR 1 1982

SIR No. 18605

T. C. No. 109-031-04

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Locat, Ron, L (LAST, FIRST, MIDDLE)

2) ADDRESS OF OWNER 2220 Roswell ZIP 28207

3) PHONE NO. Home 375-9543 Office

4) LOCATION OF PROPERTY Rama Rd. (STREET OR COUNTY ROAD)

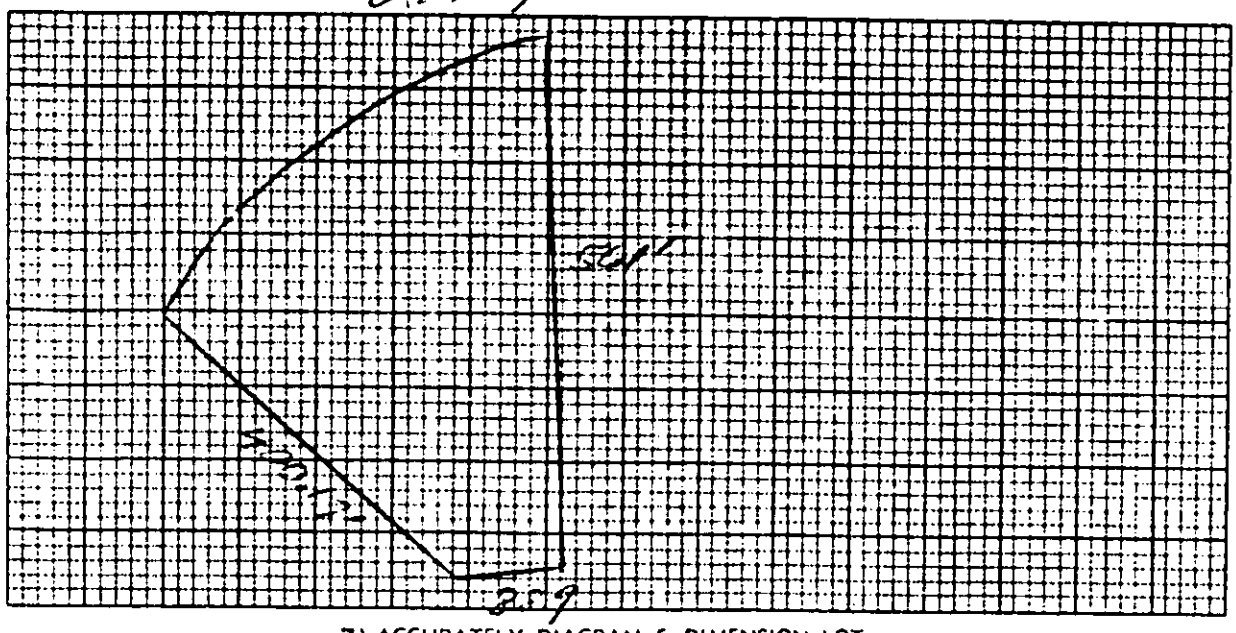
5) SUBDIVISION LOT NO. 4 BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.

Lot 4 3.14+-



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 4511

PTR No. 10050

T. C. No. PD 0811-011

Map Date

Date Issued 4-19-82

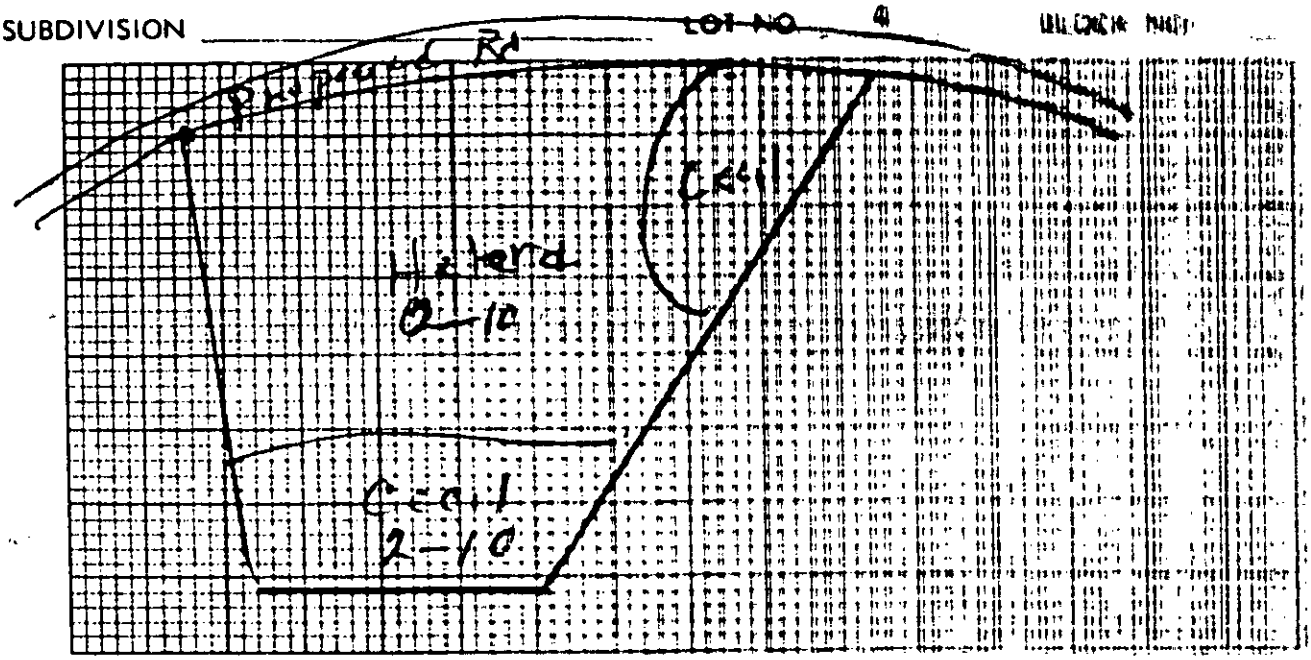
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Locatis, Ron
LAST FIRST

ADDRESS OF OWNER 2220 Roswell Ave., Charlotte, NC

LOCATION OF PROPERTY Ranson Road
STREET OR COUNTY ROAD

SUBDIVISION LOT NO. 4 BLOCK NO.



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The soil investigation was completed on that portion of the lot as indicated on the above plot. Provisionally Suitable

The permeability rate determined by the investigation [illegible] for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following conditions:

1. A permit to install, construct, alter or repair the [illegible] from the Mecklenburg County Department of Environmental Health prior to the beginning of [illegible] system on the said lot.
2. The size of the septic tank wastewater treatment [illegible] County Department of Environmental Health [illegible] the size and type of building constructed thereon.
3. This approval is valid only if the system [illegible] on the above plot.
4. This approval is void if any ground [illegible] in the opinion of the Mecklenburg County Department of Environmental Health [illegible] system installation unsuitable for [illegible]

This approval is granted based on the laws of the State of North Carolina [illegible] of the North Carolina Department of Human Resources, Division of Health Services and the Mecklenburg County Health Commission which were in effect on the date of issuance and would not apply in the future, prior to completion of the system. These laws, rules and regulations [illegible] this approval would not have been granted had the new [illegible] on the issue date.

W. B. Ramsey
Soil Scientist

[illegible]
Authorized Section Head

Environmental Health Department's Copy

C of A (s) No. 10605

Date Issued 8-5-83 Serial 6053 80 T. C. No. 009-081-2.1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Keener (LAST) Eugene (FIRST) (MIDDLE)

Location of Property 11557 Ranson Rd

Application Number 18605 Permit Number 18605

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material R/C Concrete

Total Length of Drain Tile 300' Number of Lines 4

Depth of Filter Material 12" Cover Depth 1½ : 2'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected — (DATE) Tank Inspected 8-5-83 (DATE)

Nitrification Field Inspected 8-5-83 (DATE)

Washing Machine Line Inspected, If Applicable — (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 on the date 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(s) 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: —

R K Eggs
Environmentalist

LHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY