

8538 LOCHINVAR DR

13927109

5/27/08

marliwr

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 file#5312

PERSON FILING APPLICATION:
NAME: LANDON (last) LORETTA (first) B (mi)
ADDRESS: 8538 LOCHINVAR DR PHONE: (704) 545-2130 704-333-8484 - DAY
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 13927109
STREET ADDRESS: 8538 LOCHINVAR DR CHARLOTTE NC 28227
ZONING: RESIDENTIAL

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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) SCREENED PORCH

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 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: Loretta M Landon Date: 3/4/04

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.

... 3-5-04

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

Environmentalist 3-5-04 Date

WATER : 122791

Date Issued 15 July 74

Serial No. 5524

ICAR(S)-Permit No. 5312

T. C. No. 39-221-01

Map Date 2-14-73

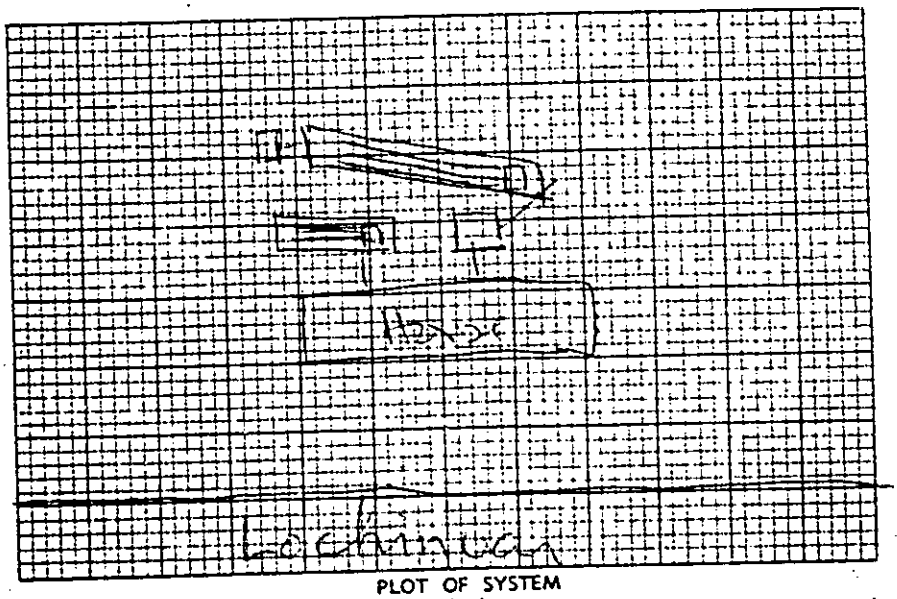
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 _____ 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 15 July 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40

Liquid Capacity of Tank 1000 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 340 & 150'

Number of Lines (4) 10' X 85'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Webb, James W.

LOCATION OF PROPERTY Lochinvar

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: washer 7½' X 25' X 34" stone

aeration pit 2½' X 7' X 4' stone

_____ Division or Section Head

R. M. Reynolds 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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-9-1-72 HEALTH DEPARTMENT'S COPY

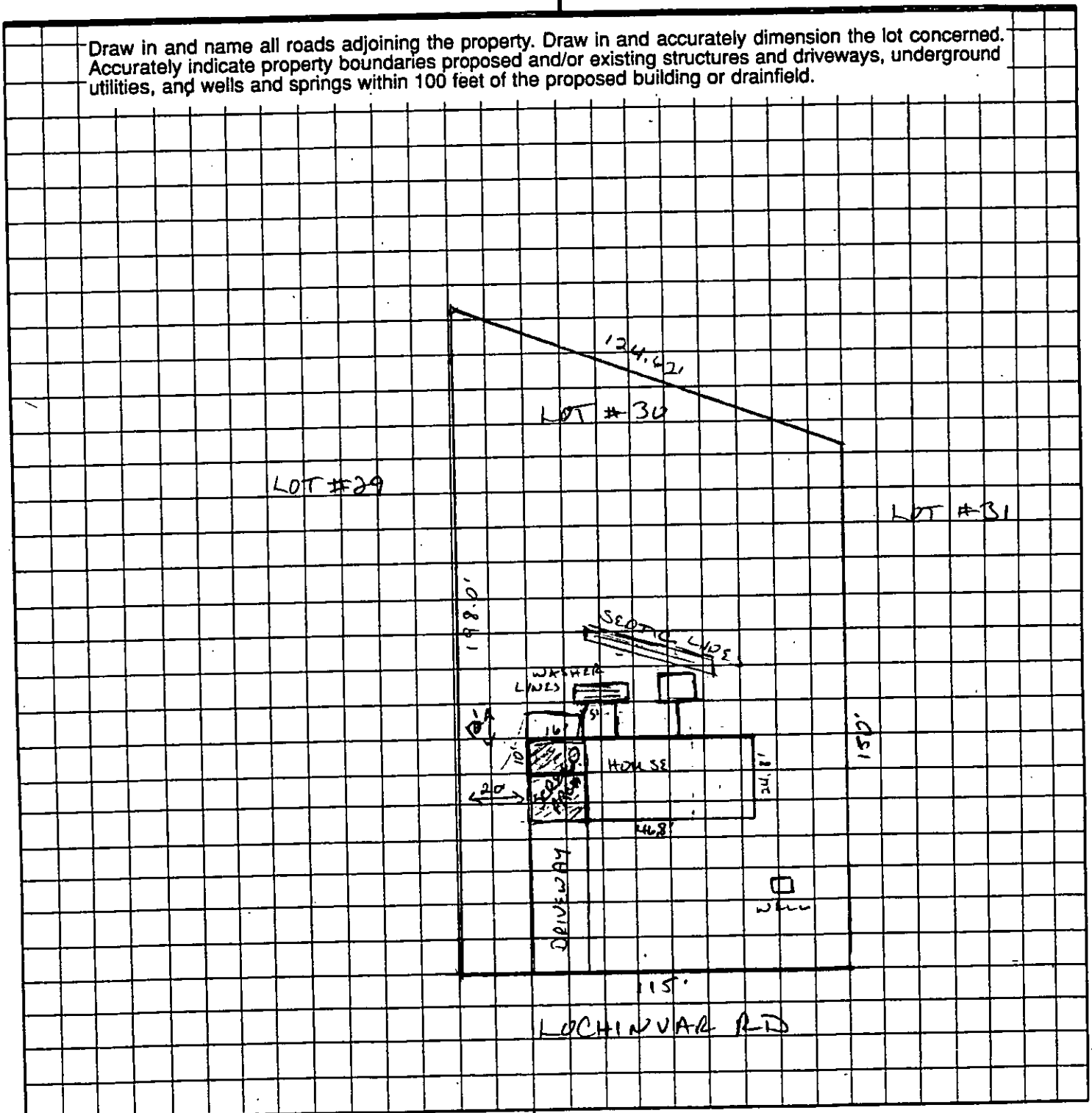
PROPOSED PLOT PLAN

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

FILE: 5312

TC: 139-271-09

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 Loretta M Langdon

DATE 3/4/04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy