

7550 NEWELL VIEW LANE

04922118

6/6/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Read 5 pg ck 106 6/18/98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

40

[ ] 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

9655

PERSON FILING APPLICATION:

NAME: FK CONSTRUCTION (last) (first) (mi)

ADDRESS: 7107 Reedy Creek RD PHONE: (__) 537-2381

CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

Date: 6/17/98

PROPERTY OWNER:

NAME: SPALETA JACK (last) (first) (mi)

ADDRESS: 921 W Rocky River RD PHONE: (__) 597-9008

CITY: Charlotte STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 049-221-18

STREET ADDRESS: ~~921 W Rocky River~~ 7550 Newell View Lane

ZONING:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[X] 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):

[redacted] 1979

[redacted]

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
2 car Garage attached W/loft
[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: 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
[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: Robert Batt Date: 6/17/98

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.

... Approval granted for 2 car garage 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

Phila S Walker RS. 6/19/98
Environmentalist Date

WATER : 122791

RW

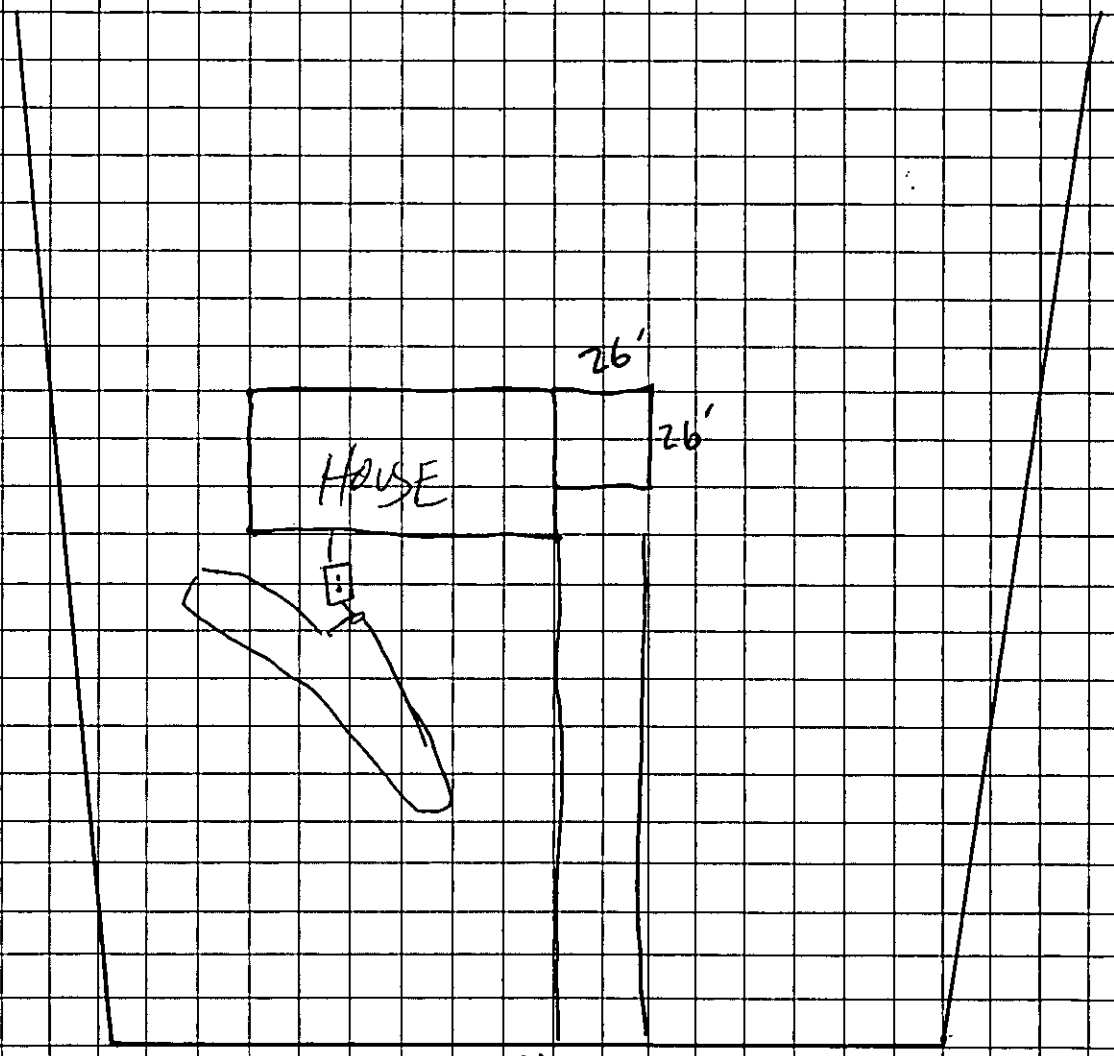
PROPOSED PLOT PLAN

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

FILE: 9655

TC: 049-221-18

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 6/12/18

APPROVAL DATE PSW 6/19/18

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

SEE INSTRUCTIONS ON BACK

Date Received _____ ICARIS Application No 9655

MECK COUNTY DEPARTMENT OF
RECEIVED
MAY 3 1979
ENVIRONMENTAL HEALTH

T. C. No _____

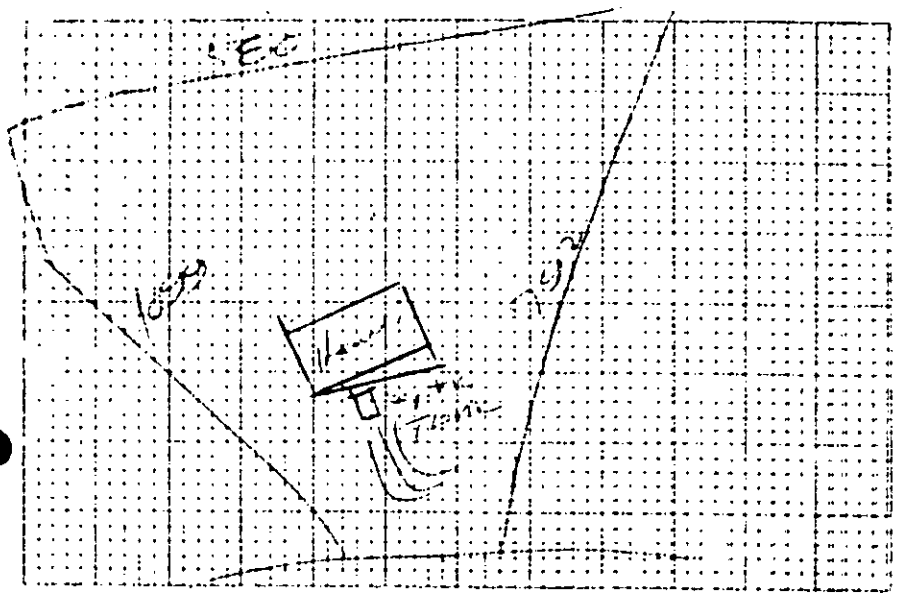
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

( ) 1) Install or Construct 2) ( ) Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ( ) Yes ( ) No
Basement ( ) Yes ( ) No
4) No. of Bedrooms 2
5) Estimated Daily Sewage Flow - Max. for any one day _____ Min. for any one day _____
6) Water Using Machines ( ) Yes ( ) No
7) Garbage Disposal ( ) Yes ( ) No
8) Swimming Pool ( ) Yes ( ) No
9) Water Supply
Well (drilled, dug, driven) 4
Is the well commercial? (Yes or No) _____
Community System _____
Name of Supply _____
Other (Specify) _____
Distance to property line _____ ft.
Distance to septic tank _____ ft.
Distance to soil absorption field _____ ft.
Surface water (creek, pond, etc.) ( ) Yes ( ) No
Distance to property line _____ ft.
Distance to septic tank _____ ft.
Distance to soil absorption field _____ ft.
10) Water Lines ( ) Yes ( ) No
11) Sewer Lines ( ) Yes ( ) No

13) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____ Charlotte, N.C.

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____

17) SUBDIVISION _____ Lot No _____ STREET OR DISTRICT LOCATION _____

Map Book No. _____ Page No _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ( ) NO DATE RUN _____

20) PTR NUMBER (See Instructions) 5255

The undersigned person hereby agrees that he has read the foregoing application and that the answers herein are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

4-27-79
DATE OF APPLICATION

OWNER _____

FORM 76 ... Health Department ...