

4904 REDBUD DR

13514165

5/30/08

marliwr

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

AGS

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Phil

$110 ck 1463 2/19/04 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 7489

Date: 2-18-04

PERSON FILING APPLICATION:

NAME: FOGLE (last) MICHAEL (first) L (mi)

ADDRESS: 4907 REDBUD DR PHONE: (704) 576-3500

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-141-65

STREET ADDRESS: 4904 Redbud Dr

ZONING:

PROPERTY OWNER:

NAME: LOWERY (last) JONATHAN (first) (mi)

ADDRESS: 4904 REDBUD DR PHONE: (704) 576-3500

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

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: 28 LOT SIZE (in acres): .6 (29,784 SQFT.)

TYPE APPLICATION (check one):

[redacted] 1974

[ ] 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) Extending bath 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: 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: 2-18-04

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.

... Approval granted for a bathroom extension 4'x9'

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

Phillip S. Walker RS 2/23/04
Environmentalist Date

WATER : 122791

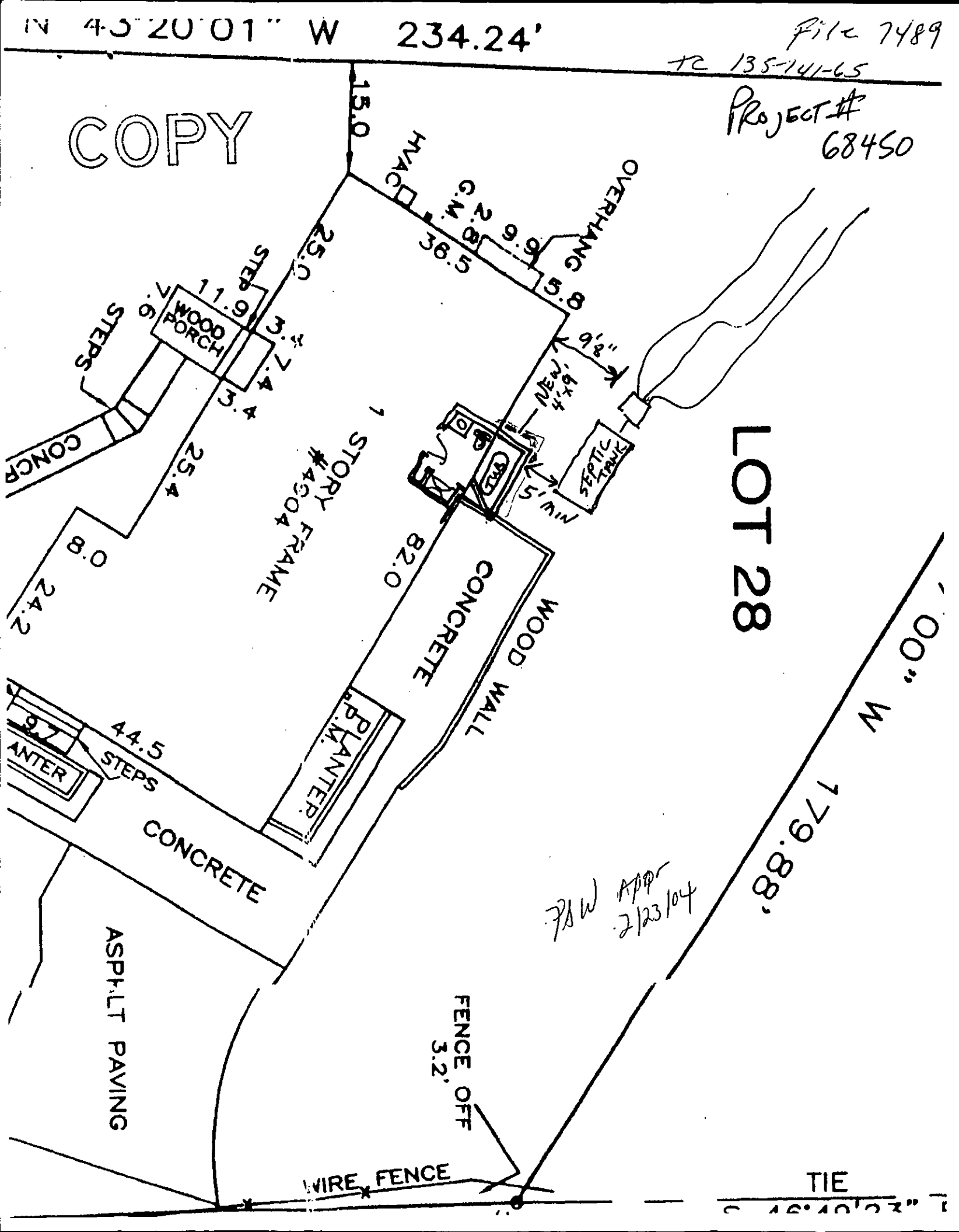
PP# 68450

N 43°20'01" W 234.24'

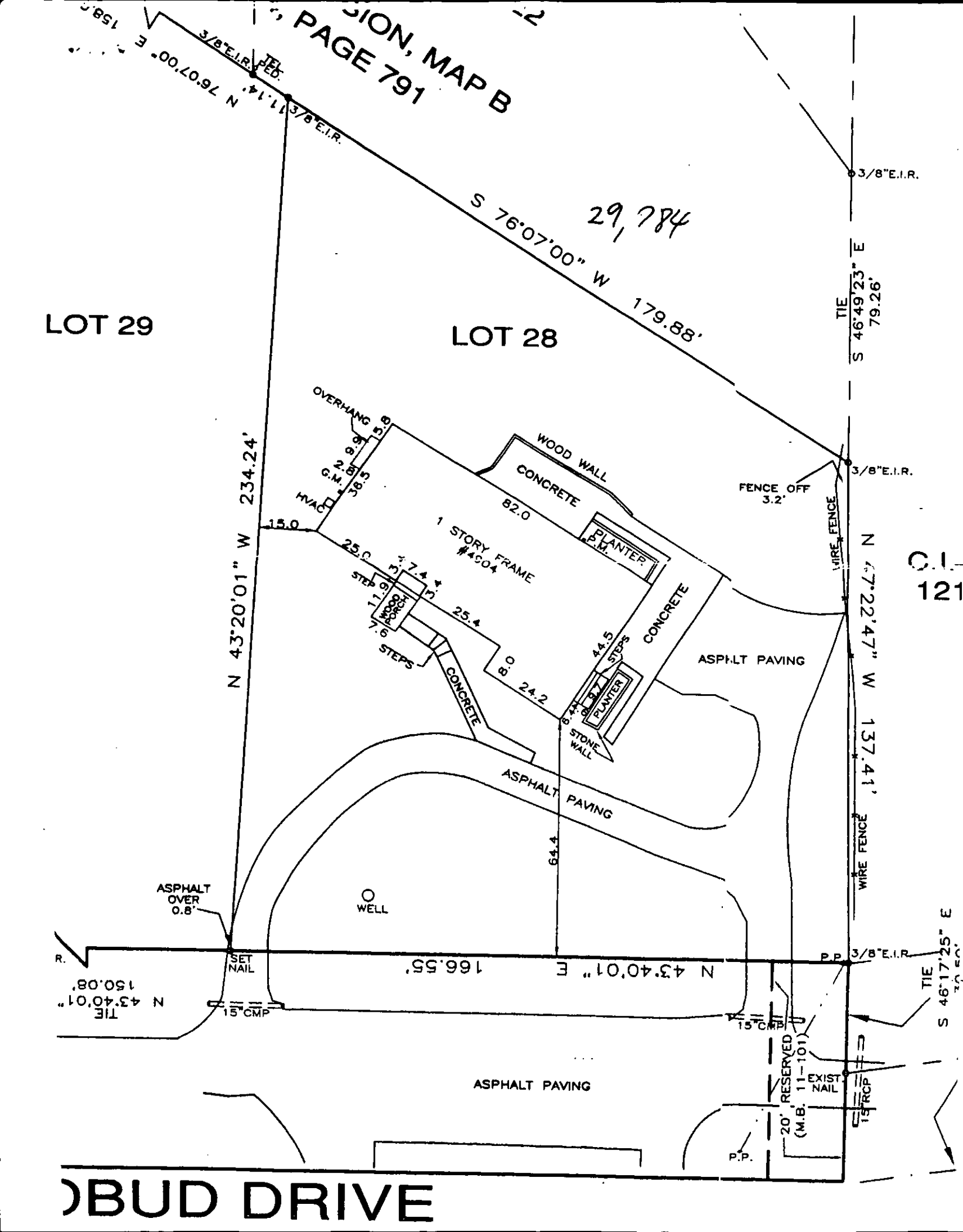
File 7489
TC 135-141-65

COPY

PROJECT #
68450



PSW Appr
2/23/04


SION, MAP B
PAGE 791
3/8"E.I.R.
3/8"E.I.R.
3/8"E.I.R.
3/8"E.I.R.
S 76°07'00" W 179.88'
29,784
LOT 29
LOT 28
TIE
S 46°49'23" E
79.26'
N 43°20'01" W 234.24'
N 43°22'47" W 137.41'
OVERHANG 5.8
9.9
2.8
G.M.
HVAC
36.5
15.0
WOOD WALL
CONCRETE
82.0
PLANTER
P.M.
1 STORY FRAME
#4904
25.0
3.4
7.4
3.4
STEP 1.9
WOOD PORCH
11.9
V.6
STEPS
25.4
CONCRETE
8.0
24.2
44.5
STEPS
CONCRETE
ASPHALT PAVING
8.4
0.8
3.7
PLANTER
STONE WALL
FENCE OFF
3.2'
WIRE FENCE
ASPHALT PAVING
64.4
ASPHALT
OVER
0.8'
WELL
SET
NAIL
N 43°40'01" E 166.55'
P.P.
3/8"E.I.R.
TIE
S 46°17'25" E
TIE
N 43°40'01"
150.08'
15" CMP
15" CMP
ASPHALT PAVING
RESERVED
(M.B. 11-101)
EXIST
NAIL
15" RCP
20'
P.P.
WIRE FENCE

OBUD DRIVE

Date Issued 6 June 74 Serial No. 5364 ICAR(S) Permit No. 7489

T. C. No. 135-141-07

Map Date 1 Sept 70

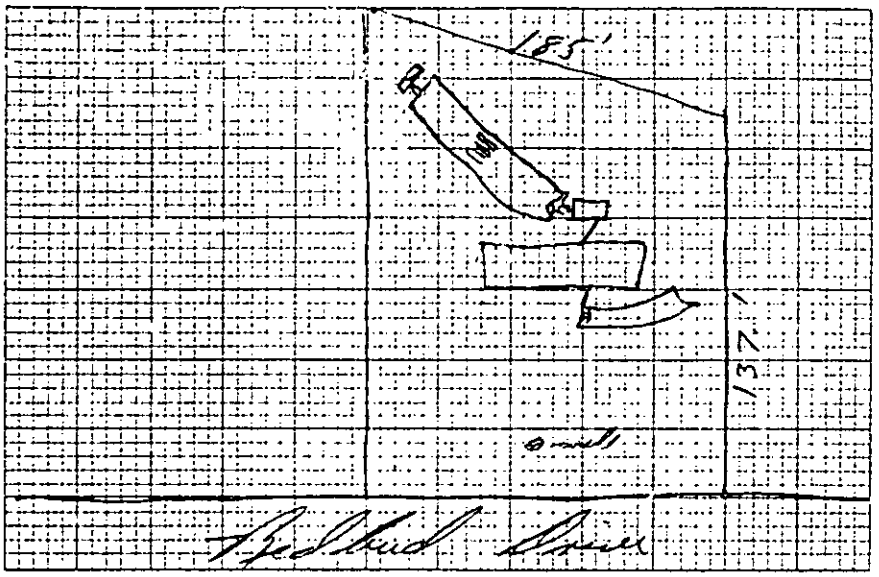
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7489, dated 22 Mar 74 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 6 ____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600' + 150' with 3 (7½' x 50' x 12")

Number of Lines 6 (15' x 100' x 12")

Distance from House 10'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER Mr. & Mrs. Larry Preston

LOCATION OF PROPERTY 7 Red Bud Drive

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: Trailer (Taste)

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 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