

7801 DAVIS RD

13702506

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Groundwater and Wastewater Services File Imaging Project
May 2007
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7957

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd 50 ck 3488 3/31/97 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

PERSON FILING APPLICATION:
NAME: Bast III (last) William (first) M (mi)
ADDRESS: 7801 Davis Rd PHONE: (704) 545 1840
CITY: Mint Hill STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: SAME AS ABOVE (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-625-06
STREET ADDRESS: 7801 Davis Rd
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: 1975

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

LOT NUMBER: 12 BLK A LOT SIZE (in acres):

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

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: 1
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)
[X] 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: X William M Bast Date: X 3/31/97

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 Detached Garage
NO plumbing

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

Phillo A. Walker R.S. 4/1/97
Environmentalist Date

WATER : 122791

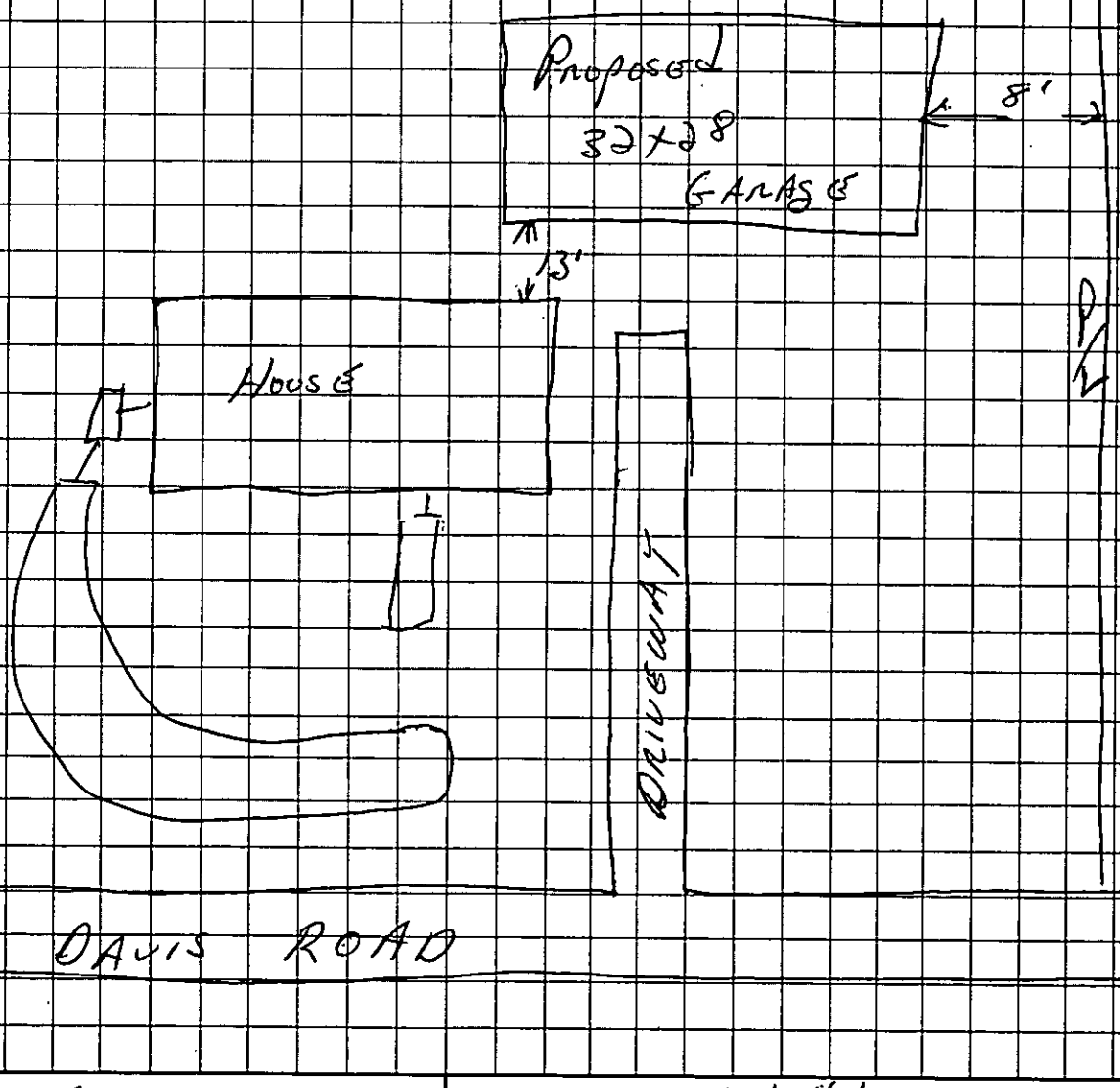
PROPOSED PLOT PLAN

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

FILE: 7957

TC: 137-025-06

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.



W M Mash
OWNER/AGENT SIGNATURE

DATE 3/31/97

APPROVAL DATE BRW 4/1/97

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Date Issued June 9, 1975 Serial No.

ICAR(S) Permit No 1921.—
PTC No 139-021-
Map Date 4-14-74

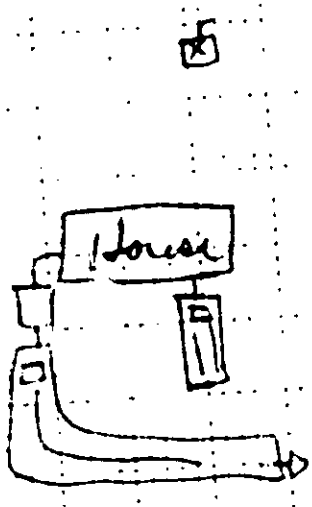
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Install or Construct, ~~After or Repair~~ the individual septic tank waste ... with subsurface ... absorption ... effluent discharge ... specified herein at the de... This permit is granted based upon the information supplied on application 1195 ... and this permit shall be ... and void in effect if the ... provided in the ap... 7/22/75 ... All work shall be completed on or before July 9 after whic... shall be null and void.



Plot Plan of System

Percolation Rate 60 min.

Capacity of Tank 1000 GAL

Type Construction PC. —

Absorption and/or Filtration Lines

Total Line Length 400', 150'

No. of Lines (5) 80'x12'=17'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

Name of Owner Joseph Squires Const. Co.

Location of Property 7304 Davis Rd.

... the construction requirements as set forth in the Regulations of the Mecklenburg ... in effect on the date of the granting of this permit. A certificate of up... ... must be issued by the Health Director before any system can be covered up or otherwise rendered un... ... can be used.

Comment 1 BEDROOM LINE (38'x10'x17")
DEEP PIT (2½'x4'x7')

Paul A Kafka
Environmentalist

... to the ... of ...