

7720 SETTER TRACE LN

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

A-C LD 68855 LD ORT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 Jeremy
(704)336-5102 16877

Date: 2-19-04

PERSON FILING APPLICATION:
NAME: McClure (last) Henry (first) R. Jr. (mi)
ADDRESS: 7720 Sotha Trace PHONE: 704 398-0327
CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 033-025-17
STREET ADDRESS:
ZONING:

PROPERTY OWNER:
NAME: McClure (last) Henry (first) R. Jr. (mi)
ADDRESS: 7720 Sotha Trace PHONE: 704 398-0327
CITY: Charlotte STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME: McClure Acres

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

LOT NUMBER: 11 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) Bedroom & Bath

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)
[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: Henry R. McClure Jr. Date: 2-19-04

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.

... O.K. to use existing system for a bedroom and bathroom addition

[ ] 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

Jeremy Meeks R.S. 2/24/04
Environmentalist Date

WATER : 122791

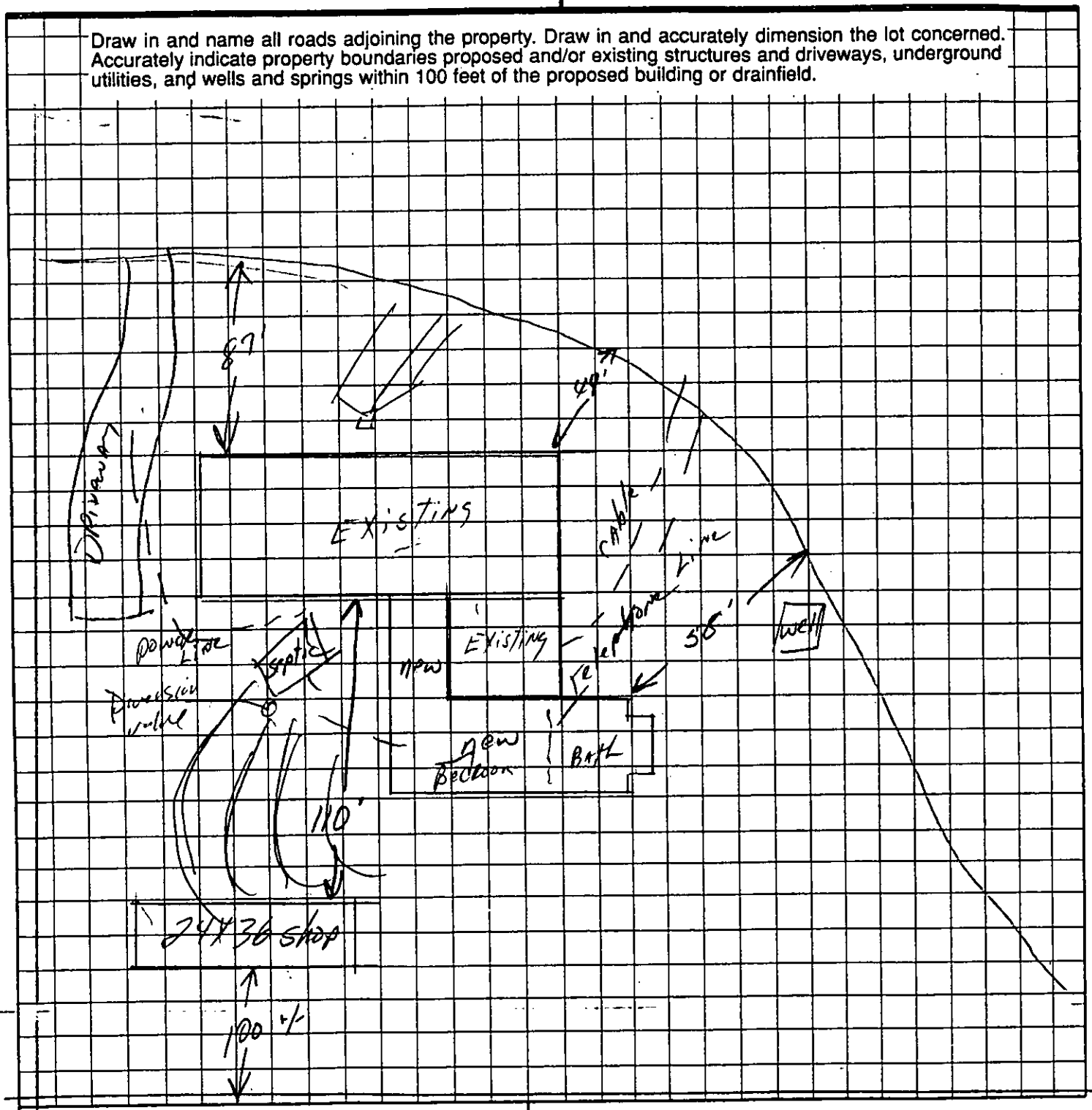
PROPOSED PLOT PLAN

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

FILE: 16877

TC: 033-025-17

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

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ZONING:

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ADDRESS: 7720 Setter Trace PHONE: 704 398-0327
CITY: Charlotte, STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

[] 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)
Bdrm 4th Storage Lift

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
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Industrial Wastes (Y/N) ___
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[X] Municipal (M) [] Other 'spring' (O)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [X] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: Henry R. McTee Date: 8/9/99

NOTICE:

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...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 9/9/99
Environmentalist Date

Jeff

WWATER : 122791

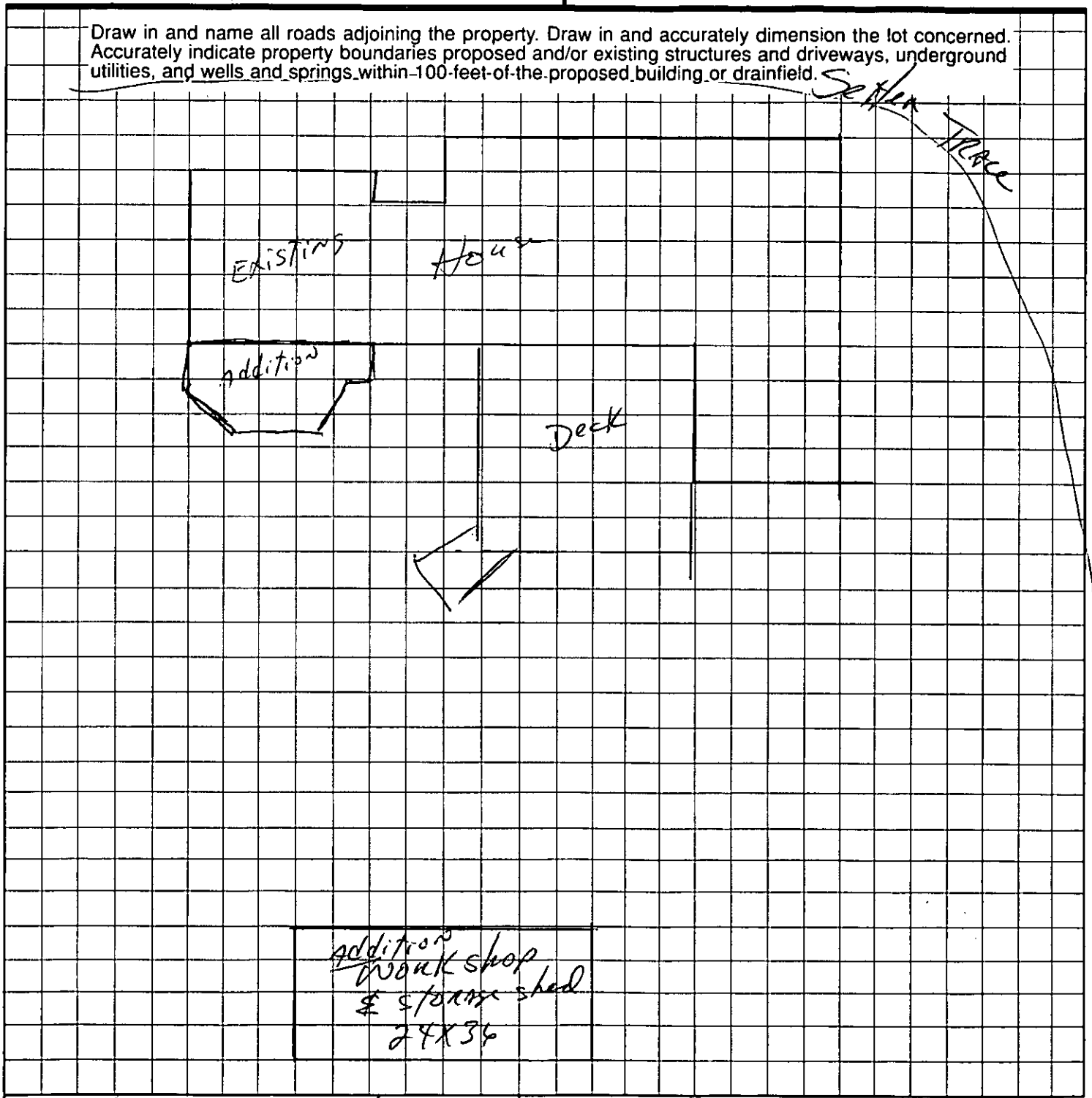
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16877

TC: 033-025-17

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.



X Henry R. Mertz Jr.
OWNER/AGENT SIGNATURE

DATE 8/9/99

APPROVAL DATE _____

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

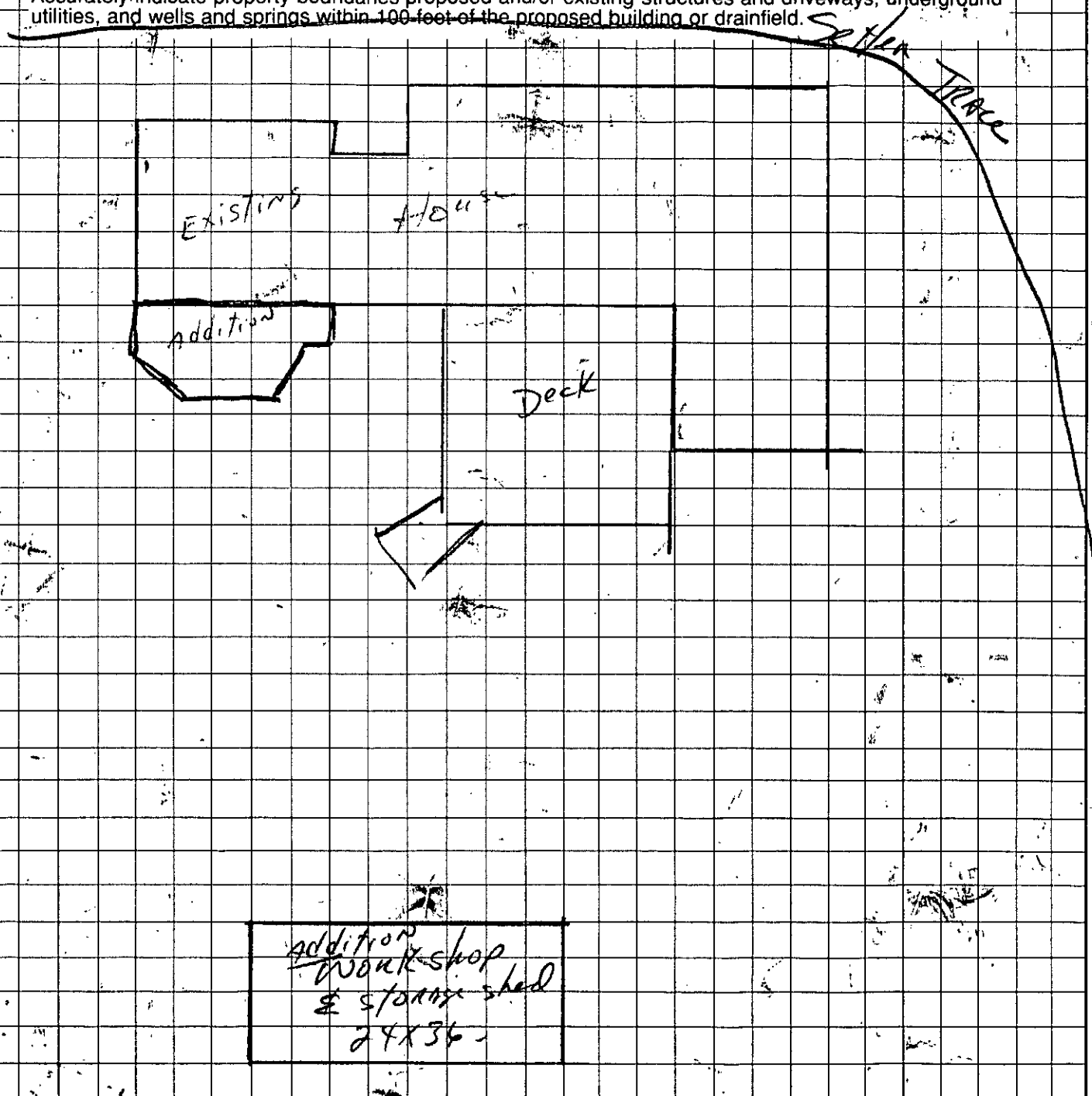
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OWNER/AGENT SIGNATURE

DATE 8/9/99

APPROVAL DATE _____

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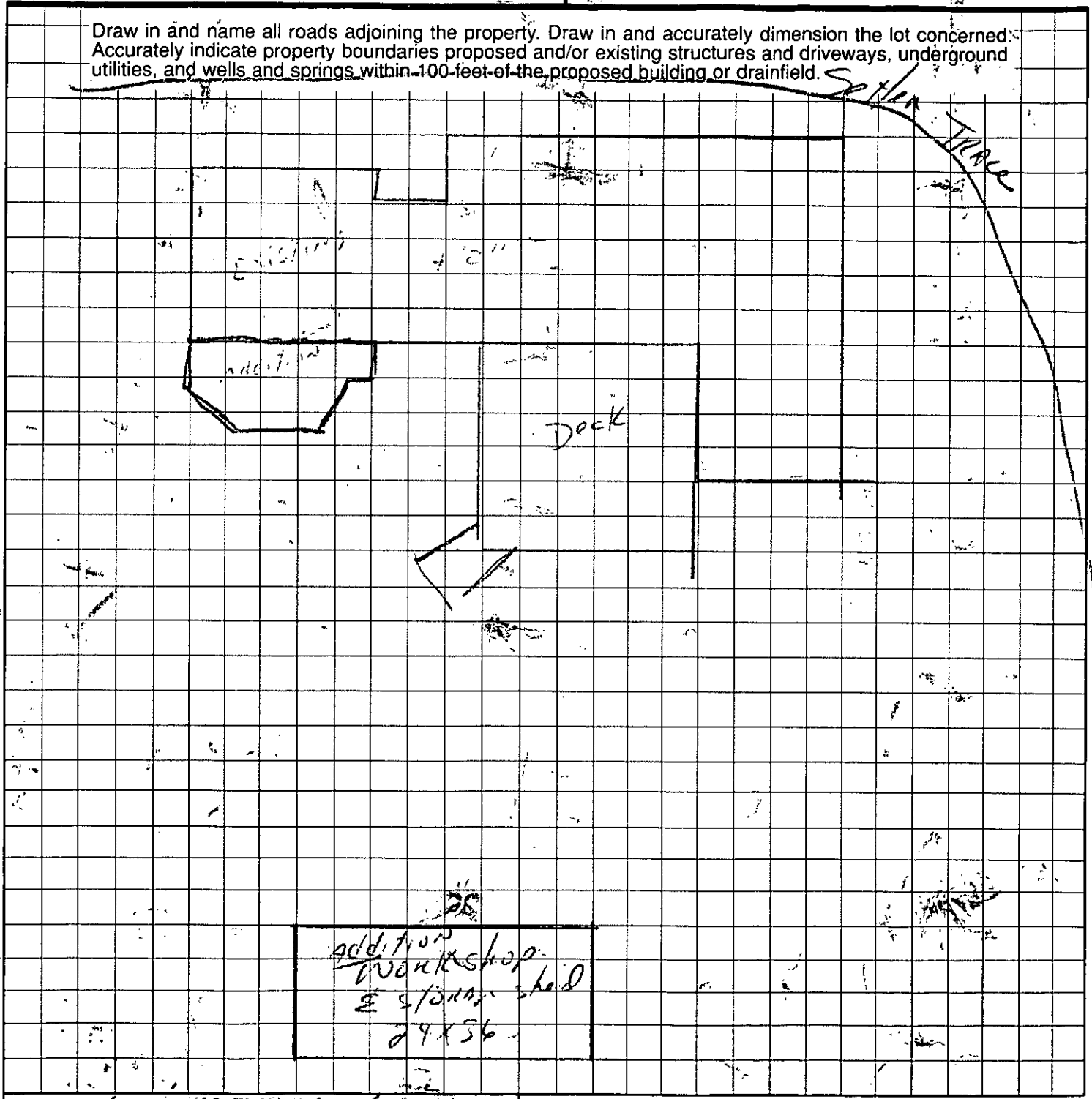
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16877

TC: 033-025-17

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.



X Thomas R. Mack Jr.
OWNER/AGENT SIGNATURE

DATE 8/9/99

APPROVAL DATE _____

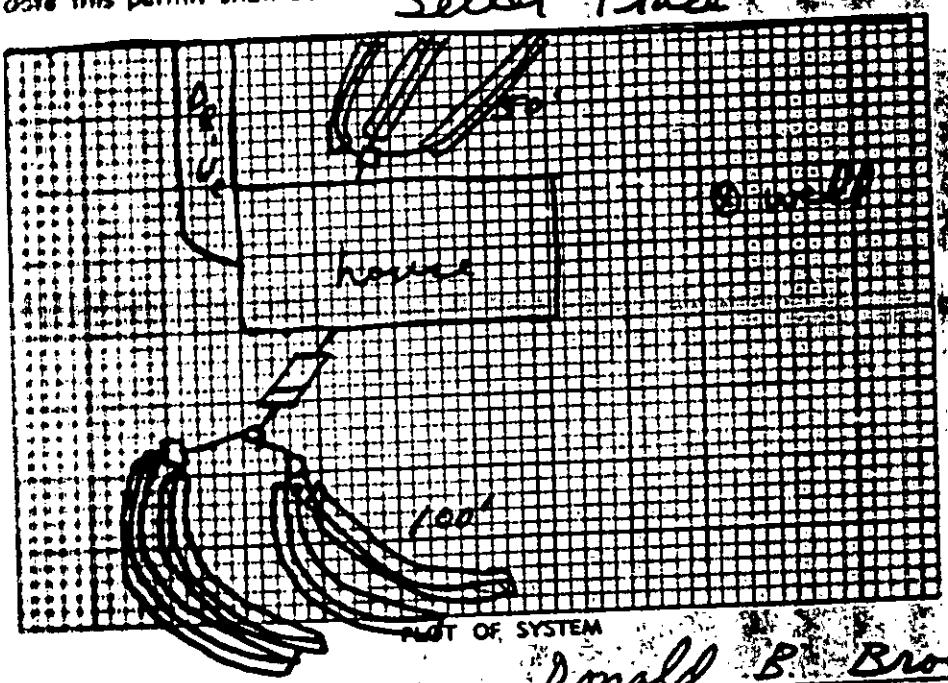
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Date Issued 7-5-83 Map Date

File # 16877

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 16877 dated 5-11-83 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 7-5-85, after which date this permit shall be null and void.



Permeability Rate U.S.

Liquid Capacity of Tank 1500 gal

Tank Construction c/c Concrete

Absorption and/or Nitrification Lines

Total Line Length 400 + 150

Number of Lines 4 + 3

Distance from House >5'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Donald B. Brown

LOCATION OF PROPERTY 7720 Setter Trace Lane

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, constructing or using such system from any liability resulting from the failure of the system to operate properly.

Comments: S Tank to Diversion valve- 4-100' x 3' x 12" Stone +6" sand
Wash field 3-50' x 3' x 12" Stone +6" sand

R Phelps
Environmentalist

Division or Section Head

* 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 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.

This permit shall be void and of no effect unless [illegible] ENVIRONMENTAL HEALTH DEPARTMENT COPY

Date Issued 7-5-83 Serial No. 6394 ICAR(S) Permit No 16877

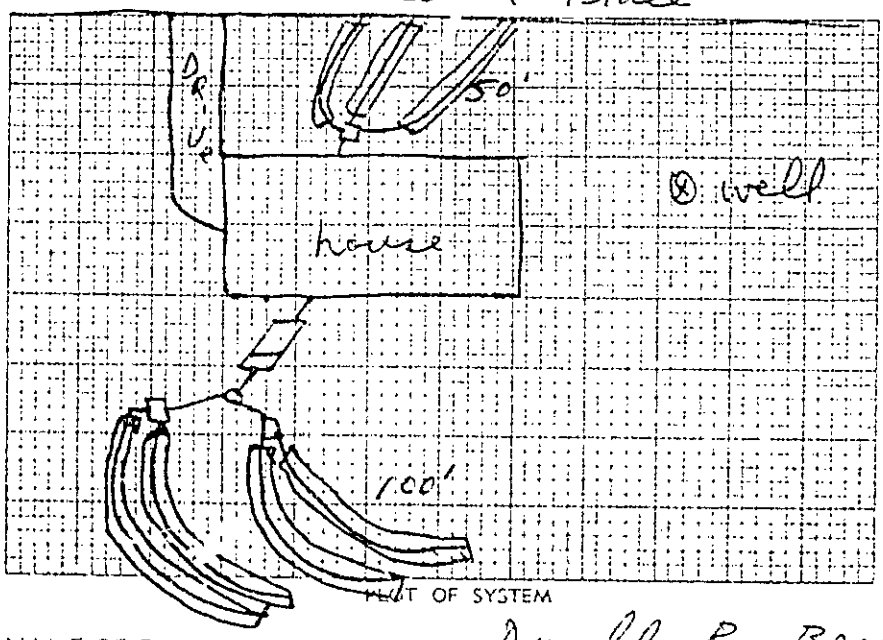
T. C. No. 033-032-18

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 16877, dated 5-11-83 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 8-5-83, after which date this permit shall be null and void.

Settler Trace



Permeability Rate U. S.

Liquid Capacity of Tank 1500 gal

Tank Construction c/c concrete

Absorption and/or Nitrification Lines:

Total Line Length 400 + 150

Number of Lines 4 + 3

Distance from House > 5'

Distance from Property Line > 10'

Distance from Well > 50'

NAME OF OWNER Donald B. Brown

LOCATION OF PROPERTY 7720 Settlers Trace Lane

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.

S. Tank to Diversion valve - 4-100' x 3' x 12" stone +6" sand

Comments: Wash field 3-50' x 3' x 12" stone +6" sand.

Division or Section Head

Environmentalist R. Phelps

* 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 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.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY