

5329 MINEWOOD AV

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Groundwater and Wastewater Services File Imaging Project
May 2007
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13162

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$400 PD 50.00 ck 6/17/94 mf 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

Date:

PERSON FILING APPLICATION:
NAME: ROGERS (last) JIM (first) (mi)
ADDRESS: 5329 MINEWOOD AVE PHONE: (704) 545-8775
CITY: CHARLOTTE HILL STATE: N.C. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-053-11
STREET ADDRESS: 5329 Minewood
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) enclosing front porch
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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: 4
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: [signature] Date: 6-17-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

[] 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

...use existing system. Ref min 5' from sewage treatment & disposal system with proposed bldg foundation. No change in total # of bedrooms.

[signature] 6-23-94
Environmentalist Date

P Walker for S. Nevil 6/23/94
Director or Authorized Section Head Date

WATER :

PROPOSED PLOT PLAN

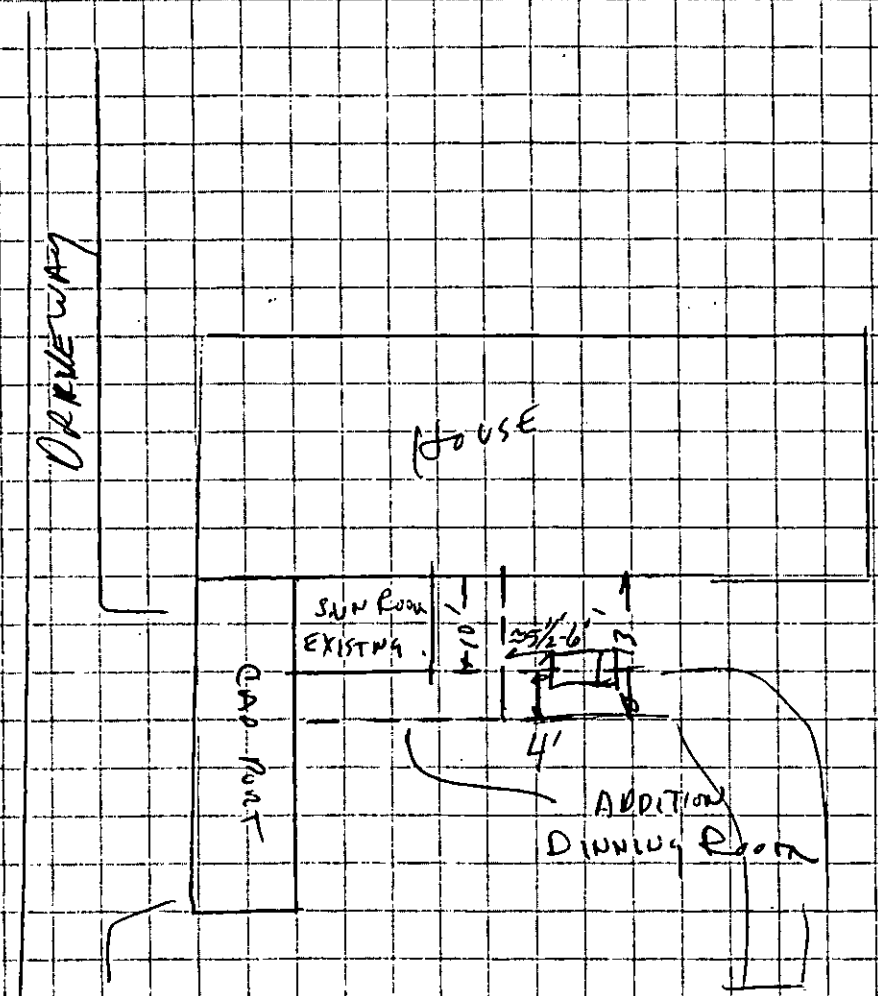
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13162

TC: 137-053-11

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 6-23-94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

C of A (s) No. 13162

Date Issued 4/26/85 **Serial** 7495 T. C. No. 137-053-11 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Rogers (LAST) Jimmy (FIRST) S (MIDDLE)

Location of Property 6329 Minewood Avenue

Application Number 13162 Permit Number 13162

Inspection Date:

Liquid Capacity of Tank Repair Tank Material —

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 4/26/85 (DATE) Tank Inspected 4/26/85 (DATE)

Nitrification Field Inspected 4/26/85 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, ef fluent discharge as described above and is has been _____ installed or constructed, ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg Count Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Ap proval does not in any way guarantee that the system will operate properly or relieve any person now o hereafter owning, controlling, or using such system from any liability resulting from the failure of th system to operate properly. This Certificate of Approval is issued subject to those restrictions and cond tions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approv shall be null and void if any information contained in the application is untrue or if any additions a made to the property which would increase the requirements for said system.

Comments: _____

Cynthia C. Cox
Environmentalist

EHD-S-76-1

Serial No. 08084

ICAR(S) Permit No. 13162

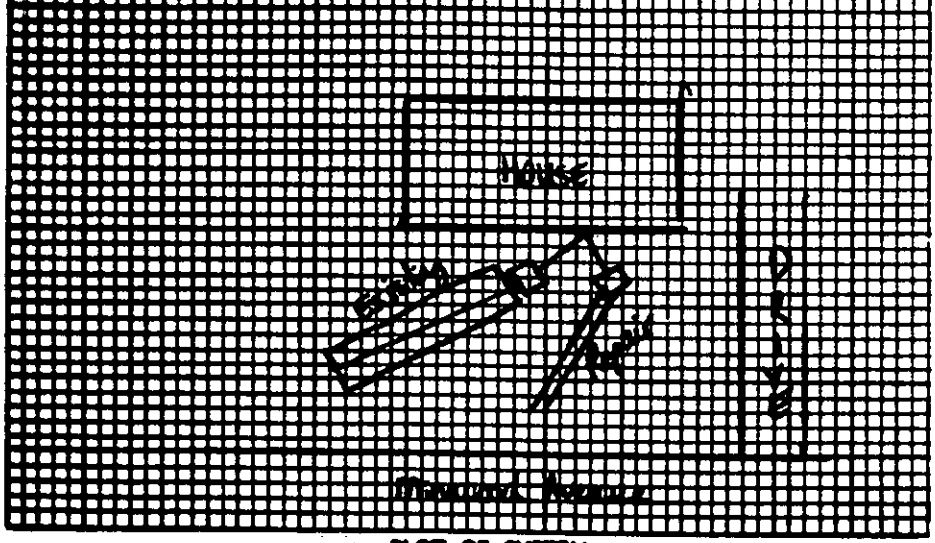
Date Issued 4/26/85

T. C. No. 131-053-11

Map Date L

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 wast water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the d scribed location. This permit is granted based upon the information supplied in application _____ dated 4/25/85 and this permit shall be void and of no effect if the information provided in the a plication is not true or is erroneous. All work shall be completed on or before 5/25/85, after whi date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair (Wash L

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 2X50'

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Rogers Jimmy G

LOCATION OF PROPERTY 6329 Mirewood Avenue

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenbur County Health Commission which are in effect on the date of the granting of this permit. A certificate of ap proval must be issued by the Environmental Health Director before any system can be covered up or otherwis rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that th system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, co trolling or using such system from any liability resulting from the failure of the system to operate properly.

2 Trenches 3'x50'x12" stone with gradeboards and straw as cover

Comments: —

Division or Section Head

Cynthia G Boss
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Department of Environmental Health in order to be valid. Only the signature of the E vironmentalist is required where an existing system is being altered or repaired.

BHD-8-76

Environmental Health Department's Copy