

PART OF IREDELL COUNTY
20921 Tuskarora Trail 001-391-39

6/19/08

thomatc

Groundwater and Wastewater Services File Imaging Project
May 2007
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2400

11271 1/31/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

* Change in PLOT PLAN Ck# 0247 $50.00 X 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: 1 31 95

PERSON FILING APPLICATION:
NAME: RIDEOUT (last) John (first) William (mi)
ADDRESS: 20921 TUSKAWORA TRAIL PHONE: (704) 662-3270
CITY: MOORESVILLE STATE: NC ZIPCODE: 533496 cellphone

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-391-39
STREET ADDRESS: 20921 TUSKAWORA T
ZONING:

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

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

TYPE APPLICATION (check one):
LOT NUMBER: LOT SIZE (in acres):

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

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] 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)
[ ] 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: John Rideout Date: 1-31-95

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
[X] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... Use existing system, Same number of bedrooms as listed on original permit.

No basement, Keep proposed bldg foundation min 5' from any part of septic tank system.

Do not drive or pave over any part of septic tank System. Advised property owner

Susan Patterson 2-23-95
Environmentalist Date

John Hennis-Bunny, RS 2/28/95
Director or Authorized Section Head Date

WATER : 122791

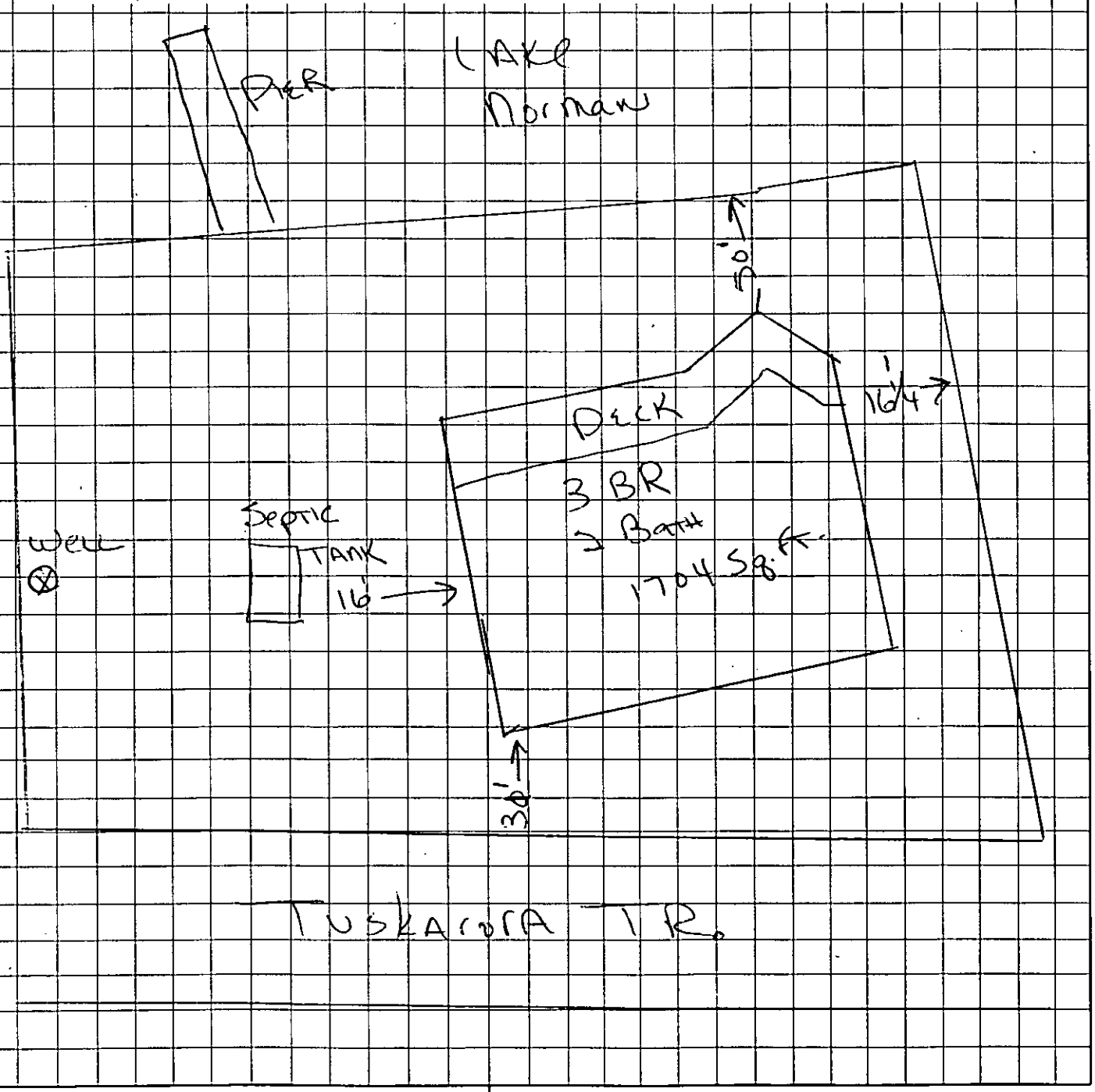
PROPOSED PLOT PLAN

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

FILE: 11271

TC: _____

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

LAKE NORMAN

EXISTING PIER

N 14°07'00" E
86.80'

N 03°51'00" W
25.00'

50.00'

50.33'

16.25'
11.25'

new distance from property line

N 85°32'00" E
185.13'

10.00'

Drive to hug property line Do not place drive over Septic tank system. Recommended property owner put drive on other side to allow for additional repair area.

N 33°57'00" W
45.97'

N 40°44'00" E
51.11'

N 84°46'00" W
66.35'

No Basement

EXISTING TRAILOR

PROPOSED HOUSE

Move over 5'

SEPTIC TANK

WELL

Recommended Drive

House plan was moved 5' closer to property line as shown to keep min 5' of any part of septic tank system.

30.00'

59'

30.00'

L=25.69'
R=656.11'

S 35°06'00" W
226.98'

to pavement

5

R\W

2-23-95

60.00'

S.R. 2153

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11271

Pd $50 12/19/94 # 0219 ☐ 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: Ridout (last) John (first) William (mi)
ADDRESS: 20921 Tuskarora PHONE: 704 662-3270
CITY: Mooresville STATE: NC ZIPCODE:

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 00139139
STREET ADDRESS: 20921 Tuskarora Tr.
Mooresville NC.
ZONING: Meck Necis

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 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):
☐ 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)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (N) ☐ 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)
☐ 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: 12-19-94 Date: John W. Ridout

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 systems 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
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...use existing system. Keep proposed mobile home min 5' from any part of septic tank system. See original improvement permit on file. All plumbing to septic tank. Do not drive or park over system area.

Environmentalist: [signature] 12-28-94 Date

Director or Authorized Section Head: [signature] 12-29-94 Date

DO NOT [illegible] read [signature] 1/31/94
application

WATER : 1227

DATE 1/31/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

001-391-39
PARCEL NUMBER

20921 Tuskora TL
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

lot 304
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	____ NOT APPROVED
2. FLOODWAY REGULATIONS	✓ APPROVED 1/31/95 Pme	____ NOT APPROVED
3. WATERSHED PROTECTION	✓ APPROVED	____ NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	✓ APPROVED	____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	____ YES	✓ NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	✓ NO

REMARKS: D. Home & Deck need elev. 766.0

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Pme

REVISED 1/91

Cof A (s) No. 11271

T C. No. 021-251-55

Date Issued 17 Sept 76 Serial No. 0227

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Auten, Marvin E. Sr. (LAST, FIRST, MIDDLE)

Location of Property Tuckaseegee Road (Rewell Road)

Permit Number 11271

Application Number 11271

Inspection Data:

Liquid Capacity of Tank 1500 gal

Total Length of Drain Tile 550 ft

Depth of Filter Material 34"

Water Supply Source well

Excavation Inspected 17 Sept 76 (DATE)

Nitrification Field Inspected 17 Sept 76 (DATE)

Washing Machine Line Inspected, If Applicable ✓ (DATE)

Tank Material Precast Concrete

Number of Lines 5

Cover Depth 36" to 48"

Distance from Water Source 50'

Tank Inspected 17 Sept 76 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system 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. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Issued 17 Sep 76

Serial No. 0214

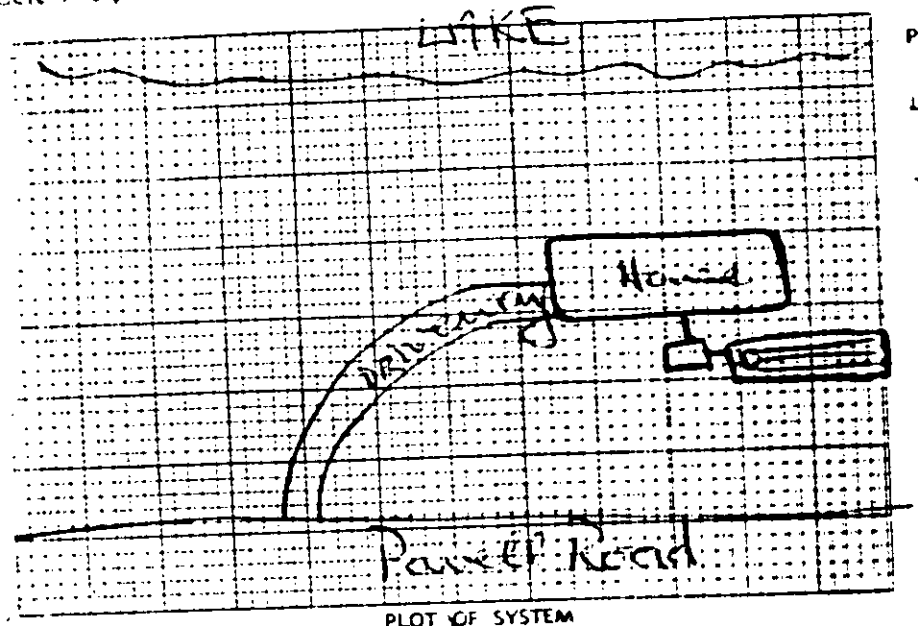
ICAR(S) Permit No. 11271

T. C. No. 001-251-53

Map Date 6-4-76

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 waste-water 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 11271 dated _____ 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 11271, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 Gal

Tank Construction Precast Concrete

Absorption and/or Distribution Lines

Total Line Length 550'

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Wells 50'

NAME OF OWNER Cluton, Marvin E. Sr

LOCATION OF PROPERTY Powell Road

The system shall meet all of the requirements in the Regulations of the Mecklenburg [illegible] which are in effect on the date of the granting of this permit [illegible]

SOIL INVESTIGATION REPORT

Date of Investigation August 24, 1976 APT NO. 1/271

Owner M. E. Anton Sr.

Location of Property Powell Rd. Rd. 2153 Section 6 Lot 304

Soil Suitability Ratings Tax Code No. 001-291-55

Soil Properties	Soil 1	Soil 2	Soil 3	Soil 4
1. Soil Series	Cecil			
2. Soil Slope	suitable 2-6%			
3. Soil Depth	suitable >48"			
4. Soil Texture	provisionally suitable clay-kaolinite			
5. Soil Structure	provisionally suitable subangular blocky			
6. Restrictive Horizons	—			
7. Soil Drainage	suitable water table 60"+			
8. Soil Permeability (Percolation Rate)	provisionally suitable moderate			
9. Other	—			
10. Overall Rating	provisionally suitable			

Recommendations Based on this investigation, the lot is recommended for approval for installation of a septic tank system. Septic drain field should be based on a percolation rate of [illegible]

Received 9/15/76 Apt. No. (S) _____ Application No. (W) 11271

T. C. No. [illegible] Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Autry Marvin Eugene
LAST FIRST MIDDLE

ADDRESS OF OWNER Rt. 6 Box 815-C ZIP 28205

PHONE NO. Home 392-6741 Office 537-5538

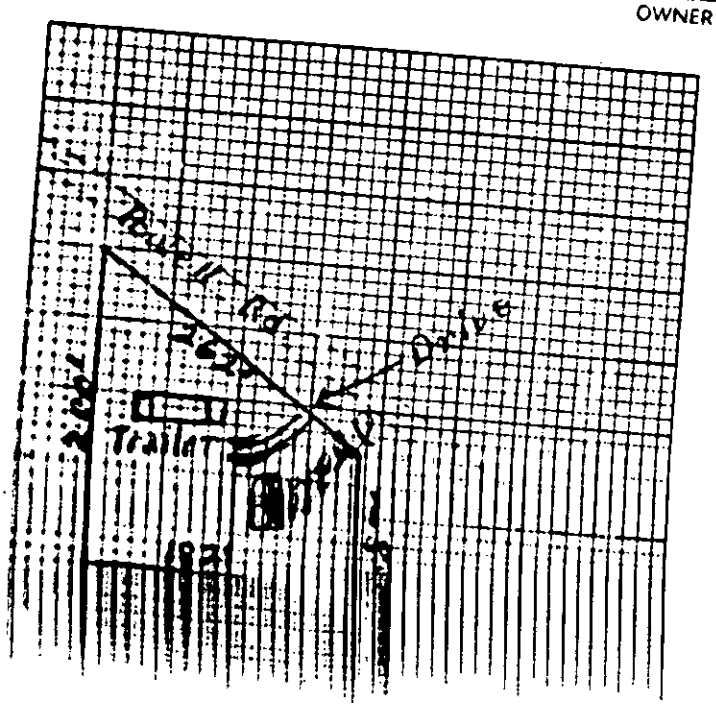
LOCATION OF PROPERTY Lake Norman Powell Rd., Road No. 2152 Lot [illegible]
STREET OR COUNTY ROAD

WELL CONTRACTOR _____ LICENSE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, semi public, or _____ public water supply.

Sept. 10, 1976
DATE OF APPLICATION

Marvin E. Autry
OWNER



Remarks: Not sure at this time who contractor will be. Either Ben Hurley or Jennie King. Don't know license No

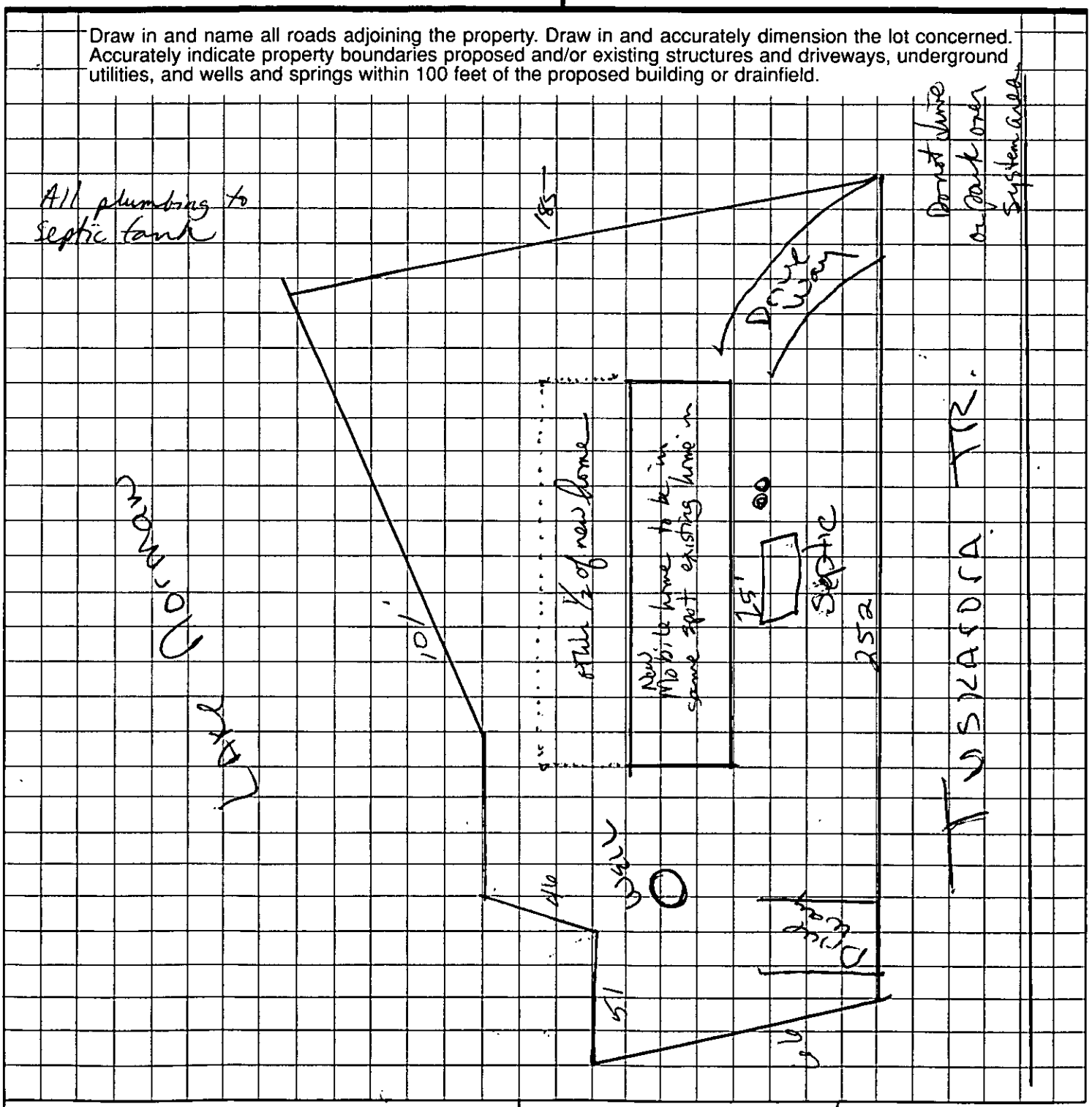
PROPOSED PLOT PLAN

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

FILE: 11271

TC: _____

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

APPROVAL DATE 12-27-94 JB

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

SEE INSTRUCTIONS ON BACK

(CAMA) Application No. [illegible]

Tax No. [illegible]

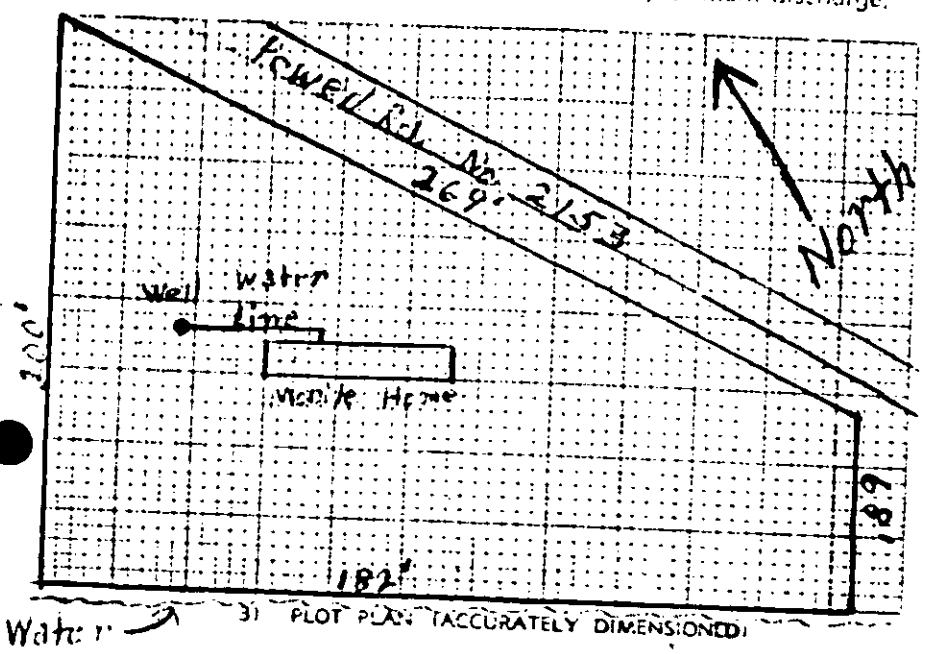
Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
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)

4) Mobile Home ✓ Yes ____ No
Residence ____ Yes ✓ No
5) No. of Bedrooms 3
6) Business Use — Max No. Employees ____
7) Washing Machine ✓ Yes ____ No
8) Garbage Disposal ____ Yes ✓ No
9) Dishwasher ____ Yes ✓ No
10) Water Supply
A) Individual Well ✓
B) Governmental System ____
C) Community System
1 Well source ____
2 Governmental source ____
11) Sewage System
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No
11) FHA Case No ____
12) VA Case No. ____

13) NAME OF OWNER Auten, Mr. & Mrs. Marvin Eugene Sr.
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Rt. 6, Box 515-C Charlotte, N.C. 28[illegible]

15) PHONE NO Home 392-6741 Office 392-2[illegible]

16) LOCATION OF SYSTEM Powell Rd, Lake Norman, N.C.