

16643 GAINESWOOD DRIVE
001-353-21

5/24/2007

duponbj

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

FEE: _____

DATE: 08/26/96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

P50-96 8/26/96
CK#4989 [X] CRT

TYPE APPLICATION: __ NEW SYSTEM X EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4909H

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-353-21

STREET ADDRESS: 16643 Grinswood Dr.

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Addition / BDRM / Bth
9/20/96 Received revised addition plan
(WWS)

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

9/23/96 OSV. Approval to WWS

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES X NO	WELL, SPRINGS OR WATERLINES	X YES __ NO
EXISTING WASTEWATER SYSTEMS	X YES __ NO	DESIGNATED WETLANDS	__ YES X NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES X NO		

PROPERTY OWNER:

NAME: CAMPBELL (LAST) LANA (FIRST) Kay (MI)

ADDRESS: 16643 Grinswood DR

CITY: Mooresville STATE: NC ZIP: 28115

DAYTIME PHONE: (704 597-3094 (wk)

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Lana K Campbell DATE: 8/26/96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

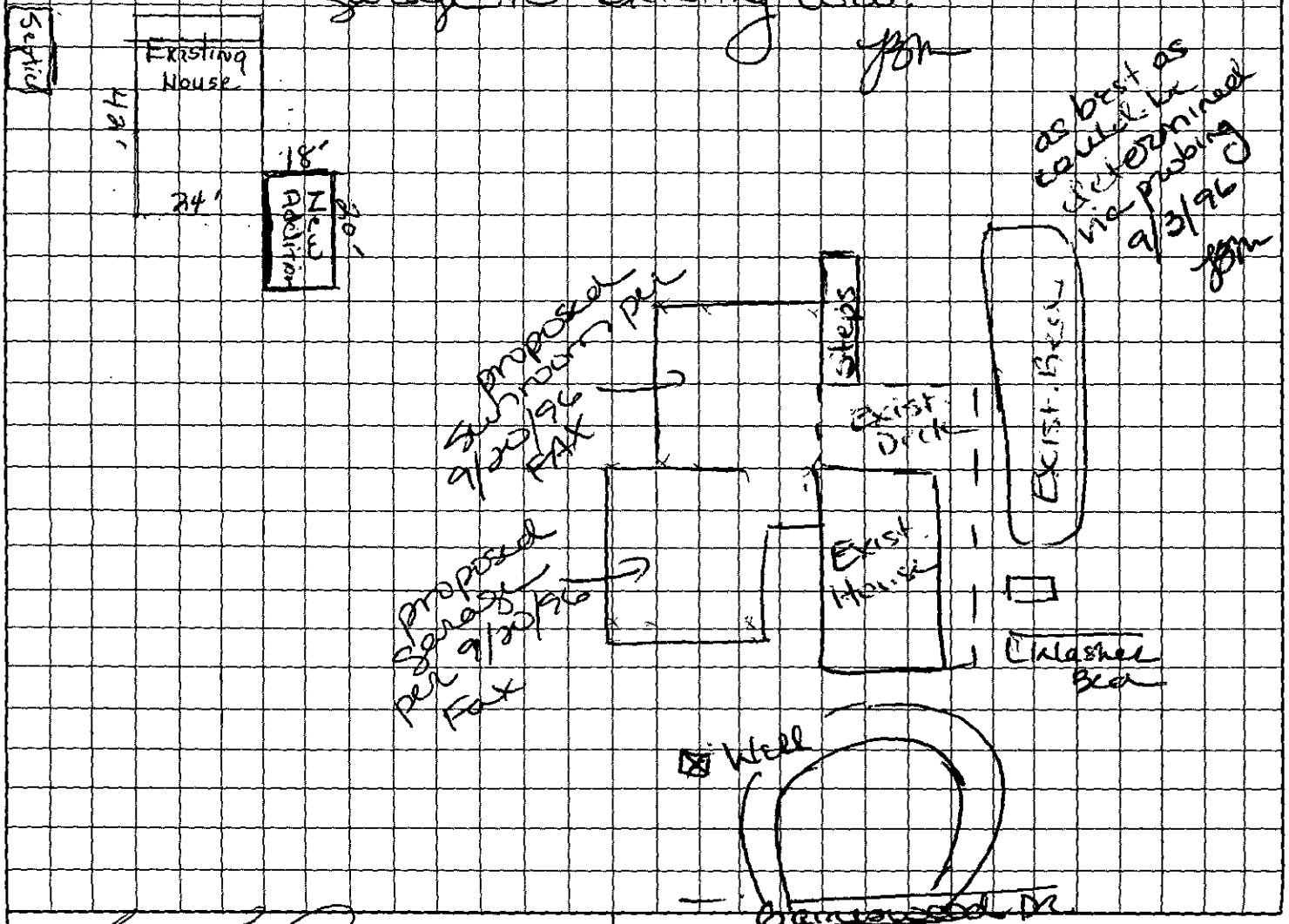
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4909A

TC: 001-353-21

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.

9/23/96 Use existing system for sunroom & garage addition. See fax from Lana Campbell to this office 9/20/96. Per 9/23/96 phone consultation with Ms Campbell, referred her to DEM regarding proximity of proposed garage to existing well. jbm



Lana Kay Campbell
OWNER/AGENT SIGNATURE

DATE 8-26-96

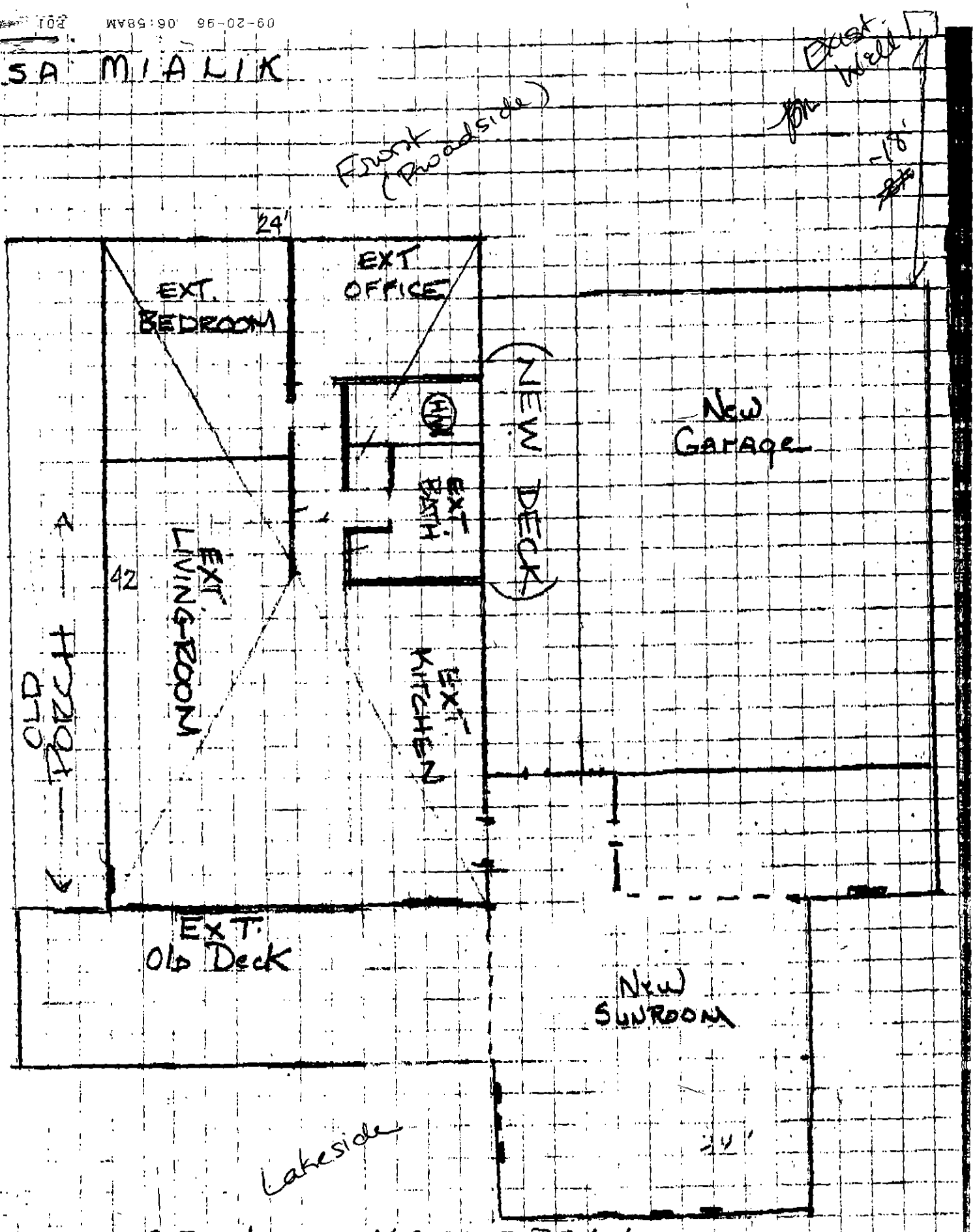
APPROVAL DATE

★ Each Block is 10' Feet

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

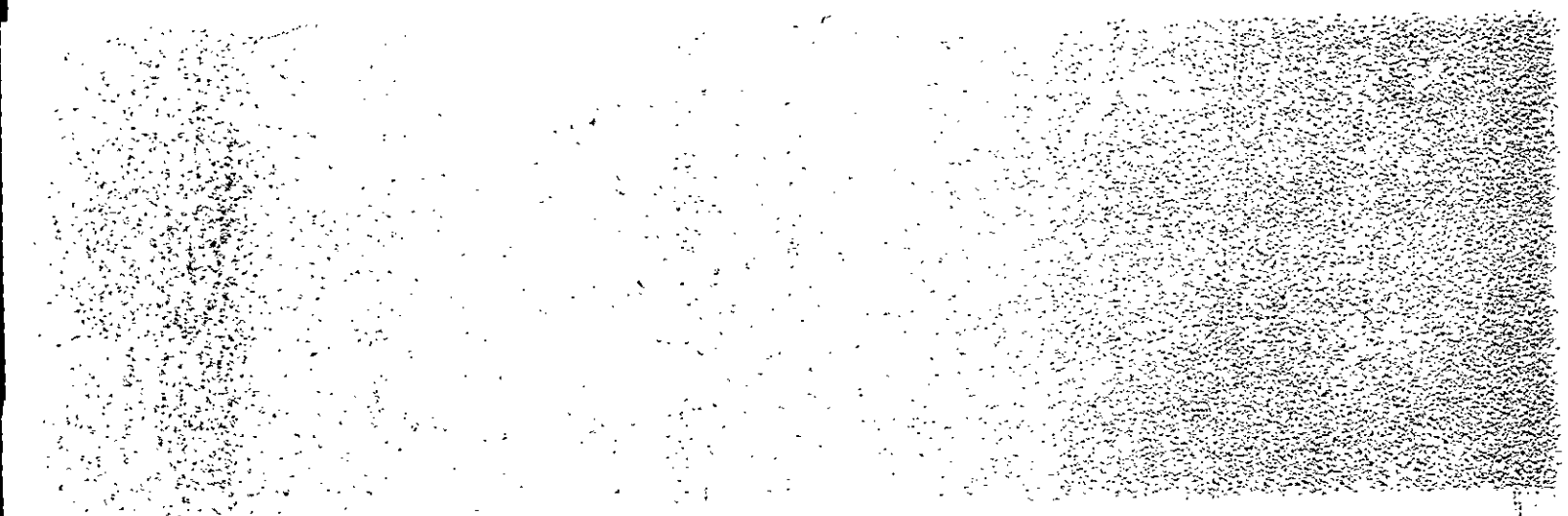
09-20-96 06:58AM P01

LISA MIALIK



JK-597-3097 - LANA KCAMPBELL
1M-662-8106 16643 GAINESWOOD DR
MOORESVILLE, NC 28115

SCALE ☒ = 2-0"



PROPOSED PLOT PLAN

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4909A

TC: 061-353-21

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.



Signed: Frank Hungelmann

Date: Nov 1 '88

FRANK HUNGELMANN

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 4909A
TC: _____
SERIAL: № 17195 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16643 GAINESWOOD DR (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-353-21
⑤ SUBDIVISION: _____ ⑥ LOT: 510 SEC 6 ⑦ BLOCK: _____

OWNER

⑧ NAME: JANE (FIRST) A. (MIDDLE) BROLIN (LAST)
⑨ MAILING ADDRESS: RT 6 BOX 722
⑩ CITY: MOORESVILLE ⑪ STATE: NC ⑫ ZIP: 28115
⑬ PHONE: (WORK) 704) 664-7377 ⑭ (HOME) 704) 664-1333

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) DETACHED GARAGE

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 3
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: Frank Hungelmann
Date: NOV 1 '88
FRANK HUNGELMANN

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. use existing system

Environmentalist: Karla W Johnson RS 11/2/88 (Date)

Director or Authorized Section Head: S D Davis RS 11/3/88 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

DATE: 11/1/88

TO: [illegible] STANDARDS
[illegible] ISSUING AUTHORITY

[illegible] MECKLENBURG COUNTY [illegible]

JURISDICTION Meck

001-353-21
PARCEL NUMBER

1643 Gainswood Dr
[illegible] (ADDRESS OF RECORD)

[illegible] (DIFFERENCE FROM ASSIGNED)
N/A
[illegible] (IF APPLICABLE)

[illegible] REQUIRED CONCERNING:

[illegible] REGULATIONS	APPROVED	[illegible]
[illegible]	DENIED	[illegible]
[illegible]	APPROVED	[illegible]
[illegible]	APPROVED	[illegible]
[illegible]	PRESENT	[illegible]
[illegible]	YES	[illegible]
[illegible] REQUIRED	YES	NO

REMARKS: Detached Garage

[illegible] BARRIERS CAPABLE OF [illegible] PAVING
[illegible] COMPANY WILL NOT BE [illegible] UNTIL
[illegible] APPROVAL ON DRIVEWAY(S).

[illegible]
[illegible] OBSOLETE
[illegible]

SIGNED: [signature]

* '88 11/01 15:45

PROPOSED PLOT PLAN

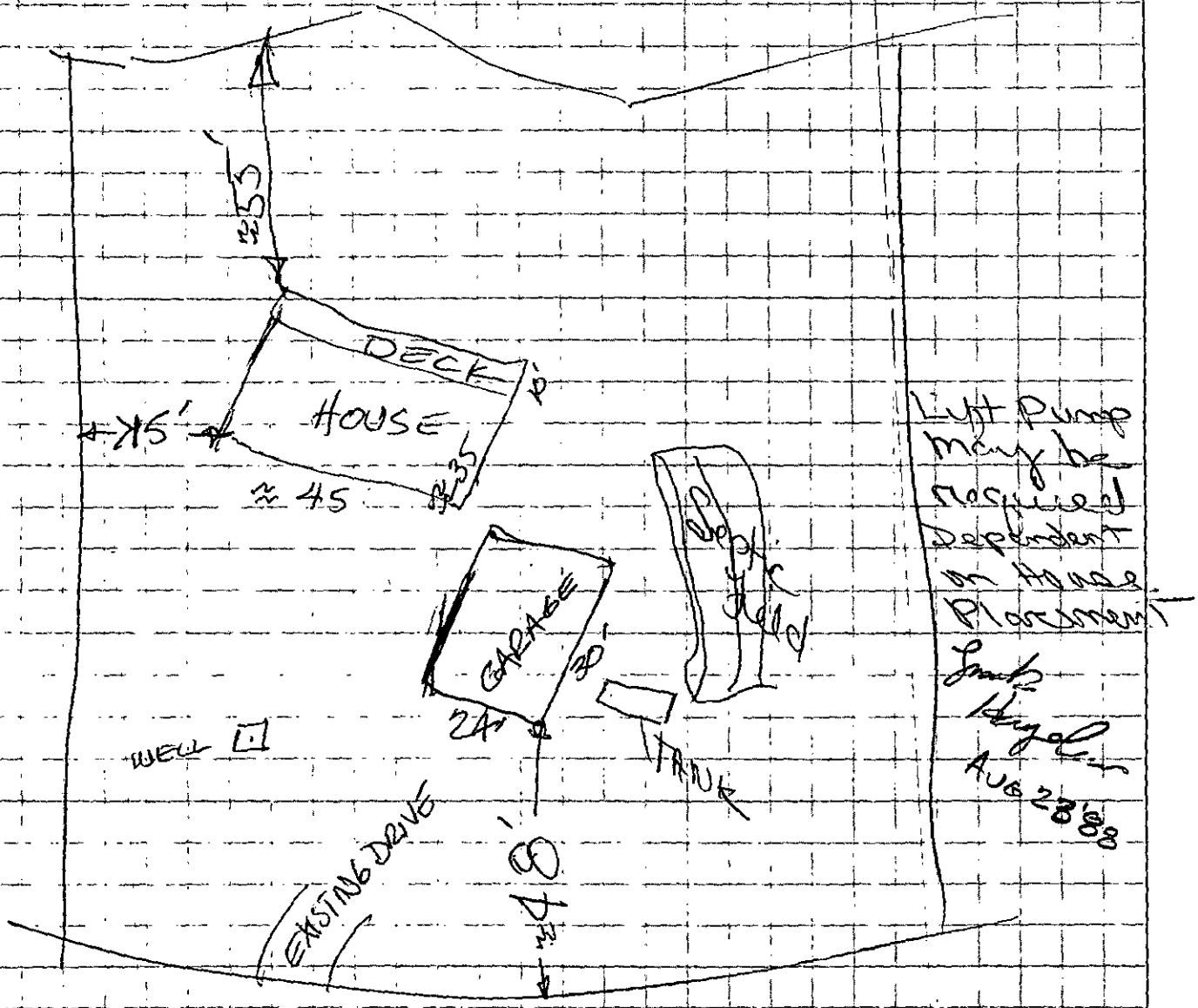
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4909A ~~4907A~~

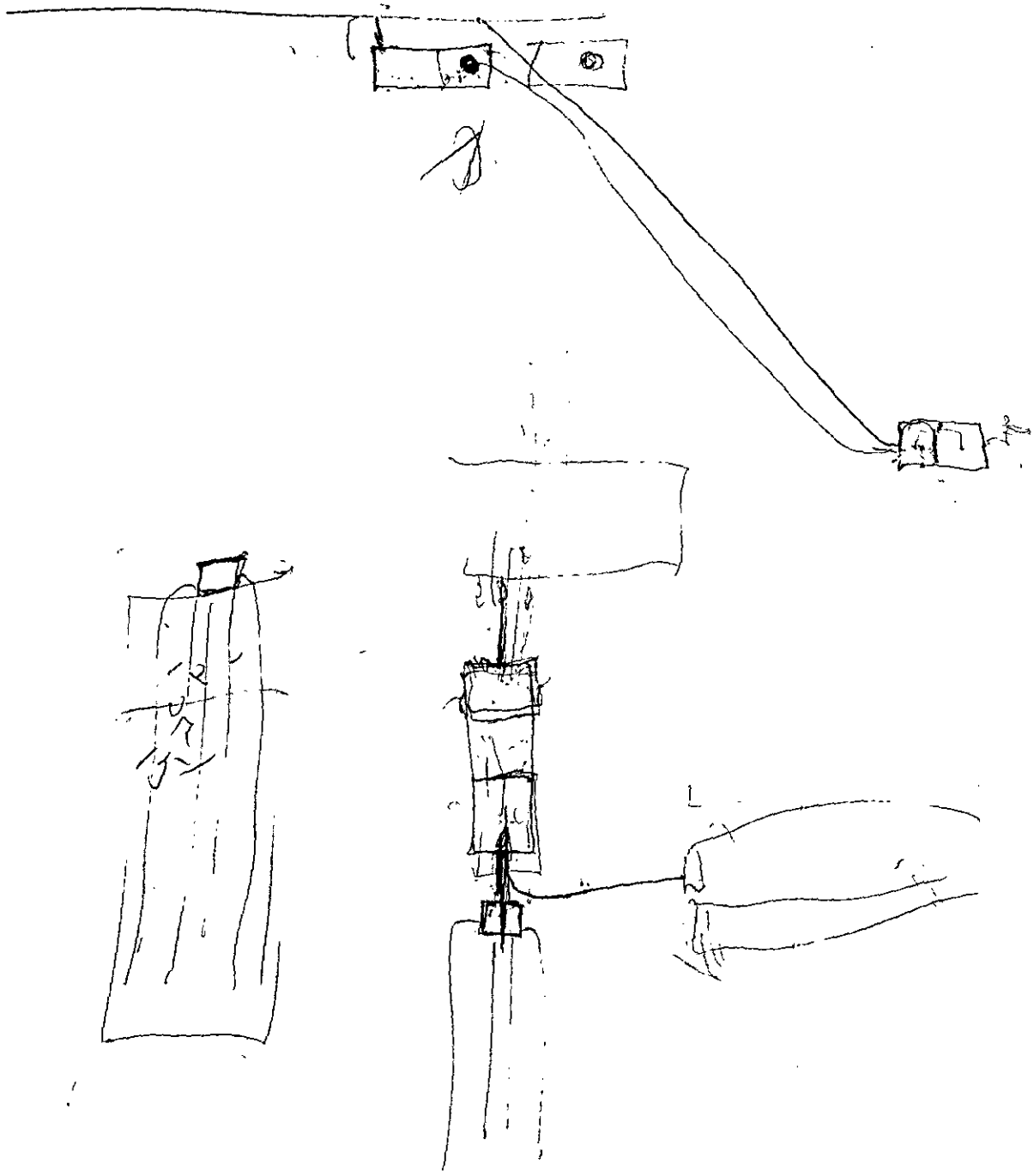
TC: _____

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.



Signed: Frank Hengchan

Date: AUG 22 '88



MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 8/22/88

Name/Company Jane A. Brelin

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp Permit - Add
File # 4876A 4909A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 22 1988

Fee: $20 — Cash on $20.

Completed by

Collected by

8/22/88 PD 20 - cook

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: ~~4871A~~ 4909A
TC: _____
SERIAL: № 16796 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 16643 GAINESWOOD DR. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-353-21
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: JANE A. BROWN (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: RT 6 BOX 722
⑩ CITY: MOORESVILLE ⑪ STATE: NC ⑫ ZIP: 28115
⑬ PHONE: (WORK) 704) 664-7377 ⑭ (HOME) 664-1333

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) REPLACE HOUSE

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 3 ㉖ Maximum number of employees? _____
㉔ Basement? ☒ yes ☐ no PARTIAL ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

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FRANK HUNGELMANN

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... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. May use existing system to build new Home - Light Pump Addition may be required

Environmentalist — Date 8/23/88

Director or Authorized Section Head — Date 8/24/88

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.