

3701 SPOKESHAVE LN

23110145

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marliwr

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

#CS Rec'd 3/30 Ck# 1428 3/27/02 GC (1) Cer

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 12443

Date: 3/25/02

PERSON FILING APPLICATION:
NAME: King (last) William (first) Thomas (mi)
ADDRESS: 3701 Spokeshave Ln PHONE: (704) 844-8645
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 23104150 01
STREET ADDRESS: 3701 Spokeshave Ln Matthews NC 28105
ZONING: Res

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

SUBDIVISION OR MOBILE HOME PARK NAME: Providence Ridge

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

LOT NUMBER: 14-B LOT SIZE (in acres): 2.104

TYPE APPLICATION (check one):
[redacted] 1979
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (N) Deck

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: 4 NUMBER OCCUPANTS:
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 [X] 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: W. Thomas King Date: 3/26/02

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.

... OK to Use Existing Septic

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Joshua R. Sellers R.S. 03-28-02
Environmentalist Date

WATER : 12279

0705

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/27/02	**Amount:**	100.00
Receipt #:	7069	**Tendered:**	100.00
Check / Auth #:	CHECK 1428	**Returned:**	0.00
Received By:	CRAIGGY		

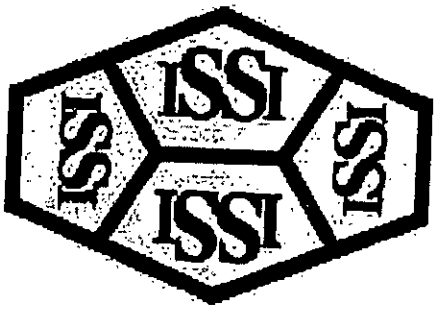
Account Information

Account #: 200000
Contractor: COVERDALE SUSAN H
Attn:
Address: 3701 SPOKESHAVE LANE
Address:
City/State/Zip: MATTHEWS, NC 28105

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 3701 SPOKESHAVE LANE		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance



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ISSI Operations Center Staff

PROPOSED PLOT PLAN

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

FILE: _____

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.

See attached survey for picture of property and deck for which permit is being requested.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

Surveyed By: Ben M. Flowe & Son;
11316 Brief Road
Charlotte, N.C.
28227
(704) 545-3060

Lot 16-A

Lot 15-A

Lot 14-A

I.PIN(S)

25.98'

N 65°17'02" E
93.45'

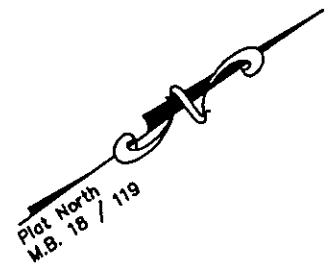
S 77°01'51" E
17.45'

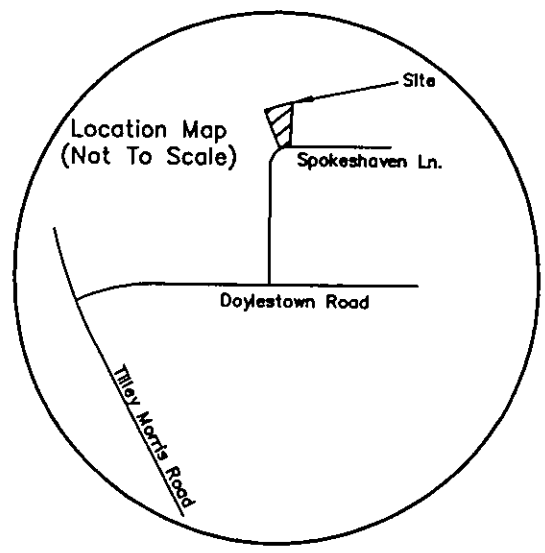
21.29'
N 40°10'06" E

Six Mile Creek

N 18°09'02" E
115.43'

N 48°07'49" E
53.09'





N 63°54'14" W
599.87'

561.03'

471.48'

S 44°40'19" E

Lot 14-B
2.167 Acres

Approx. Location of 20+2 Floodline

573.89'

Lot 13-B

Lot 15-B

Storage

x x x x

Deck

38.6'
32.4'
2 S.B.D.
30.4'
38.6'
21.6'
Porch

24.0'

30.34'

23.2'

40' Setback Line

Concrete Drive

59.21'

I.PIN(F)

R=180.00'
L=62.78'
S 35°23'48" W
62.45'

15.00'

I.PIN(F)

S 45°19'42" W

R/W Limit

S 45°19'42" W
120.00'

I.PIN(F)

60' R/W

Spokeshaven Lane

NORTH CAROLINA
REGISTERED
SEAL
L-3600
LAND SURVEYOR
GREGORY S. FLOWE

10/29/96

Tax Parcel: 231-101-45
E.C. = 1' : 10,000' +

Deed Ref: 7320 / 971
Map Book: 18 / 119

Physical Survey
For

.Susan Coverdale

Lot 14-B, Providence Ridge, Map 5
Providence Townhip
Mecklenburg County, N.C.

Scale: 1" = 50' Drawing No. 96556 October 25, 1996

SUBJECT HOUSE IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY FLOOD INSURANCE RATE MAP.

NOTE:
THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL or PARCELS OF LAND.

12443

File #