

16429 TWIN COVE DR

00101316

5/2/08

marliwr

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

W4403

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P850 ct 1003 8/31/95 CRT

32094

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: STEEVER (last) ANDREW (first) D. (mi)
ADDRESS: P.O. Box 87 PHONE: 704 896-8888
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-013-16
STREET ADDRESS: 16429 Twin Cove Dr
ZONING:

PROPERTY OWNER:
NAME: SUDDUTH, ALVIN (last) (first) (mi)
16429
ADDRESS: TWIN COVE DR. PHONE: (__) _____
CITY: HUNTERSVILLE STATE: NC 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 N)
☐ 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: 4 NUMBER OCCUPANTS: 3
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: [signature] Date: 8/30/95

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
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...Existing 4 Bedroom house approved to add bedroom ~~with bathroom~~ renovations. No change in ~~sewage flow; House will~~ remain approved as 4 bedroom home only. (Mrs. Alvin Sudduth advised 9/27/95) See plan on file. NO original record found.

Lisa B. Mialik, RS 9/19/95
Environmentalist Date

[signature] for Daniel Program Chief 10-16-95
Director or Authorized Section Head Date

See plan

WATER 12/91

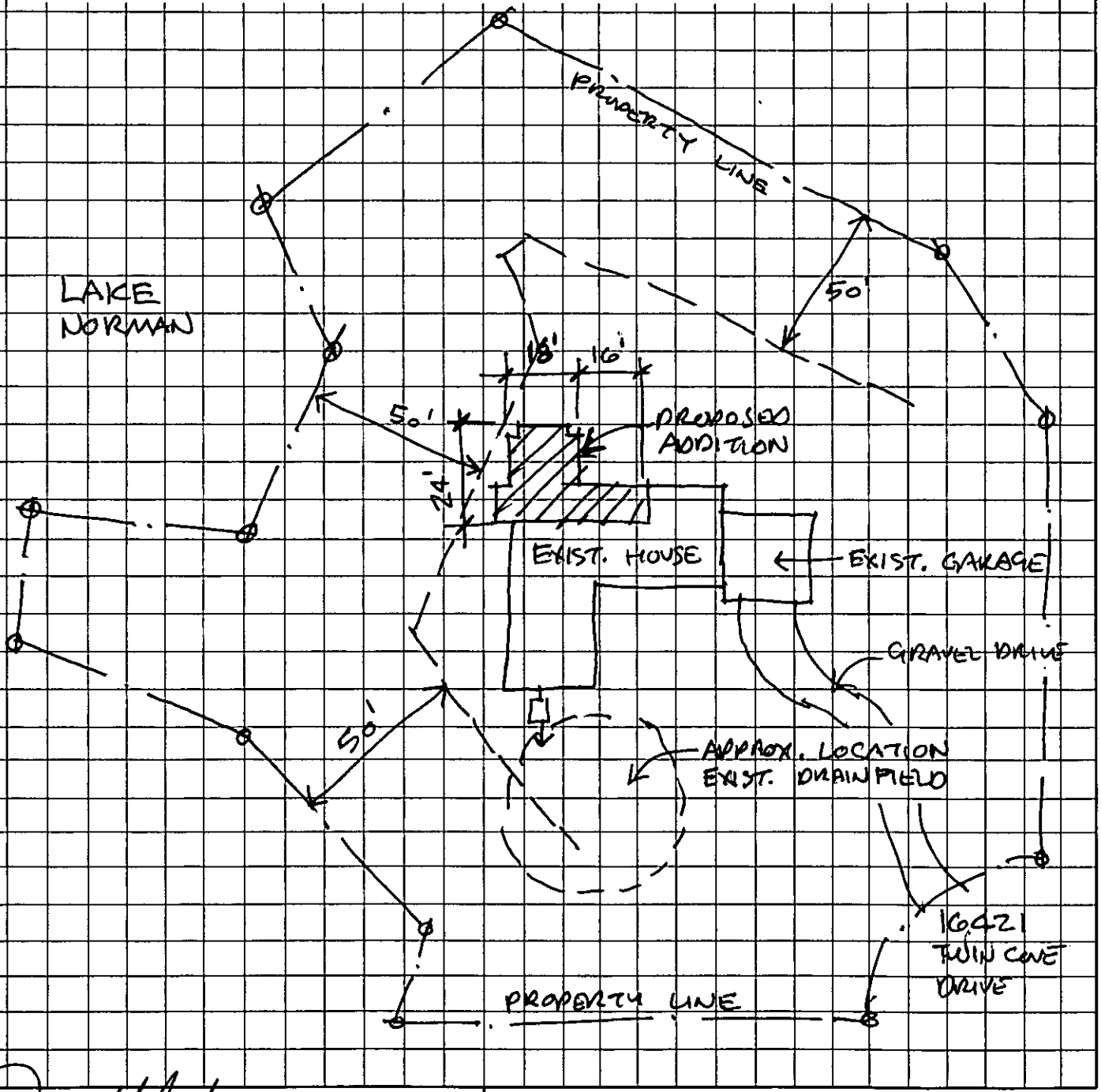
PROPOSED PLOT PLAN

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

FILE: 3209A

TC: 001-013-16

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 8/30/95

APPROVAL DATE _____

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

3'209A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P850.00 ck #1003 8/31/95 DA CK

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date:

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ADDRESS: 16421 TWIN COVE DR. PHONE: (__) 382-1678
CITY: HUNTERSVILLE STATE: NC ZIPCODE:

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ZONING:

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Signed: [signature] Date: 8/30/95

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☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...8/31 Received applic. from B. Marlin(?)

9/11 OSV. Area for system alteration doubtful.
9/12 OSV w/J. Kiser
9/13 OSV w/ Andy Steever. Walk-through house. Requested rough sketch of 2nd story on plot plans for records.
9/18 OSV - Mr Suddeth present
9/19 OC w/ J. Kiser, S. Daniel, & K. Randall approve - use Existing as 4 bdrms
9/19 PC to Mr Steever. NC Ltr.
9/25/95 PC w/ Mr Steever. WATER 22'51 Requested that 2nd floor drawing need only be rough.
9/26/95 PC to Alvin Suddeth. No answer 382-1672
9/27/95 PC w/ Mrs. Suddeth - discussed

Environmentalist Date

Director or Authorized Section Head

that approval given (9/19) for residence to remain as 4 bedroom - cannot be considered as residence with more bedrooms. Had requested ~~blueprint~~ rough sketch from Mr. Steiner of 2nd story for documentation - blue print not required.

PROPOSED PLOT PLAN

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

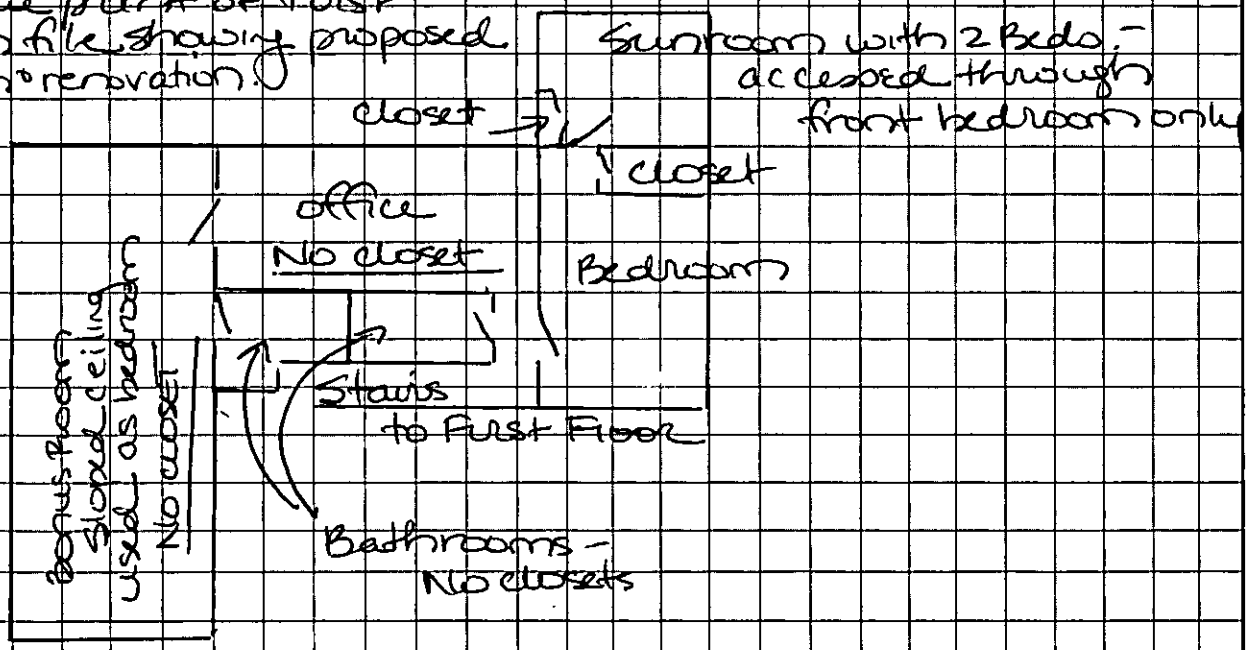
FILE: 3209 A

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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.

Rough approximation of 2nd story as observed via 9/13/95 Walk-through of house.

See blue print of first floor on file showing proposed addition + renovation.



* Retain as part of File 3209A

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE JBM 9/19/95

For record purposes ONLY

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

Mecklenburg County

This page is left in the original file as a placeholder. The following item(s) were removed from the original file prior to scanning and returned post scanning:

- **Large-format Drawings**

Original File Number: 3209 A / 00101316

Box Number: 3

Number of pages associated with file: 1

General Comments: 1

Imaging Solutions and Services, Inc.

as.a Andrew Steever ● Architecture

TRANSMITTAL

September 27, 1995

Ms. Lisa Mialik
Mecklenburg County Health Department
Environmental Health Office
700 North Tryon St.
Charlotte, NC 28202

Re: Sudduth Residence Addition

Enclosed is one copy of second floor plan.

126 South Main Street P.O. Box 87 Davidson, NC 28036 704 896 8888

Mecklenburg County

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☑ **Large-format Drawings**

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Box Number: 3

Number of pages associated with file: 1

General Comments: 2 - LFD

Imaging Solutions and Services, Inc.

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 3209A
TC:
SERIAL: Nº 13068

MECK COUNTY DEPARTMENT OF
RECEIVED
APR 7 1987
ENVIRONMENTAL HEALTH ☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 16421 (STREET NO.) TWIN COVES DRIVE (STREET) ② FILE:
③ JURISDICTION: HUNTERSVILLE ④ TAX PARCEL NO.: 001-013-16
⑤ SUBDIVISION: TWIN COVES ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: ALVIN (FIRST) LEROY (MIDDLE) SUDDUTH (LAST)
⑨ MAILING ADDRESS: RT 4 Box 522
⑩ CITY: HUNTERSVILLE ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 704-373-6215 ⑭ (HOME) 704-875-1405

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Garage / covered walk

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 3R
㉓ Maximum occupancy? 4 3R
㉕ Type?
㉔ Basement? ☐ yes ☐ no
㉖ Maximum number of employees?
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Alvin L. Sudduth
Date: April 7, 1987

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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

B. A. Ferguson — Environmentalist — 14-9-87 — Date
S. O. Reed — Director or Authorized Section Head — 14-10-87 — Date

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

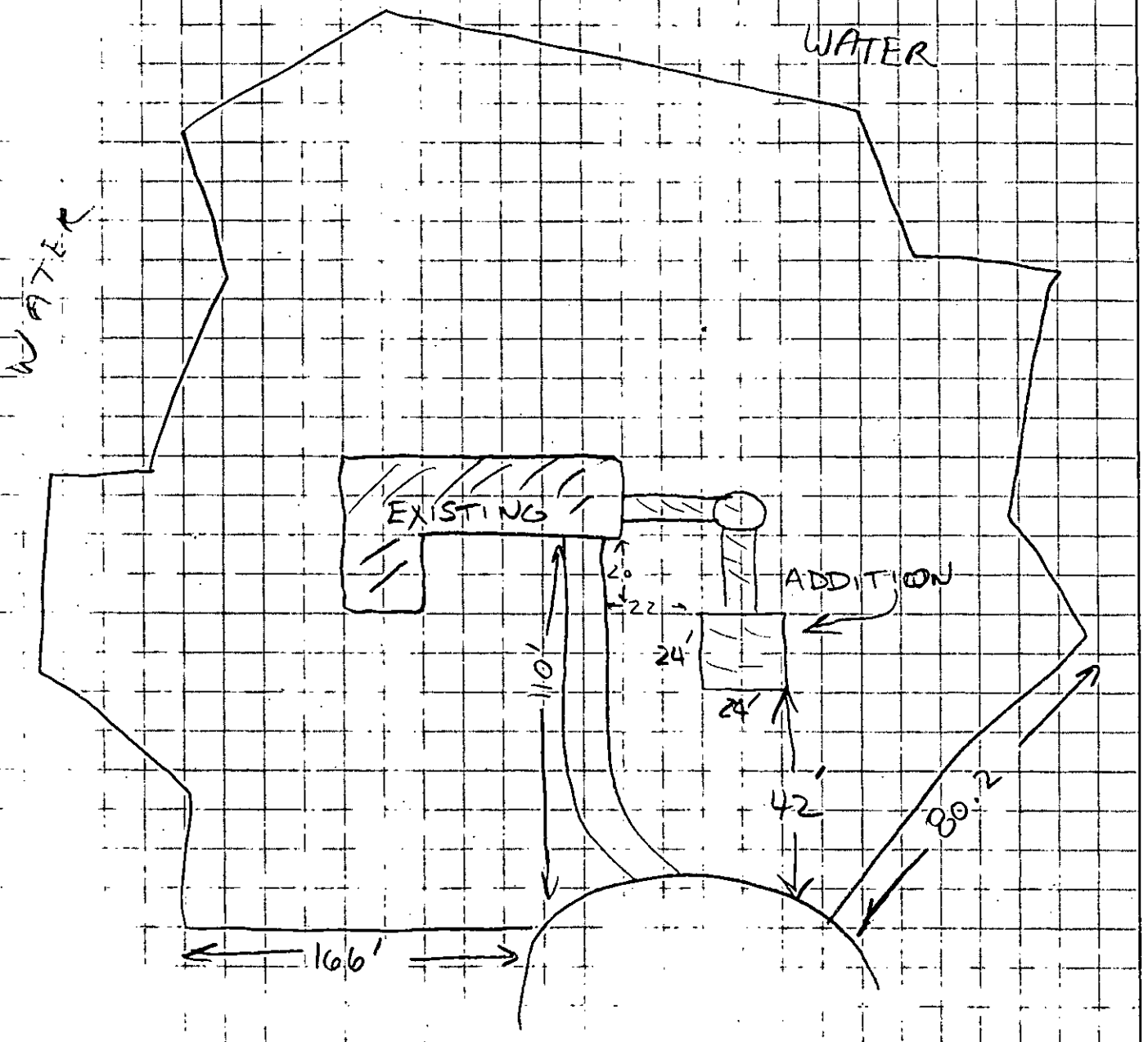
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1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3209A

TC: _____

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Signed: Ann L. Sudduth

Date: April 7, 1987