

17701 DUE WEST DR

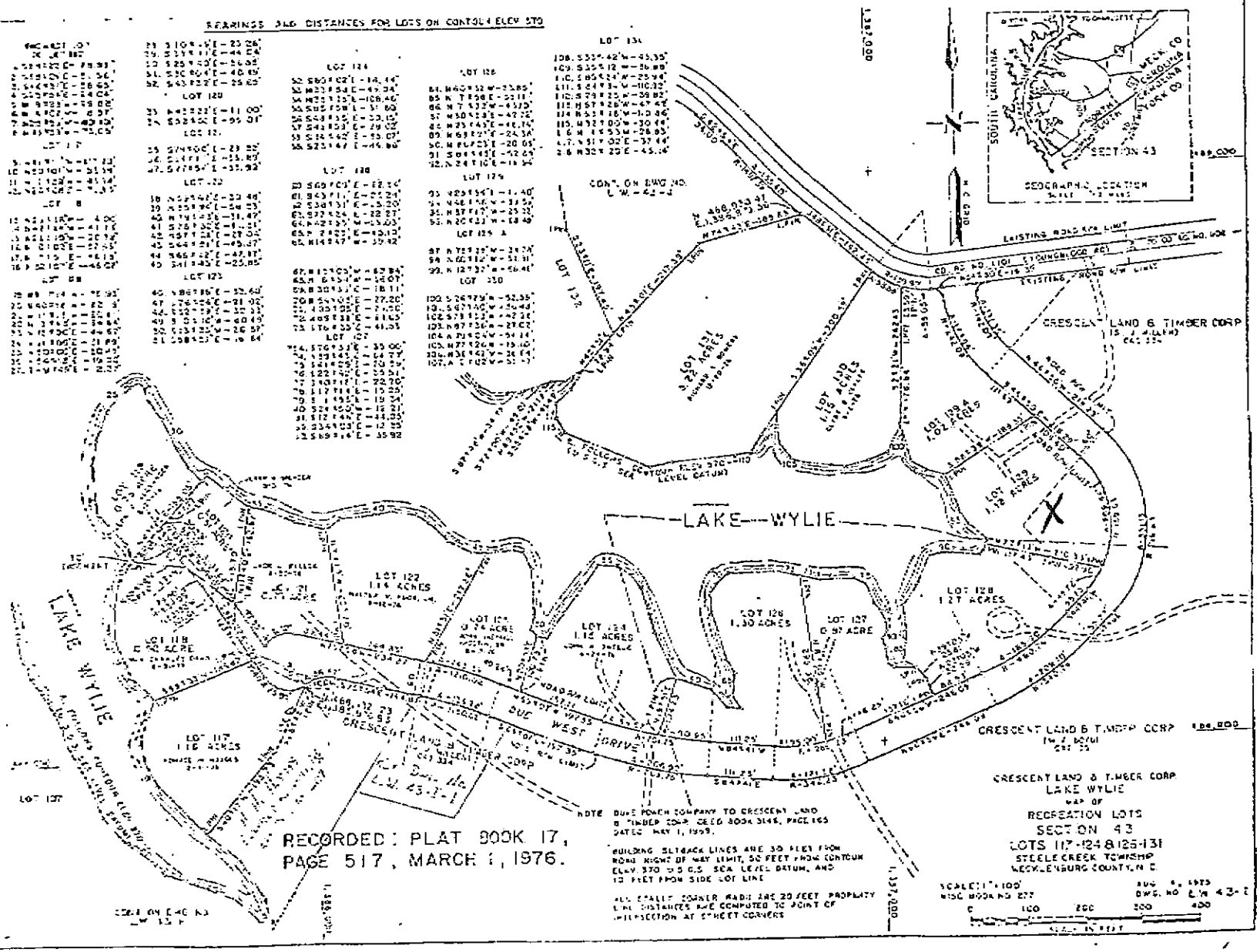
21719130

12/31/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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From : CJ / MJ BECKMAN PHONE No. : 803 831 1916 Apr. 21 1998 12:35PM P02
04-21-98 02:44PM P02



A Fax From

Mary Jane Beckman

River Hills Realty
One Executive Court
Lake Wylie, SC 29710
Office: (803)831-2241 or Fax: (803)831-8299
Home: (803)831-1916 or Fax: (803)831-1916

Date: 4-21-98

To: Tonia Hargrove

Fax #: 336-6894

# of pages to follow: 1

Comments: Darlene & Tracy Davidson's Lot 129, Sec 3 on Lake Wylie has 316' on the road right of way, 210' on left side (looking at Lake), 145' of Waterfrontage & 188' on the right side - 1.12 acres - Tax Map 217-191-30

Mary Jane

If there are any problems with this transmission, please contact us. Thank you.

Call me if you need more info. This map is not very clear.

MEMO

To: File
From: Toni Higgins, R.S.
Individual Water and Wastewater Systems
Date: May 8, 1998
Subject: 2466B

At the request of the proposed buyer, an evaluation of the existing septic system and soils was inspected to determine what further development could take place on this property.

Mrs. Davidson and I met on site to locate the septic system. No records were found in the office. At the time of my visit, I located a large septic tank and washing machine discharge pipe coming from the basement. I was unable to locate a drainfield or the discharge from the washing machine. I also walked through the existing residence and determine there were three (3) existing bedrooms.

On May 5, 1998, Bill Marlin, Soil Scientist, and I revisited the site to determine the soil suitability for an alteration. Soil conditions, the topography, and space limitations on this lot would not allow an alteration site for even a washing machine drainline.

I advised Ms. Davidson to have the outlet of the septic tank uncovered to see if a determination of what the existing drainfield consisted, so that we could possibly use the Applicability Rule .1961. I also advised her to have Crescent Resources to designate additional sites for a drainfield repair or relocation and to have them apply for a soils tests.

FILE: 35-80 CLCK
DATE: 4-2-98

6345 APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] 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

Consultation w/EHS

FILE #: 2 Rebid

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: Lake Wylie, Sec. 43, Lot 129

TAX/PARCEL NUMBER: 217-191-30A

STREET ADDRESS: 17101 Due West Dr

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 980

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

Proposed Deck addition
Consultation mailed 5-4-98
w/ R. Martin & T. Higgins Person

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X 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 ___ NO	WELL, SPRINGS OR WATERLINES	X YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: CRESCENT RESOURCES, INC. (LAST) (FIRST) (MI)	NAME: Sheila P. Davidson (Lessee) (LAST) (FIRST) (MI)
ADDRESS: P. O. Box 1003	DAYTIME PHONE: (704 [illegible]
CITY: Charlotte STATE: NC ZIP: 28201-1003	821-9995 after 3:30 only
DAYTIME PHONE: (704 382 - 1708	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Leased 4-2-74

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: Ethelene D. Williams DATE: 4-2-98

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

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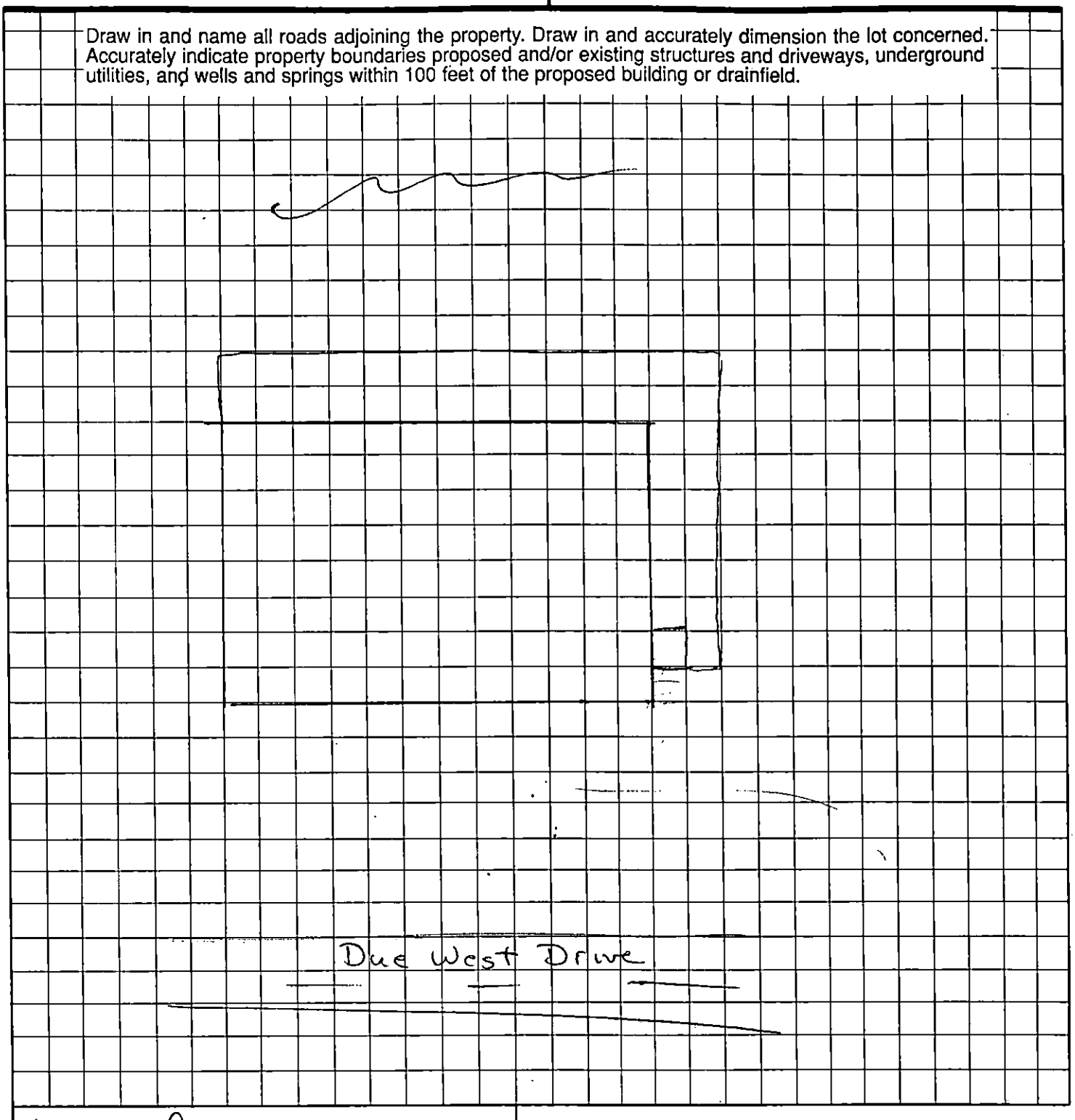
PROPOSED PLOT PLAN

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

FILE: 2466B

TC: 217-191-30A

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.



Sheila P. Davidson
OWNER/AGENT SIGNATURE

DATE 4-8-98

APPROVAL DATE _____

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