

1300 LIGHTWOOD DR

19333442

6/3/08

marliwr

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

6/9/97
Starter Lee
$50 paid 6/9/97

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

WSK00 7833 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: VANARSDOL (last) CRAIG (first) J. (mi) (W) 289-3222

ADDRESS: 1300 LIGHTWOOD DR. PHONE: (__) 847-8297

CITY: MATTHEWS STATE: N.C. ZIPCODE: 28105

Date: 6/9/97

PROPERTY OWNER:

NAME: _____ (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 193-334-42

STREET ADDRESS: 1300 Lightwood Dr.

ZONING: _____

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):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
DEN

[redacted]

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: 3 NUMBER OCCUPANTS: 5

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 [] 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: 6-9-97

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 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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Den addition - No closet

...6/9/97 OSV. Mr. VanArsdol present. Change of plan - per owner, addition to be den without closet. (See 6/9/97 plot)

Environmentalist [signature] Date 6/9/97

~~USK~~ UXS for den - No closet - No change in sewage flow - House to remain a 3 bedroom after addition; occupancy held.

WATER : 122791

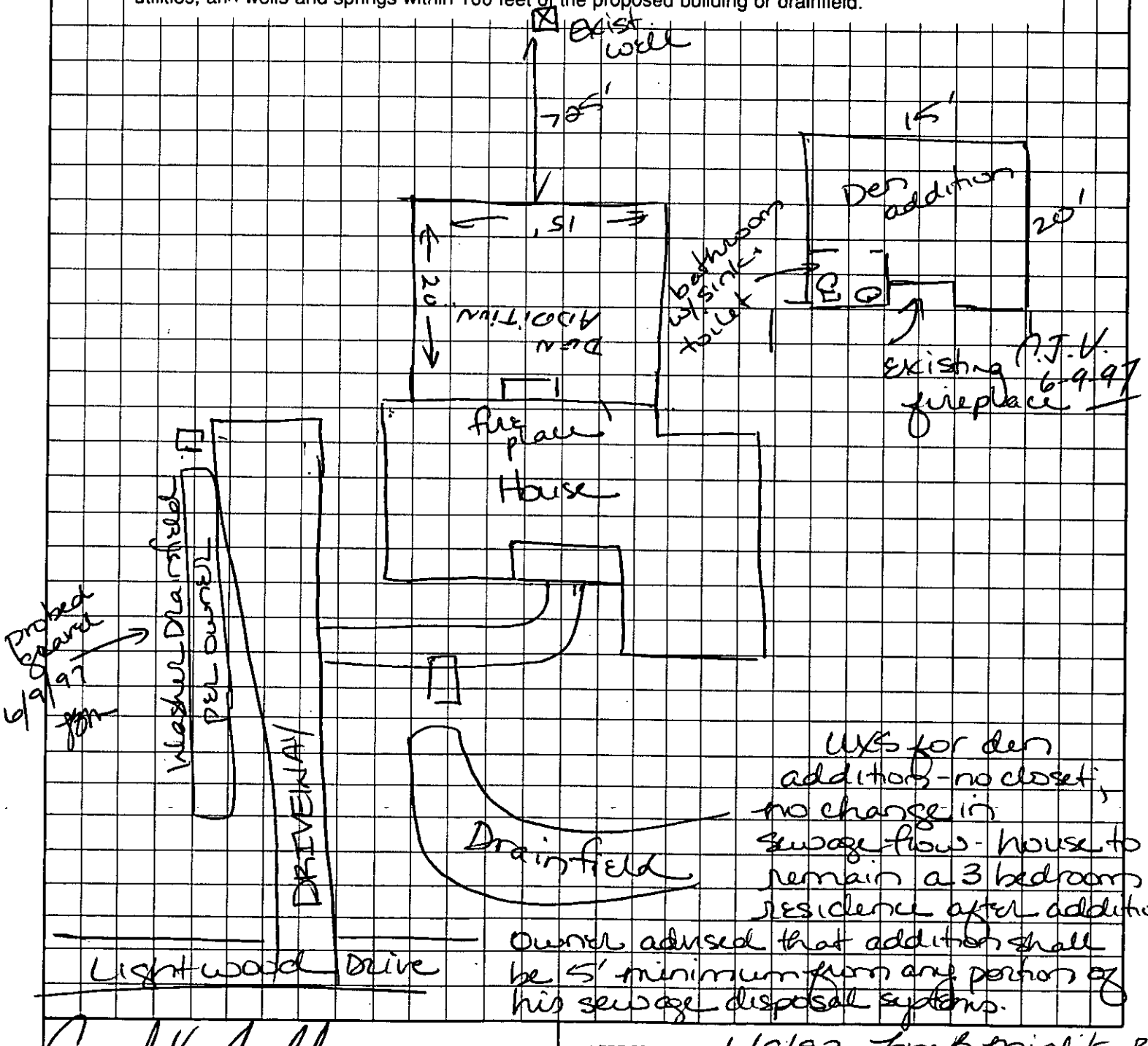
PROPOSED PLOT PLAN

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

FILE: 7833

TC: 193-334-42

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.



WXS for den addition - no closet; no change in sewage flows - house to remain a 3 bedroom residence after addition.

Owner advised that addition shall be 5' minimum from any portion of his sewage disposal systems.

Craig J Van Arsdale
OWNER/AGENT SIGNATURE

DATE 6-9-97

APPROVAL DATE 6/9/97 Jibril B. Mialik, RS

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

6/2/97 cc

cb# 10084 #150.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7833

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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(704)336-5102

PERSON FILING APPLICATION:

NAME: VanArsdol (last) Craig (first) J. (mi)

ADDRESS: 1300 Lightwood Dr. PHONE: (__) 847-8297

CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date:

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ZONING:

PROPERTY OWNER:

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

Denied

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
1 BEDROOM, 1 BATH

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

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Signed: Craig Jeffrey VanArsdol Date: 6-2-97

NOTICE:

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...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.

...6/4/97 OSW. Mr. VanArsdol's mother-in-law present.

6/4/97 PC w/ Mr. VanArsdol. Informed of WSS denial.

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

Disapproved 6/4/97

Environmentalist Date

WATER : 122791

See 6/9/97 application & associated plot plan (dated 6/9/97)

PROPOSED PLOT PLAN

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

FILE: 7833

TC: 193-334-42

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

OWNER/AGENT SIGNATURE Craig J. Van Cleef

DATE 6-2-97

APPROVAL DATE _____

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

7833

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) | STREET NAME | (AV,RD,ST, etc)

1300 | Lightwood | Drive

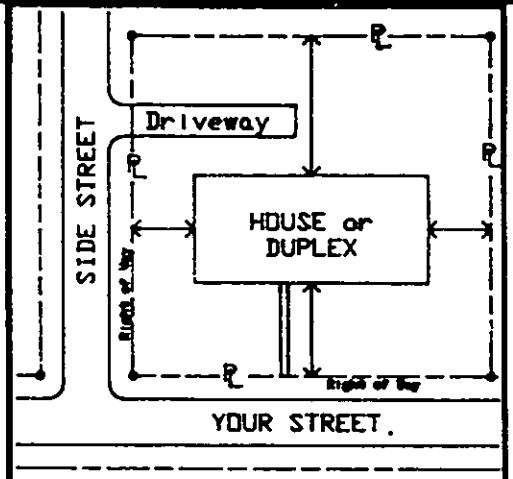
SUITE/UNIT(S):

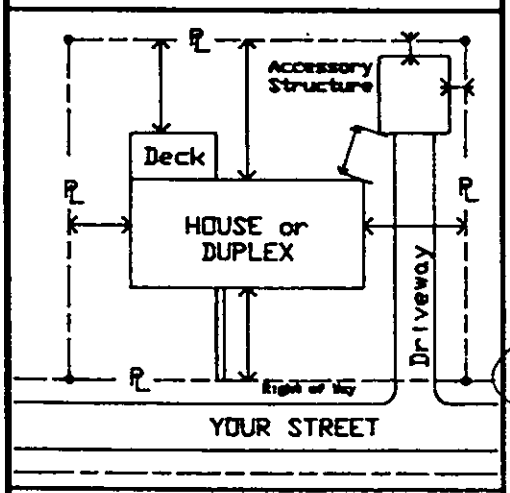
PERMIT # [redacted]

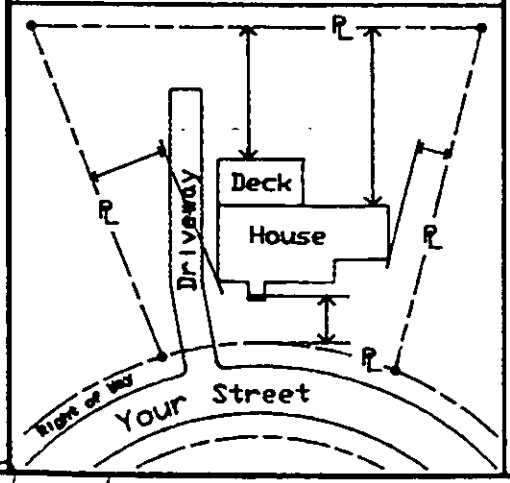
TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☒ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 193-334-42 JOB # [redacted]

EXAMPLES/PLOT PLAN



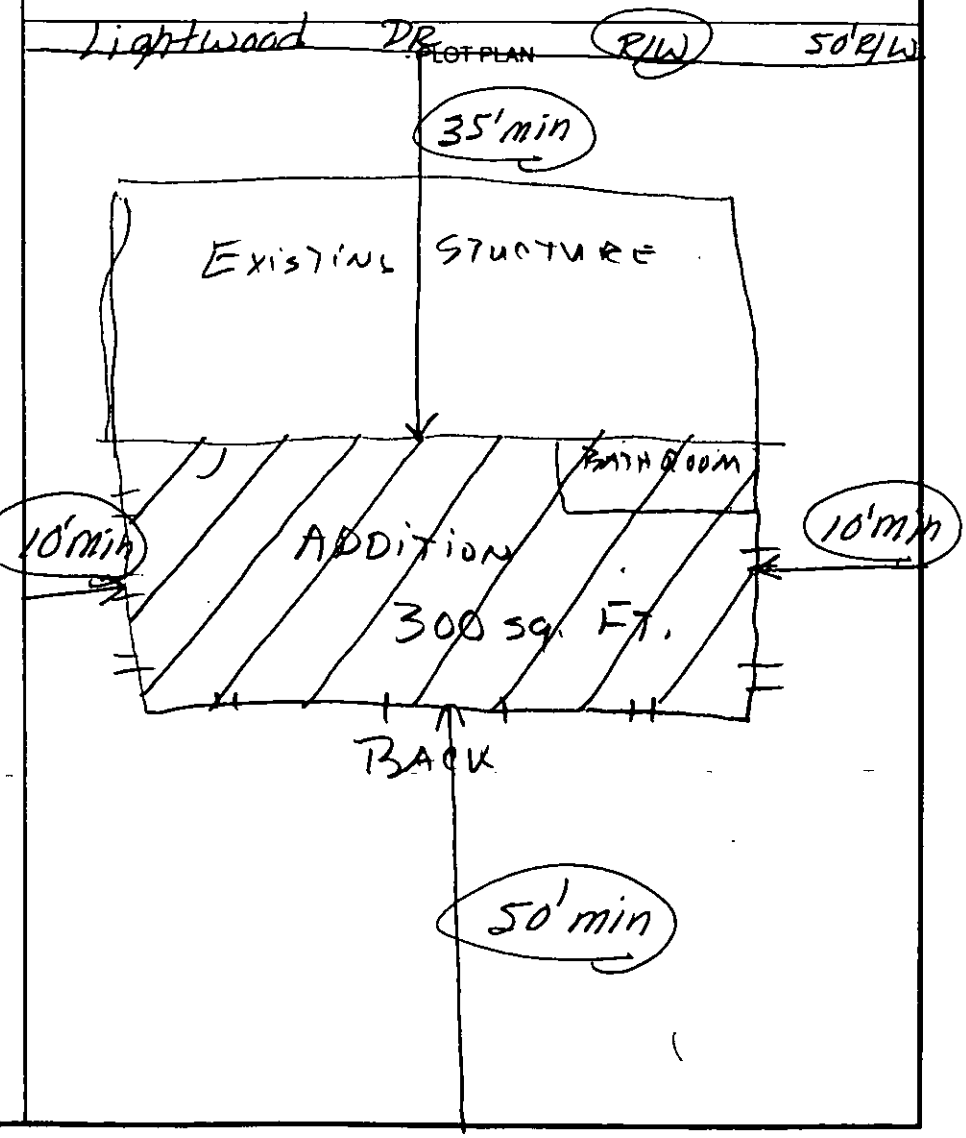




- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.



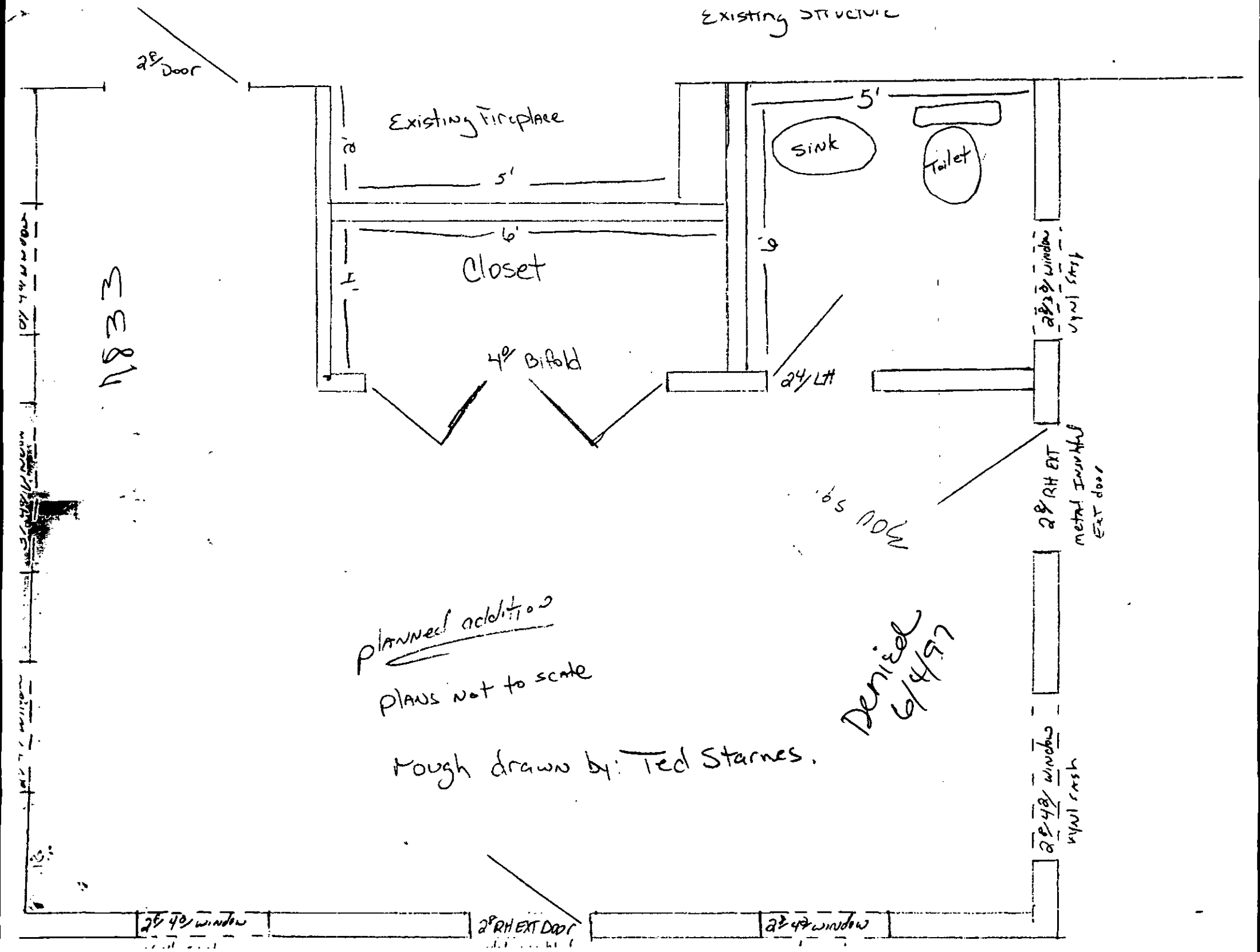
ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

[signature] 6-2-97 CRAIG JEFFERY VANAUSDOL

APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT

APPROVED BY
DH


Existing Structure
2'8" Door
Existing Fireplace
2'
5'
6'
Closet
2'
4'8" Bifold
5'
sink
Toilet
6'
24" LH
2'8" window
Vinyl Insul
2'8" RH EXT
metal Insulated
EXT door
NOW
planned addition
plans not to scale
Denied 6/4/97
rough drawn by: Ted Starnes.
2'8" RH EXT Door
2'8" window
2'8" window
2'8" window
Vinyl Insul

Subcontractor & supervisor Ted L. Starnes
Ted L. Starnes Construction Co.

Foundation : brick
Floor: Crawl space : Floor system 2x10 & 3/4 T+G plywood
Exterior: Vynl siding
Exterior walls : 2x4 . walls wraped 7/16 OSB 4x8
Interior walls 2x4
Insulation : Exterior walls R-19 : Floor & ceiling R-30
Roof : stick built: ceiling joist 2x6 : rafters 2x6 : 7/16 OSB sheathing
shingles : 25 yr. Owens & corning with ridge vent.

Plumber: Morris Plumbing Service Jim Morris OWNER
3207 Deer Track Ln. Monroe N.C 28110 (704) 282-1104 lic # 19083

Electric : MAC Electric : Norris MacMAVUS OWNER.
2917 Weddington Rd. Monroe N.C 28110 (704) 283-0419 lic # 7609-00-C

HVAC : Arant Heating & Cooling : Tommy Arant jr. OWNER.
3225 Ansonville Rd. Marshville NC 28103 (704) 624-3228 lic# 18109

Estimated Cost for job. $ 15,000.00

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