

9124 LACROSSE DR

01727719

5/13/08

marliwr

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

(Zoning B-MX or R-6) John

3/25/96 Check #50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES Return as part of File - Front to Back

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:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-277-19
STREET ADDRESS: 9124 Lacrosse Drive
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: Adcock (last) Shannon (first) A (mi) (Newton)
ADDRESS: 209 W. Blvd PHONE: (__) LOCAL: 465 7018
CITY: Wilmington STATE: ZIPCODE: 28409

PROPERTY OWNER:

NAME: Pat Nixon (last) Pat (first) (mi)
ADDRESS: PHONE: (__)
CITY: STATE: ZIPCODE:

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

LOT NUMBER: 208 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] use existing System [redacted]
[] NEW CONSTRUCTION ON VACANT LOT - # BEDROOMS OR LESS GPD
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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: 2 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)
[] 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: Shannon Adcock Date: 3-25-96

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
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

3/27 M- mess from Mr Adcock
3/27 M- mess from Bob Sears Accent R.E.
3/27 PC w/ Mr Stearns Staked 2 bedroom S.W. 14'x 56' Staked O.S. 597-1802

413 M- from Mr Stearns - has not set appt w/ Mr Nixon

Environmentalist Date
4/3 C to Mr Stearns - N.C. Ln mess - booked 4/4 until ~3:00.

Director or Authorized Section Head Date
4/4 OSV. Mr Stearns present Mtn. @ B P/L WATER : 122791

4/1 Scheduled OSV w/ Mr Stearns (- Mr Nixon) for 1:00 4/2
4/2 OSV @ 1:05. No Show. PC w/ Mr Stearns - Stated he called @ 10:30 to cancel. Re-scheduled 11:00 4/3

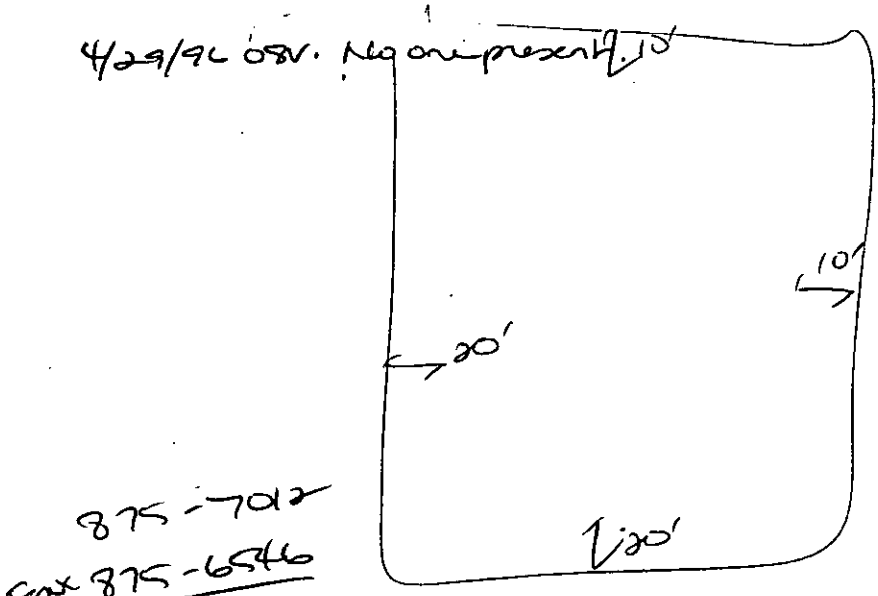
40' 49' 100' 46' Boking
Would have to site 25' off back P/L to be 90 septic.

File #50

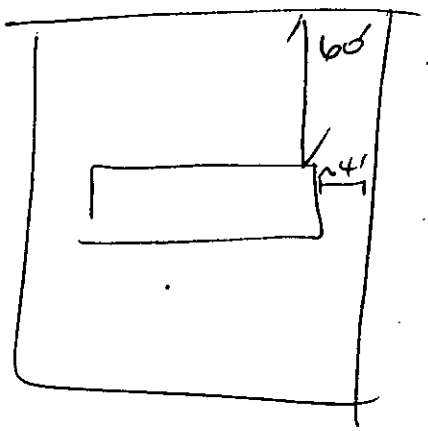
John Eaves

Town of Hurstersville
- Ann Hammond -
Zoning Planner,

4/23/96 Vm from Bob Stearns - thought they could get variance for rear P/L or side P/L
PC w/ Mr Stearns - advised that variance for side line not discussed - 5' separation not met as m.h. currently located. Will schedule OBV for 4/24 + then consult Program Chief. Per Mr Stearns, plans to meet Ann Hammond OS @ 11:00 Mon 4/29



875-7012
Fax 875-6546



4/17/96 OBV. m.h. 60' from rear P/L
4/17/96 PC (Vm from Mr Robert Brown) w/ Mr Brown - discussed location of m.h., my OBV w/ Mr Stearns of Accent m.h., ltr to be faxed to S. Daniel + Ann Hammond w/ the Town of Hurst
Faxed copy of "I.P." that Shannon Ade/Eckel signed
Accent - Fax 596-0903
Per PC w/ Gerald x 353-3 - released by electrical 2 days O.K
4/23/96 PC w/ Ann Hammond Discussed problem - will fax approved plot plan.
5/14/96 PC w/ S. Daniel: Do not pursue issuing of m.h. in original location

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Robert Brown TELECOPIER # 596-0903
Accent Mobile Homes

FROM: Lisa B. Mialik DATE 4/17/96
Meck. Co. Health Dept

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ _____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

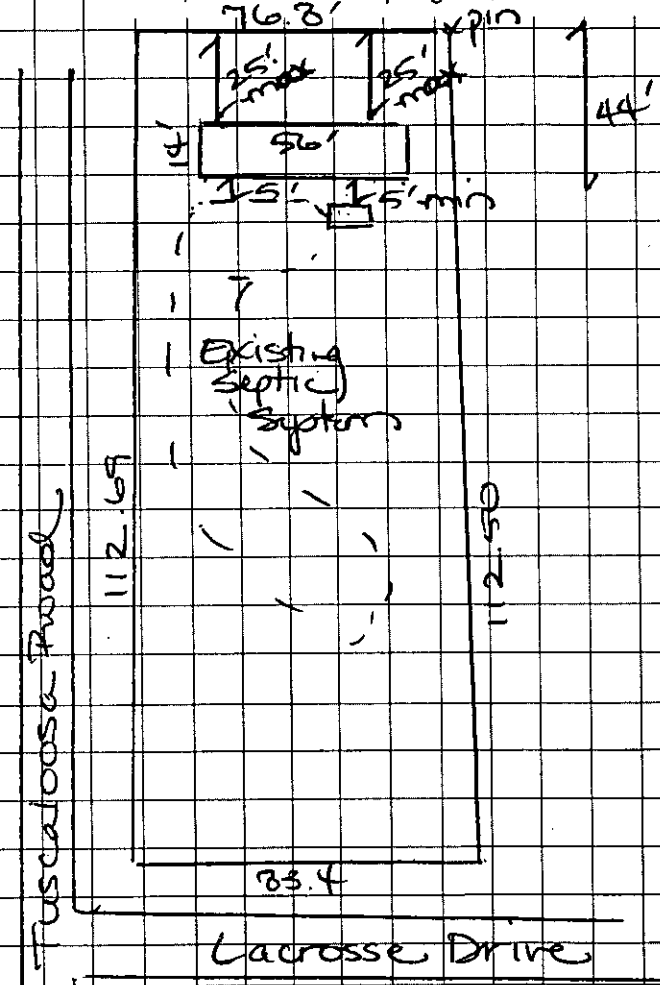
PROPOSED PLOT PLAN

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

FILE: 50

TC: 017-277-19

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.



9124 Lacrosse Drive
Lot 208

Use existing system for new 2 bedroom 14' x 56' singlewide mobilehome.

(1) mobilehome shall be a minimum of 5' from any portion of the sewage disposal system.

(2) To be no greater than 95' from rear property line.

Shannon Adcock
OWNER/AGENT SIGNATURE

DATE 4-8-96

APPROVAL DATE 4/8/96 for B. Mial K.R.S.

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

Mecklenburg County
Health Department

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TO: Ann Hammond TELECOPIER # 875-~~4012~~ 6546 fbm

Town of Huntersville Planning

FROM: Lisa Mialik DATE 4/23/96

Meck. Co. Health Dept phone # 336-5573

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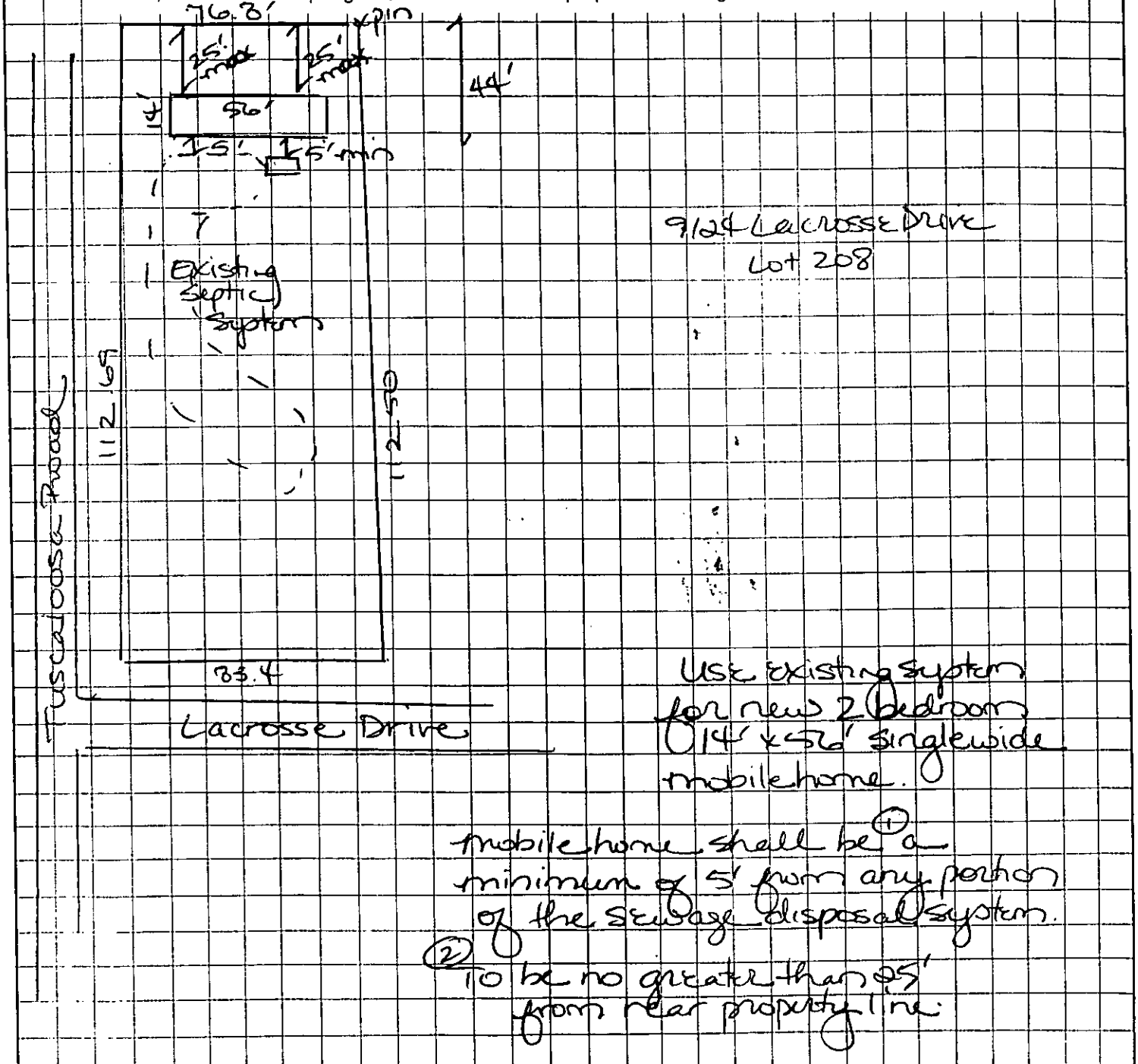
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Sharron (Mark)
OWNER/AGENT SIGNATURE

DATE 4-8-96

APPROVAL DATE 4/8/96 Joe B. Mial. R.S.

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

#50 2460

3/25/96
Cash $50.00

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APPLICATION FOR SERVICES

CRT

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Environmental Health Division
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700 N. Tryon St.
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(704)336-5102

PERSON FILING APPLICATION:
NAME: Adcock (last) Shannon (first) A. (mi) (Newton)
ADDRESS: 209 W. Blackburn PHONE: (704mi) LOCAL: 465 7018
CITY: Wilmington STATE: NC ZIPCODE: 28409

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
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X [] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: /

SYSTEN CLASSIFICATION:

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...This permit is not transferable.

...4/8/96 Use existing system for new 2 bedroom 14' x 56' singlewide mobile home. m.h. shall be 5' minimum from any portion of sewage disposal system & m.h. to be no greater than 45' from rear property line.

John Eaves of Meck. Co. Zoning consulted Ann Hammond Zoning Planner for the Town of Huntersville on 4/8/96 regarding setbacks. JBM

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

Lisa B. Mialik, RS 4/8/96
Environmentalist Date

S Bateman for S Shaind Program Chief 4-8-96
Director or Authorized Section Head Date

WWATER : 122791

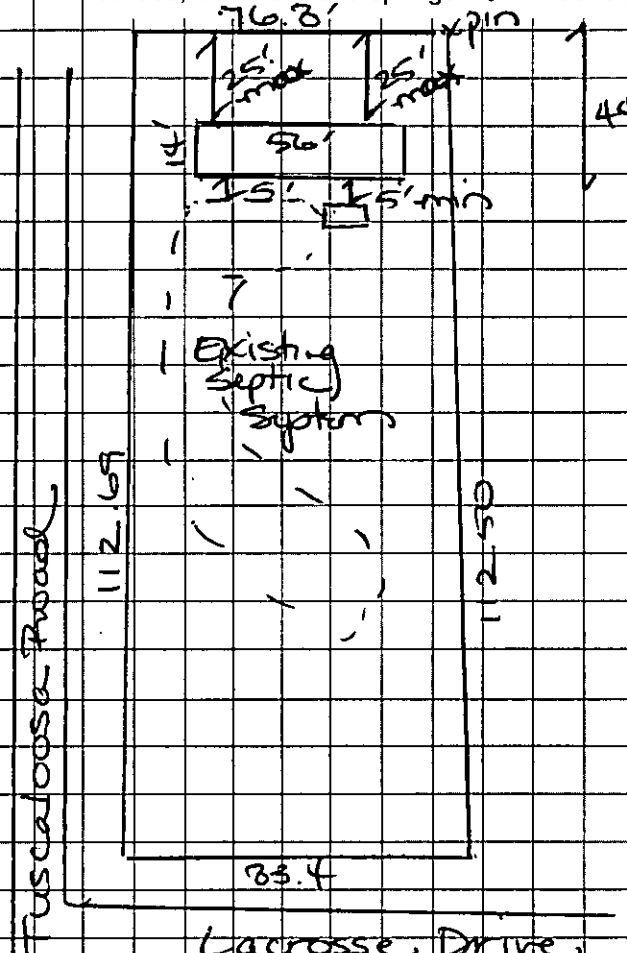
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(2) To be no greater than 95' from rear property line.

Shannon (Mack)
OWNER/AGENT SIGNATURE

DATE 4-8-96

APPROVAL DATE 4/8/96 Joba B. Mialik RS

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

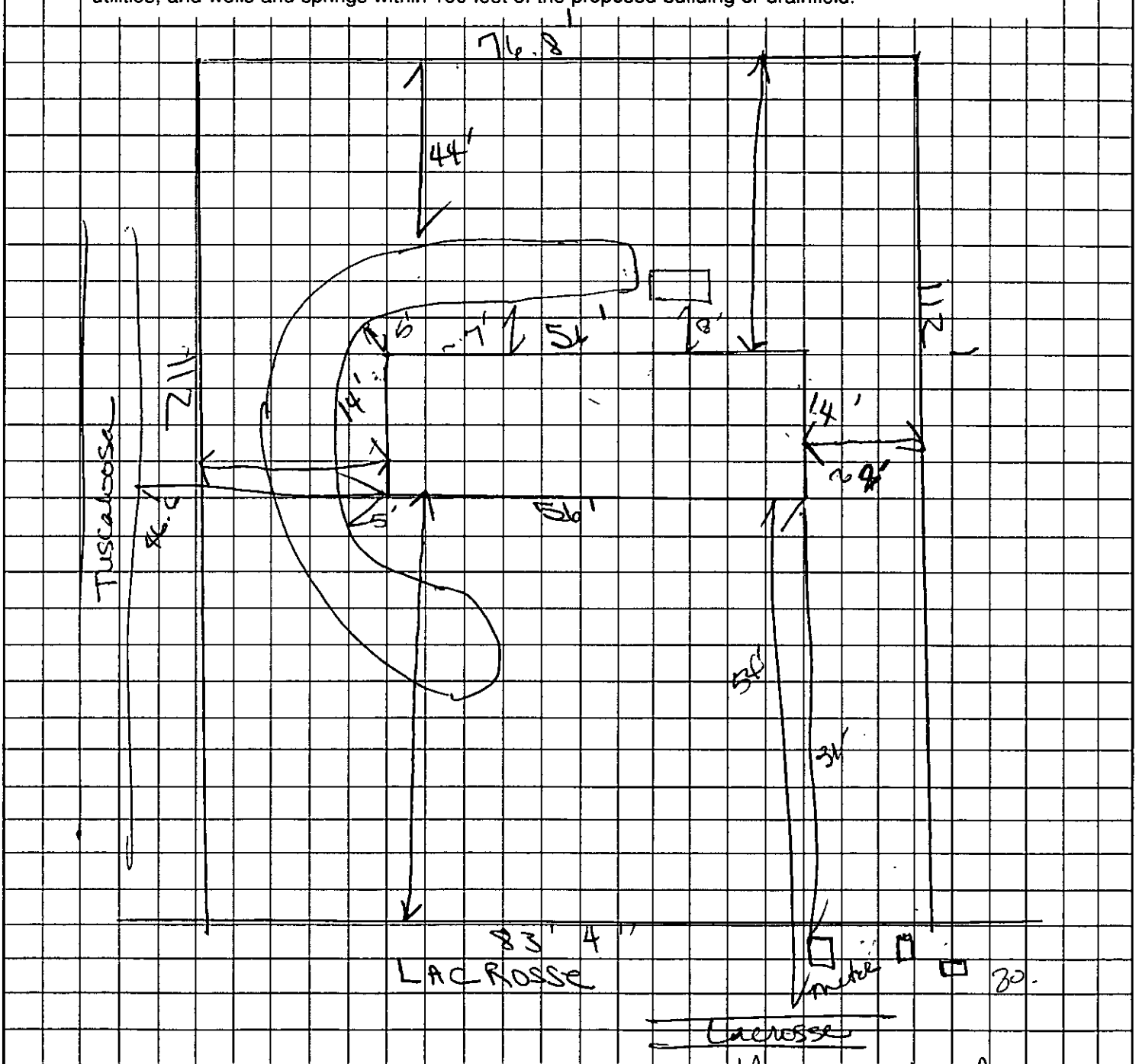
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Shannon Adcock

3/29/96 Disapproved - to keep m.h. 5' off drainfields ⇒ m.h. would be approx. on right property line

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy