

20845 LAGOONA DR

00170121

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marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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AES

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

JFK CONSTRUCTION INC. ☐ 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

993A

TO:

PERSON FILING APPLICATION:
NAME: KATZ (last) FRED (first) (mi)
ADDRESS: 7107 REDCHERRY CR PHONE: 704 537-2381
CITY: CHARLOTTE STATE: NC ZIPCODE: 28215

PROPERTY OWNER:
NAME: SHAFER (last) JOE (first) (mi)
ADDRESS: 20845 LAGOONA DR PHONE: 704 655-8820
CITY: CORNELIUS STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-701-21
STREET ADDRESS: 20845 Lagoona Drive
WING:
SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 1 Berryhill ☐ 2 Paw Creek ☐ 3 Long Creek ☐ 4 Clear Creek ☐ 5 Mallard Creek
☐ 6 Mint Hill ☐ 7 Providence ☐ 8 Sharon ☐ 9 Matthews ☐ 10 Huntersville
☐ 11 Cornelius ☐ 12 Davidson ☐ 13 Pineville

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (X)
☐ ADDITION - (INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☒ HOUSE (N) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (N) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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 (N) ☐ Other 'Spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ Home
☒ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

I 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: 6-22-01

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

front
Approval granted for a porch only.
use existing system

Philo S. Walker RS. 7/2/01
Environmentalist Date

WATER : 122791

6/29/01

Possible problem w/ future garage setup - check for requirement

100 to repair on the lot.

Date Issued 10-21-95 Serial 7971 T.C. No 96-116-20

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner RHYNE (LAST) GARY (FIRST) (MIDDLE)

Location of Property 20945 LAVONIA DR

Application Number 993-A

Permit Number 993-A

Inspection Data:

Liquid Capacity of Tank 1500ST-1000PT

Tank Material PCC

Total Length of Drain Tile 220'

Number of Lines 3

Depth of Filter Material 12"

Cover Depth 2'

Water Supply Source well-not in yet

Distance from Water Source King 100'

Excavation Inspected 10-21-95 (DATE)

Tank Inspected 10-21-95 (DATE)

Nitrification Field Inspected 10-21-95 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~_____~~ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system. 126

Comments 1995, 1500 ST, 1000 PT, CON, 910 ST, T/CECIL

Kelly Randall
Environmentalist

EHD-5-76

Environmental Health Department's Copy

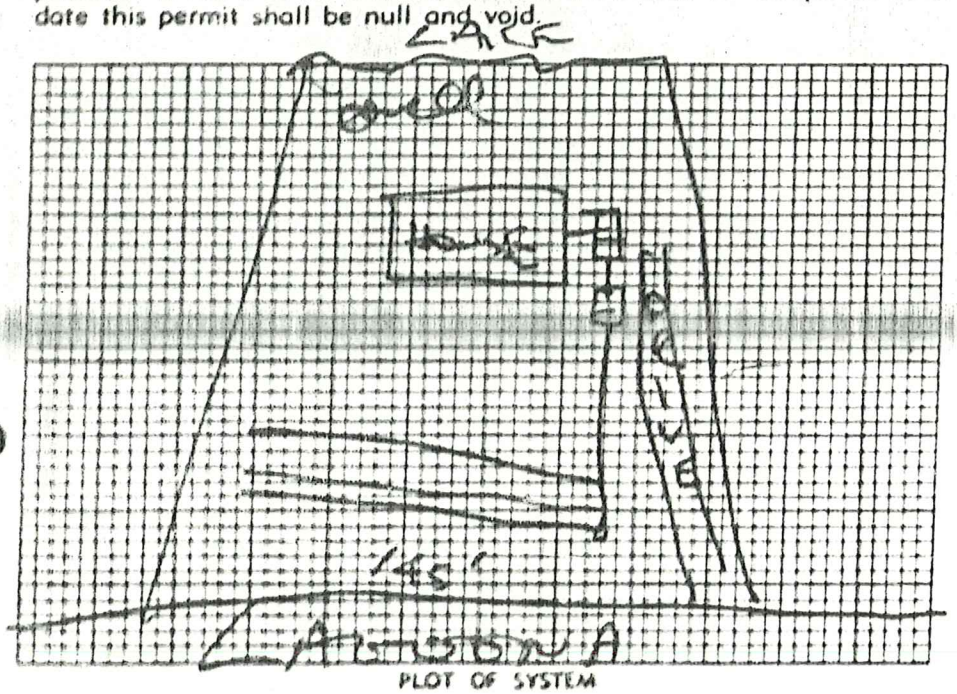
Date Issued 10-2-85 Serial No. 08588 ICAR(S) Permit No. [illegible]

T C No. [illegible]

Map Date [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank water treatment system with subsurface, soil absorption, effluent discharge as specified herein at th scribed location. This permit is granted based upon the information supplied in application 943- dated 10-1-85 and this permit shall be void and of no effect if the information provided in th plication is not true or is erroneous. All work shall be completed on or before 11-2-85, after date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 ST +10

Tank Construction PCC

Absorption and/or Nitrification Line:

Total Line Length 270'

Number of Lines 3 x 90

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER RHYNE, GARY

LOCATION OF PROPERTY ~~20835~~ LAGUNA DR 20845

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenb County Health Commission which are in effect on the date of the granting of this permit. A certificate of proval must be issued by the Environmental Health Director before any system can be covered up or otherw rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, c trolling or using such system from any liability resulting from the failure of the system to operate properly

3 lines x 90' long = 3' wide x 2' stone

Comments:

E. Hankins
Division or Section Head

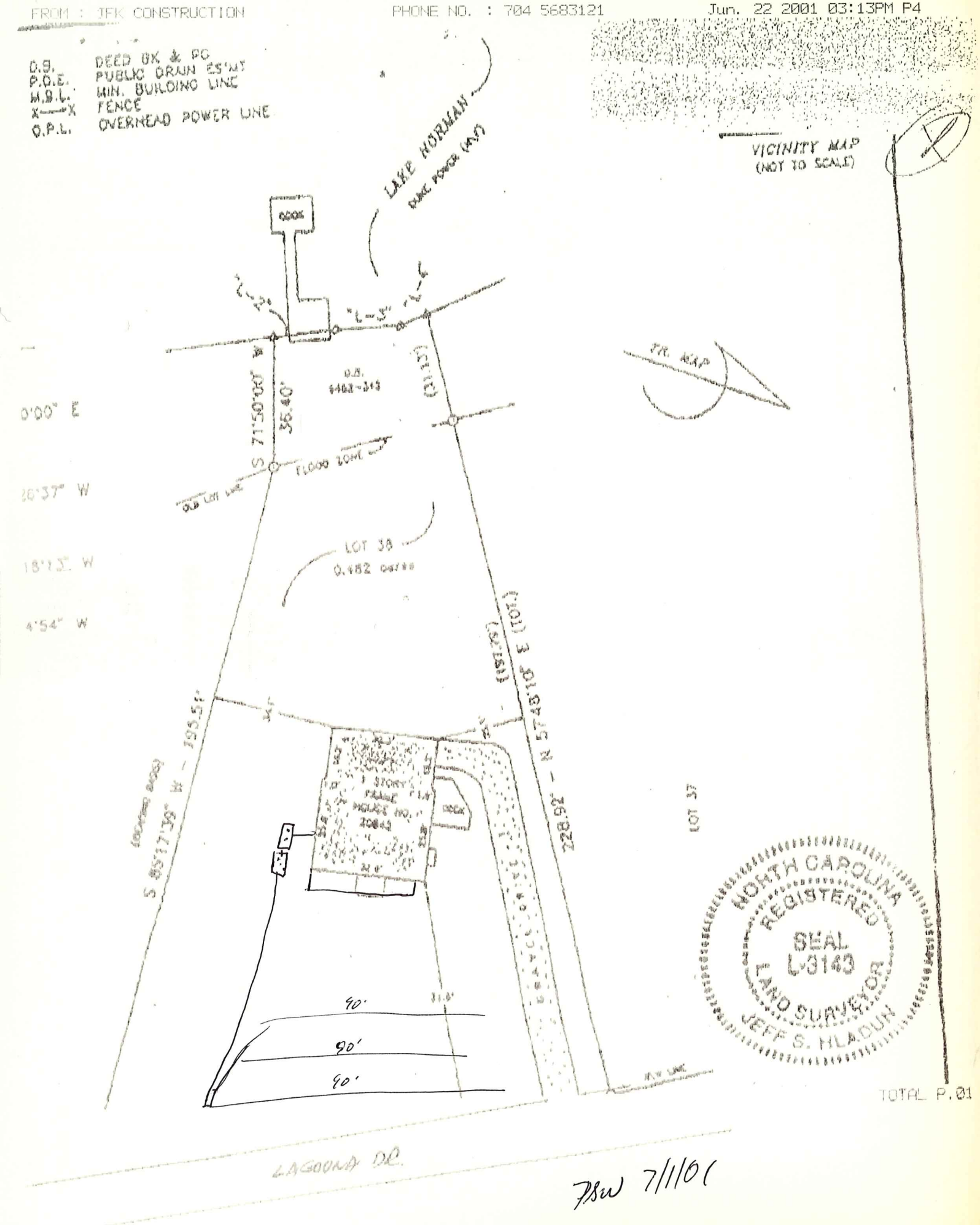
Kelly Randall
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division section head of the Department of Environmental Health in order to be valid. Only the signature of the vironmentalist is required where an existing system is being altered or repaired.

EHD 5-78

Environmental Health Departm[illegible] County

D.B. DEED BK & PG
P.D.E. PUBLIC DRAIN ES'MT
M.B.L. MIN. BUILDING LINE
X——X FENCE
O.P.L. OVERHEAD POWER LINE



TOTAL P.01

LAGOON DR.

JSH 7/11/01

$50.00 Chk 2442 2/11/94 [X] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

993A

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: 2/11/94

PERSON FILING APPLICATION:
NAME: Terrell (last) Joseph (first) W. (mi)
ADDRESS: P.O. Box 220882 PHONE: (704) 568-5509
CITY: Charlotte STATE: NC ZIPCODE: 28222

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: #001-116-21
STREET ADDRESS: 20845 Lagoona Dr
ZONING:

PROPERTY OWNER:
NAME: Elder (last) Clifford (first) (mi)
ADDRESS: PHONE: (704) 892-4719
CITY: Davidson STATE: NC ZIPCODE: 28

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 38 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)
[X] ADDITION - (INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - (GARAGE) OR RENOVATION/NO MAJOR CHANGES (X) Sunroom Attached
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4
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)
[X] 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: Joseph W. Terrell Date: 2/11/94

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.

...

Use existing system

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

Philo S. Walker 2/14/94
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

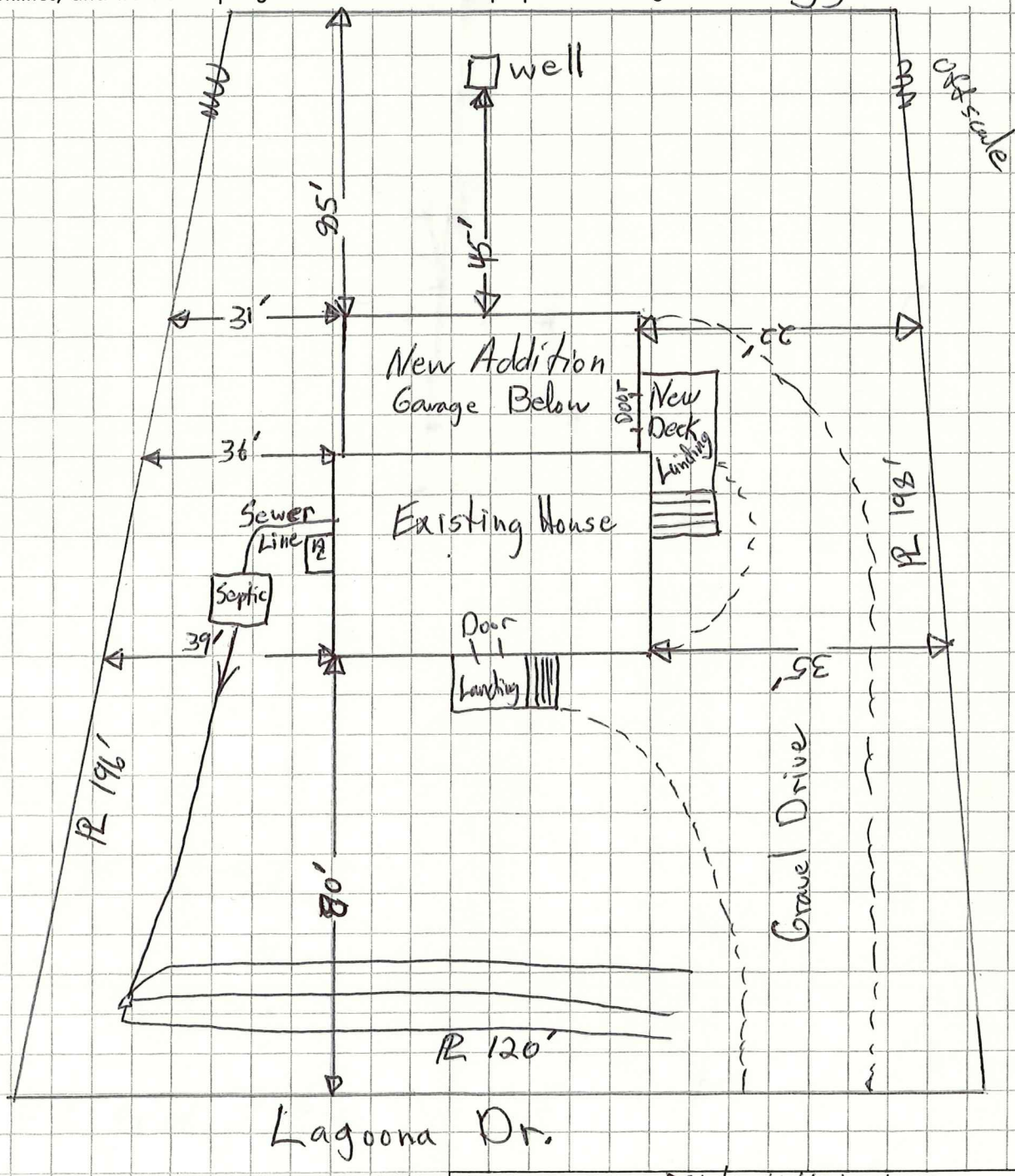
PROPOSED PLOT PLAN

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

FILE: 993A

TC: 001-116-21

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.



APPROVAL DATE 2/14/94 VES

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

993-A

Date Issued 10-2-85

Serial No. 08588

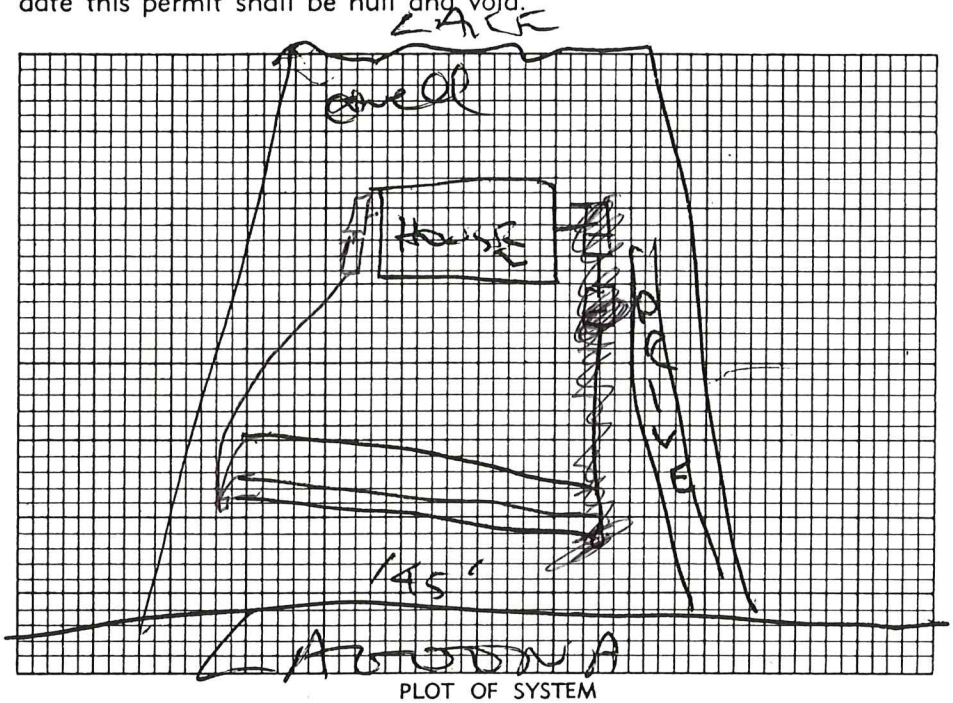
ICAR (S) Permit No. ~~994-A~~

T. C. No. 001-116-20

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 993-A, dated 10-1-85 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 11-2-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank ST 1500 + PT 1000

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 270'

Number of Lines 3 x 90

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER RHYNE, GARY

LOCATION OF PROPERTY ~~[illegible]~~ 20845 LAGOONA DR

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

3 lines x 90' long - 3' wide x 12" stone

Comments:

B. Hardesty
Division or Section Head

Kelly Randall
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Ted Lot 2	Phone #: 704 537-2391	Date Requested: 6/22/01	Date Filled: 6/26/01
Account Name: JFK Construction ☐ Cash ☒ Charge			Account No.: B34250
I certify that I am authorized to charge this account for this service.			
Signature: per telephone	Printed Name:		Date:

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
~~705~~	F	Map Sales		
705	1	Other: addition, use existing system	100	100
		Other:		
Payment received by: Susan Craig		Date: 6/22/01 By: JC	Total:	100

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

20845 Laconia Circle		

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

JFK CONSTRUCTION, INC.
7107 REEDY CREEK ROAD
CHARLOTTE, N.C. 28215

FAX

To: GWEN
Company: ENVIRONMENTAL HEALTH
Phone:
Fax: 336-684-4

From: FRED KURZ
Date: 6-22-01
Number of Pages: 5
Phone: 704-537-2381
Fax: 704-568-3121
JFKCONST@MINDSPRING.COM

Remarks:

GWEN,

PLEASE CALL ME IF THERE'S ANYTHING ELSE YOU NEED

Thanks

Fred

PROPOSED PLOT PLAN

COPY

SHAFER
20845 LAGOONA DR
COWELLS, NC

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

FILE: 993A

TO: _____

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 PLOT PLAN

OWNER/AGENT SIGNATURE

DATE 6-22-01

APPROVAL DATE _____

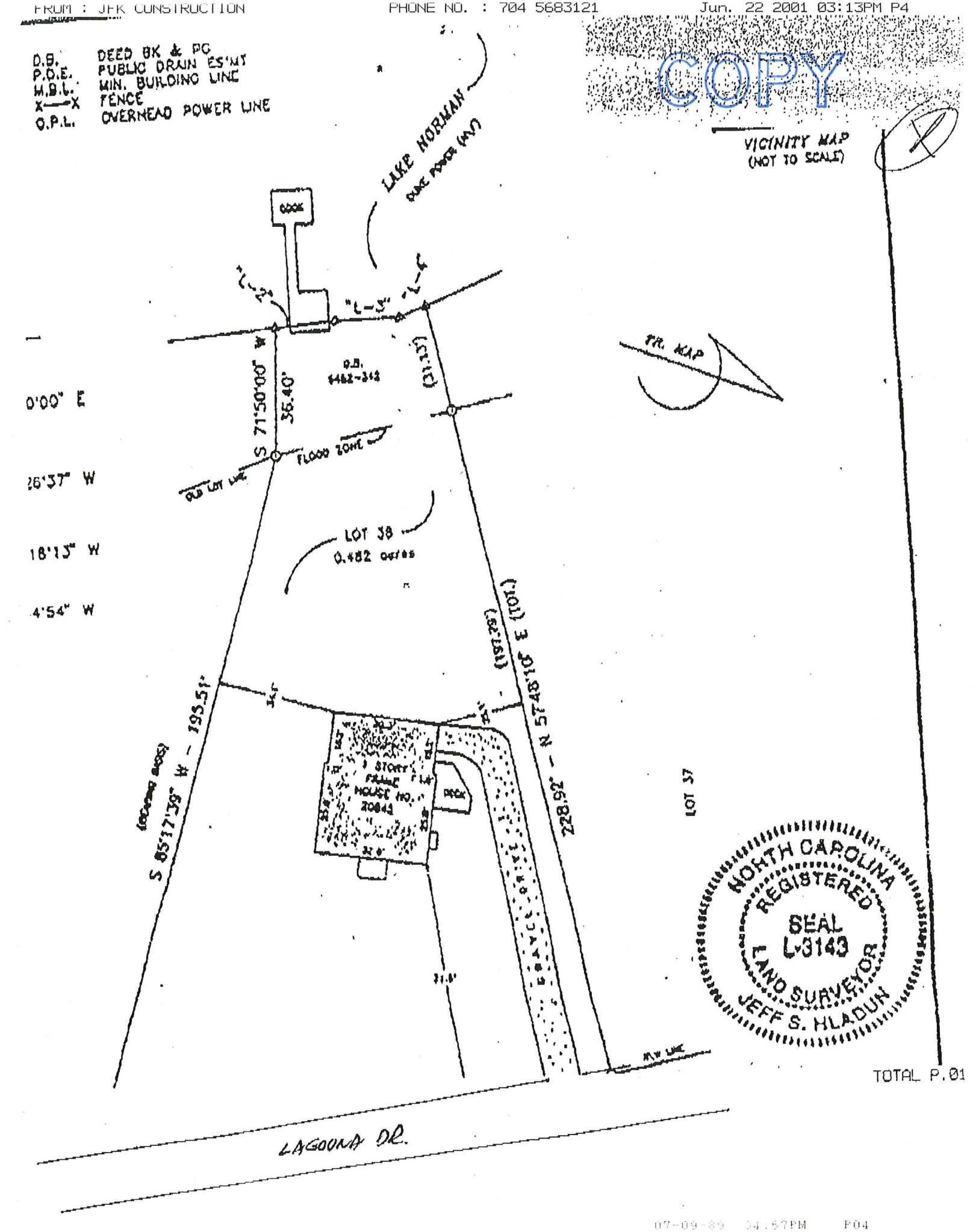
White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

D.B. DEED BK & PG
P.O.E. PUBLIC DRAIN ES'MT
M.B.L. MIN. BUILDING LINE
X——X FENCE
O.P.L. OVERHEAD POWER LINE

COPY

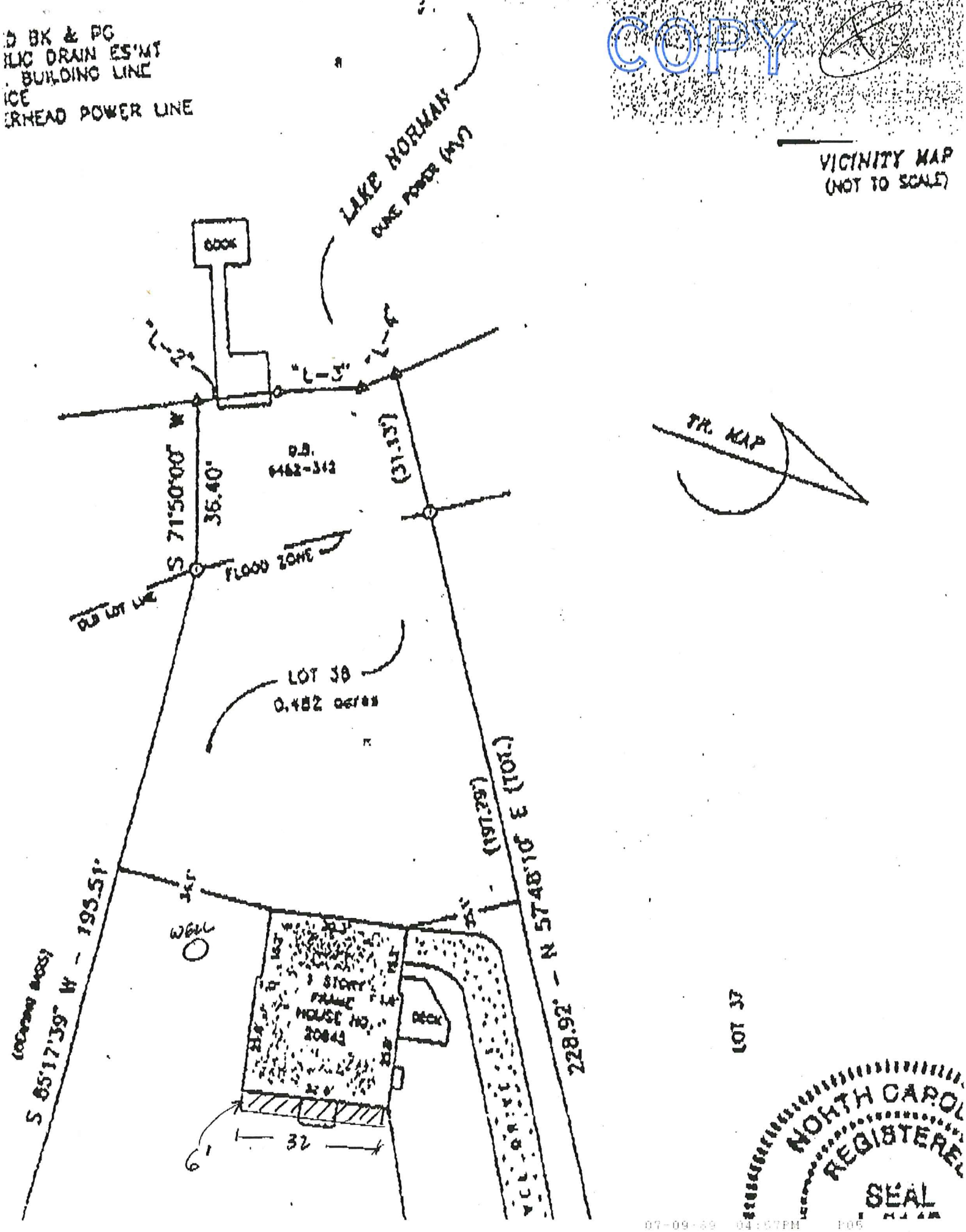


TOTAL P.01

COPY

D BK & PG
LIC DRAIN ES'MT
BUILDING LINE
CE
RHEAD POWER LINE

VICINITY MAP
(NOT TO SCALE)



NORTH CAROL
REGISTERE
SEAL