

20422 DEEP COVE CT

00149176

8/14/08

marliwr

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

9/10/97
Dominick will Telephone when
Construction is Complete
for Larry to do a WALK-THRU-
OK Construction is Tank area
& release PCC. Held.

Judy

Fee 150.00 ck# 006259 Paid 200.00 total

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 17950

Date:

PERSON FILING APPLICATION:
NAME: Ristaino (last) Dominick (first) (mi)
ADDRESS: 329 E. Park Ave PHONE: (__) 338-9090
CITY: Charlotte STATE: NC ZIPCODE: 28203

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-491-76 ~~001-137-27~~
STREET ADDRESS: 20422 Deep Cove CT
ZONING:

PROPERTY OWNER:
NAME: Godferson (last) DAVID (first) (mi)
ADDRESS: 20422 Deep Cove PHONE: (__) _____
CITY: Cornelius STATE: NC ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 3 + ADJ (1983) LOT SIZE (in acres):

[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) Delete two bedrooms / Add two
[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: 4 NUMBER OCCUPANTS: 2
SYSTEM CLASSIFICATION: 3

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) → Want to change to Community

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: Don Ristaino Date: 8/14/97

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.

... 8-20-97 Pump tank too close to house foundation (addition built in 86) ask for Dominick to uncover septic tank so that we could determine if both tanks must be moved or may use existing system to remodel Home. Applied for 3 bedrooms only See Sanitarian before / after remodeling Plans on file

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

Judy J. Ruiz RS 9/10/97
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

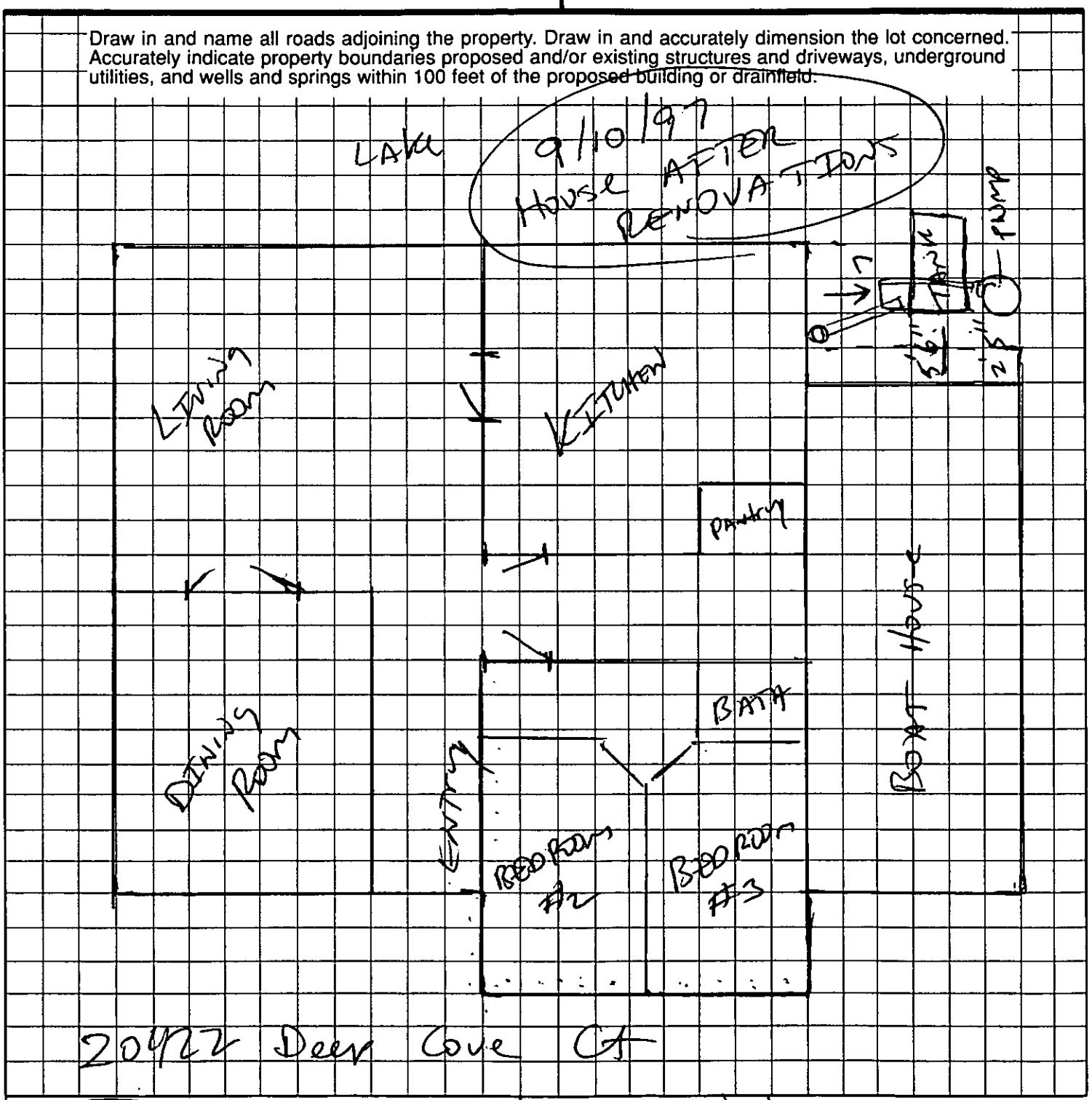
PROPOSED PLOT PLAN

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

FILE: 17950

TC: _____

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 9/10/97

APPROVAL DATE 9/10/97

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

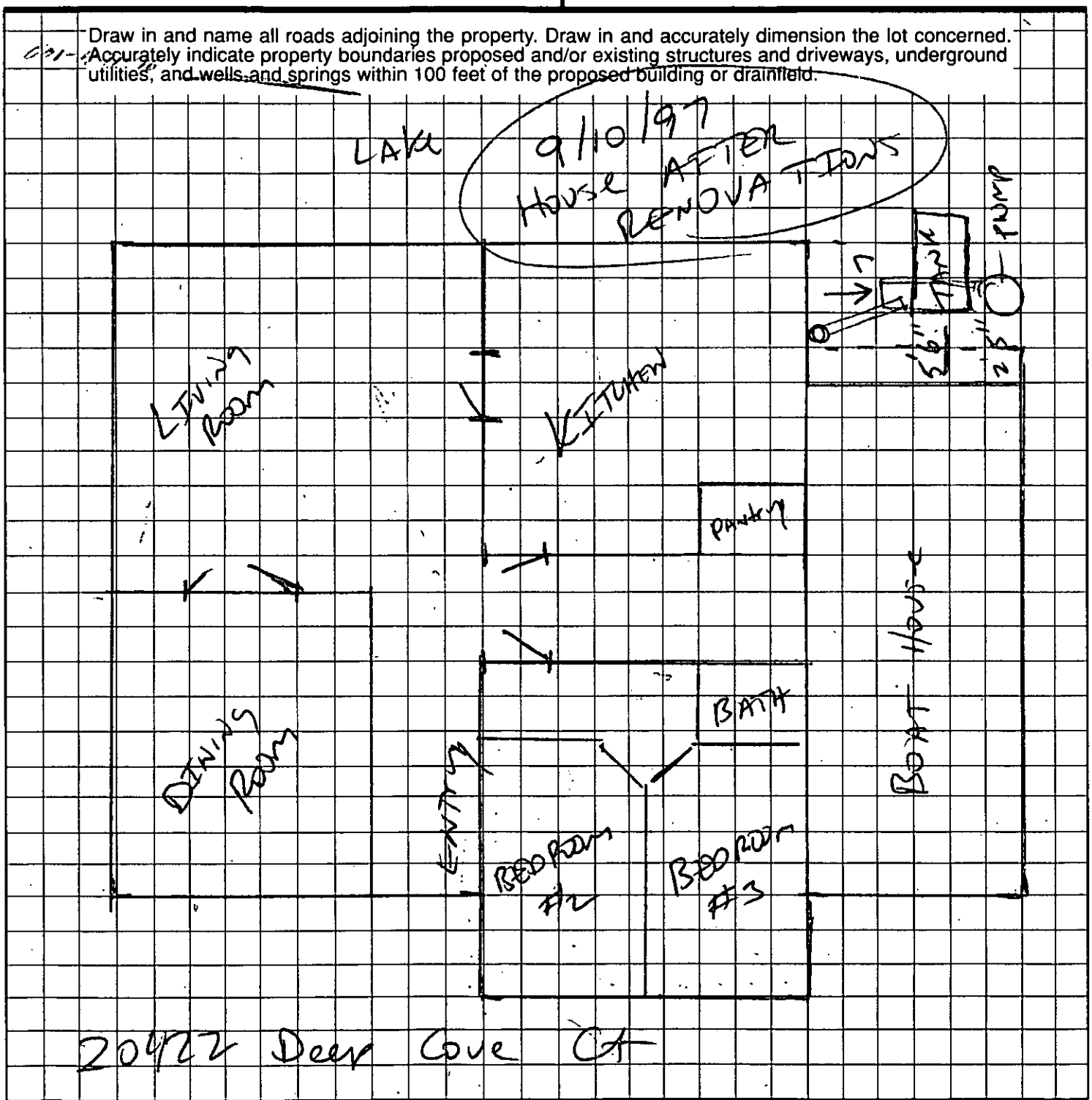
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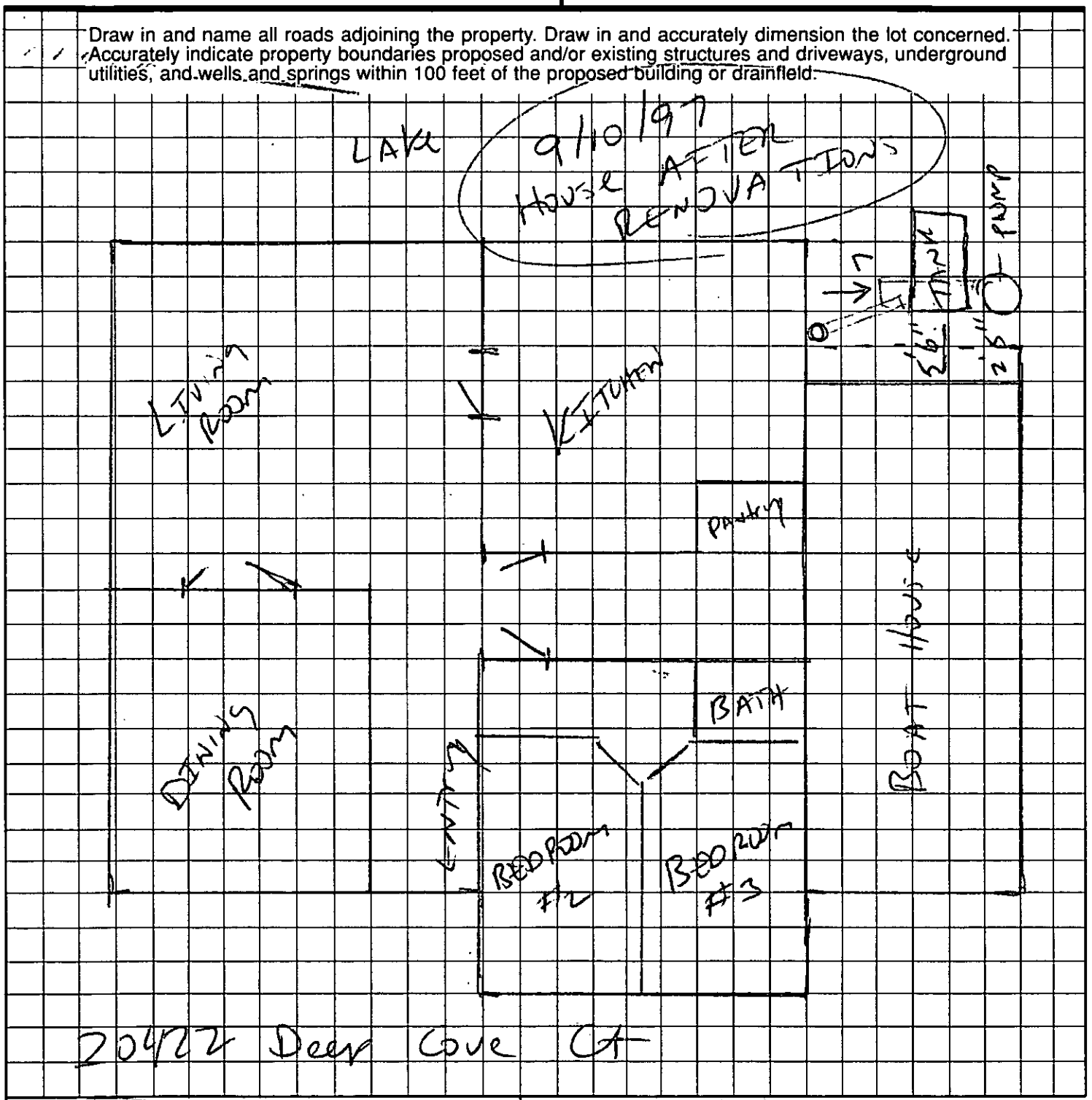
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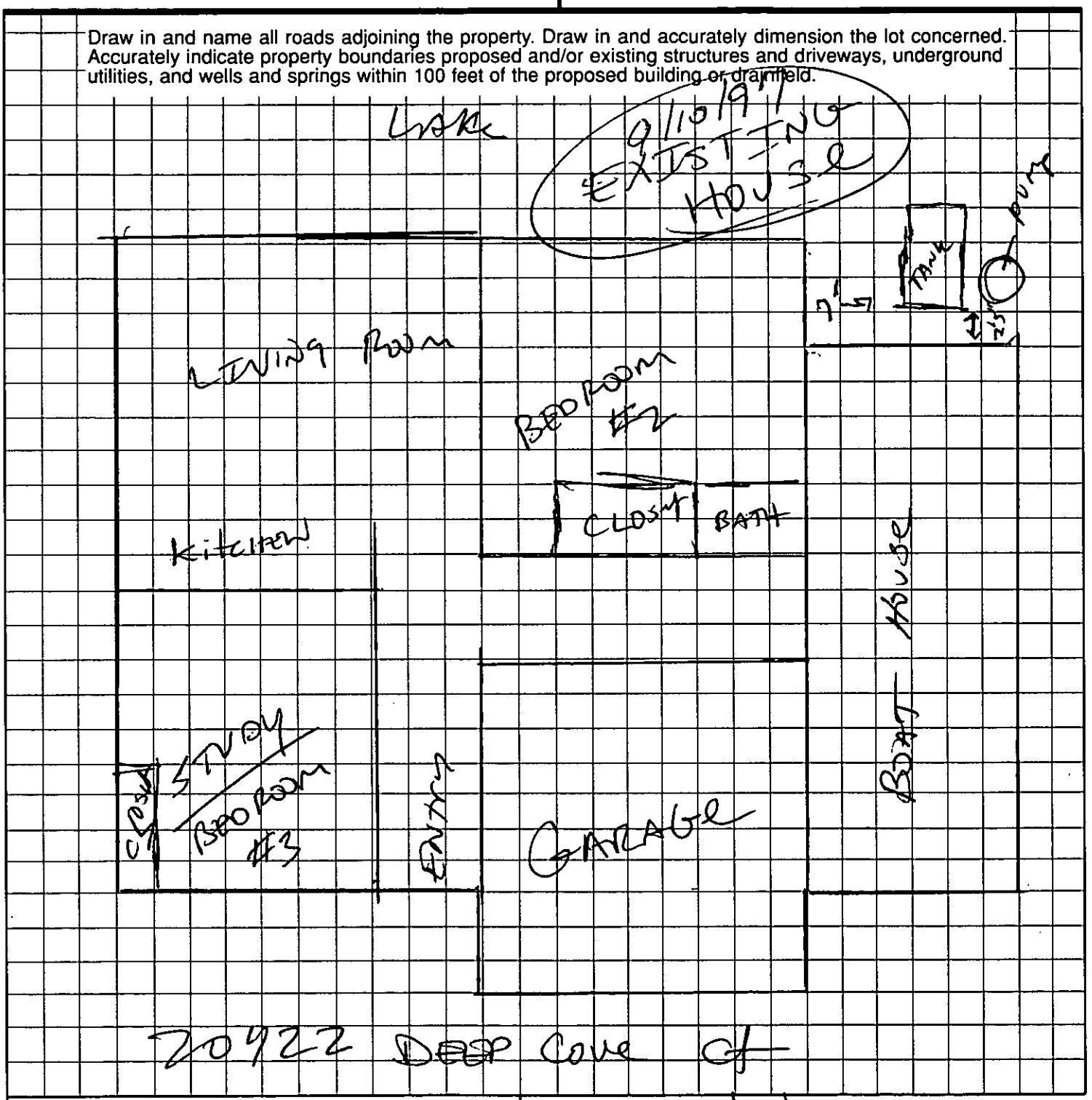
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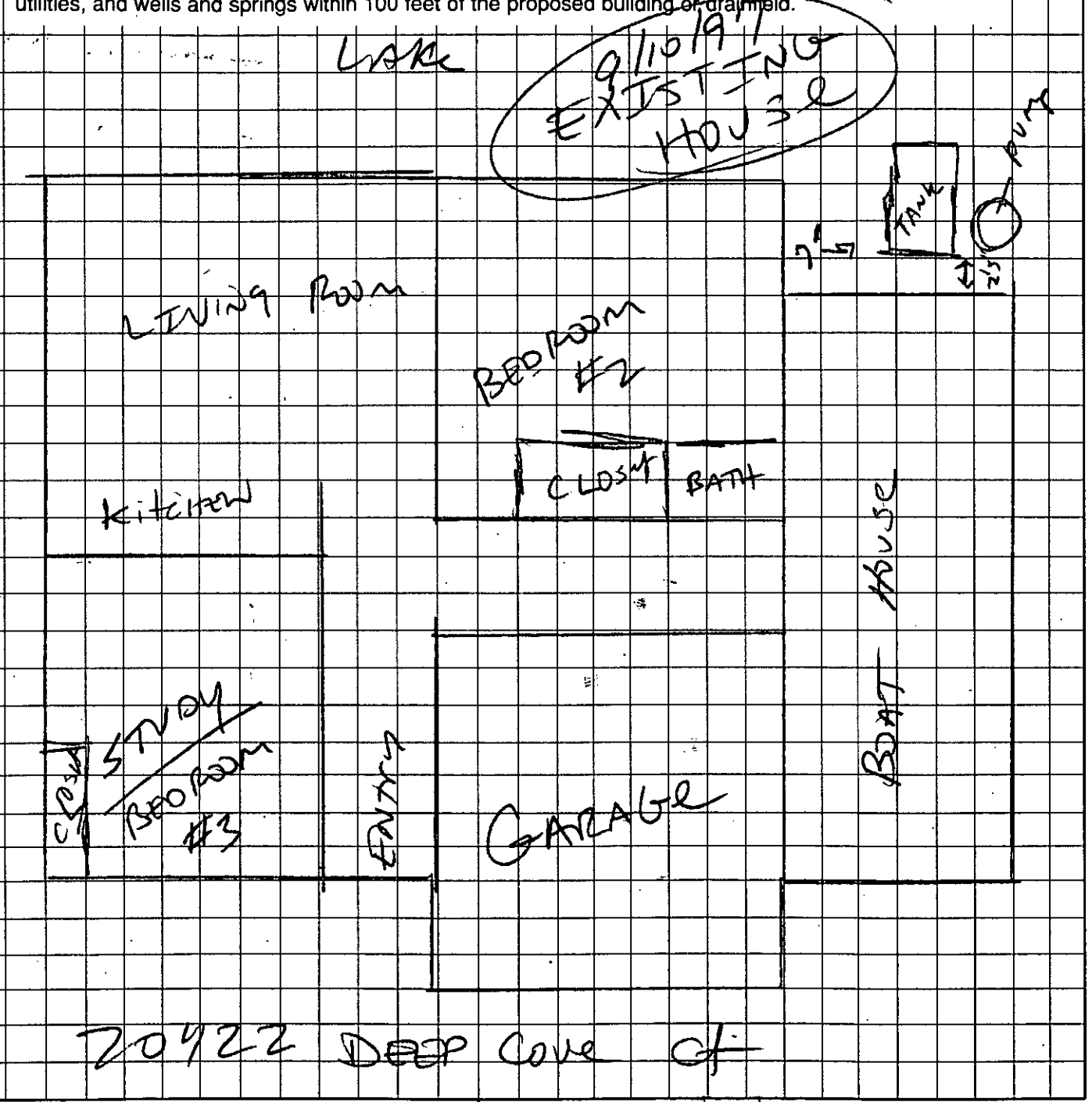
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D. R. _____
OWNER/AGENT SIGNATURE

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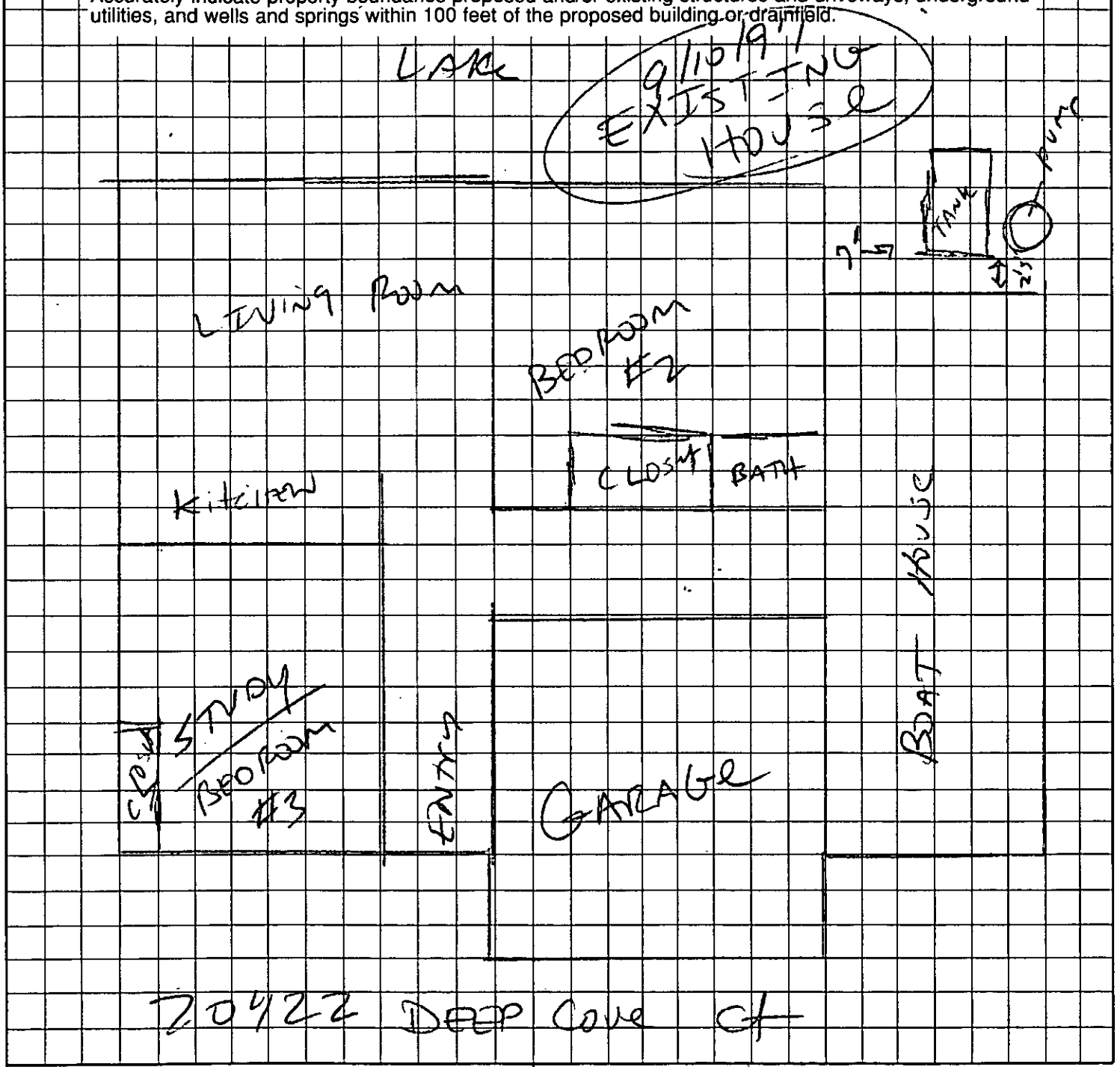
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COPY

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ADDRESS: 20422 Deep Cove PHONE: (__) _____
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ZONING: _____

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

1983

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Delete two bedrooms Add two
[redacted]

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Signed: [signature] Date: 8/14/97

NOTICE:

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...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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

US 9/16

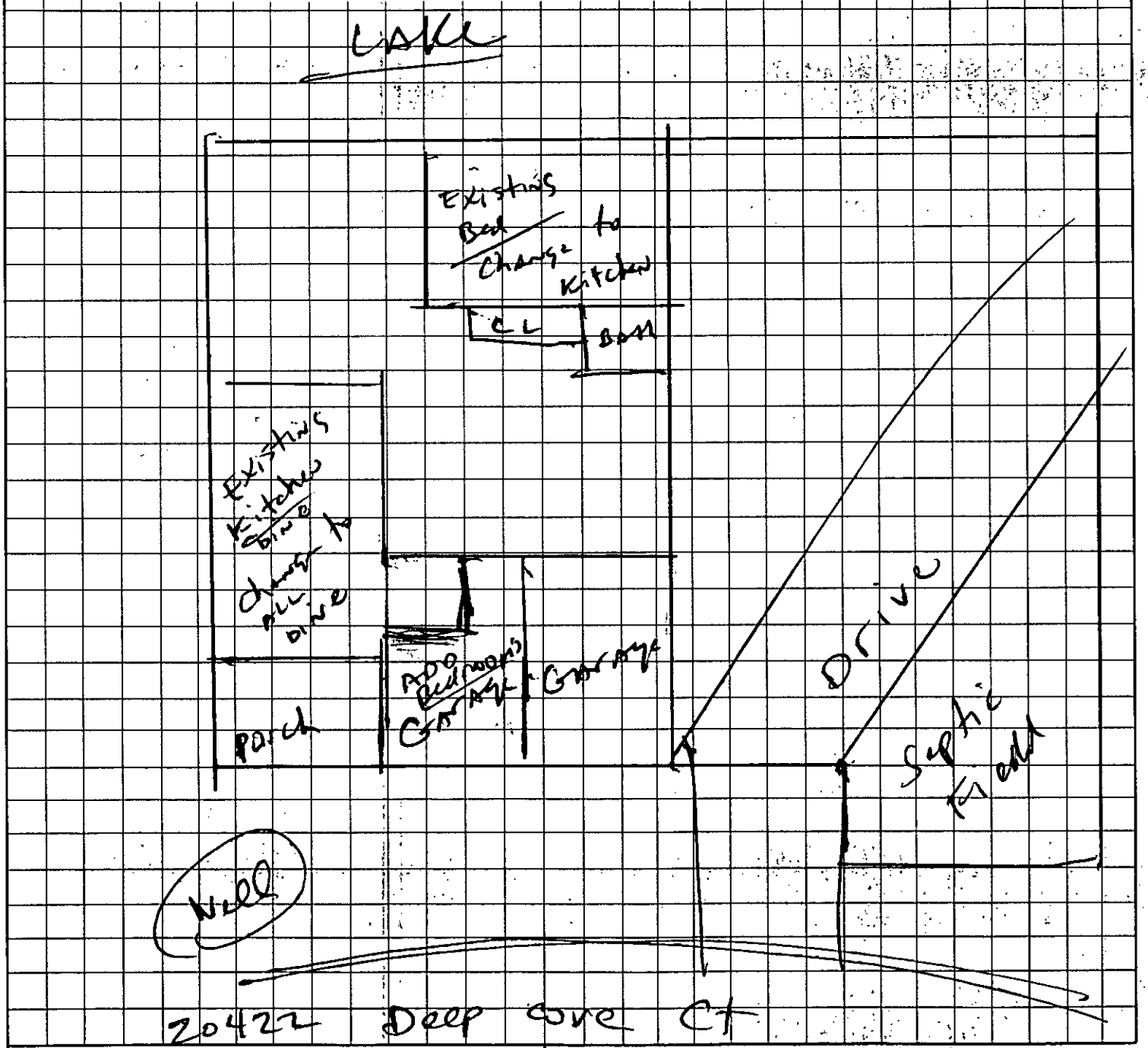
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 17950

TC: 001-131-21

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.



D. Ru
OWNER/AGENT SIGNATURE

DATE 8/14/97

APPROVAL DATE _____

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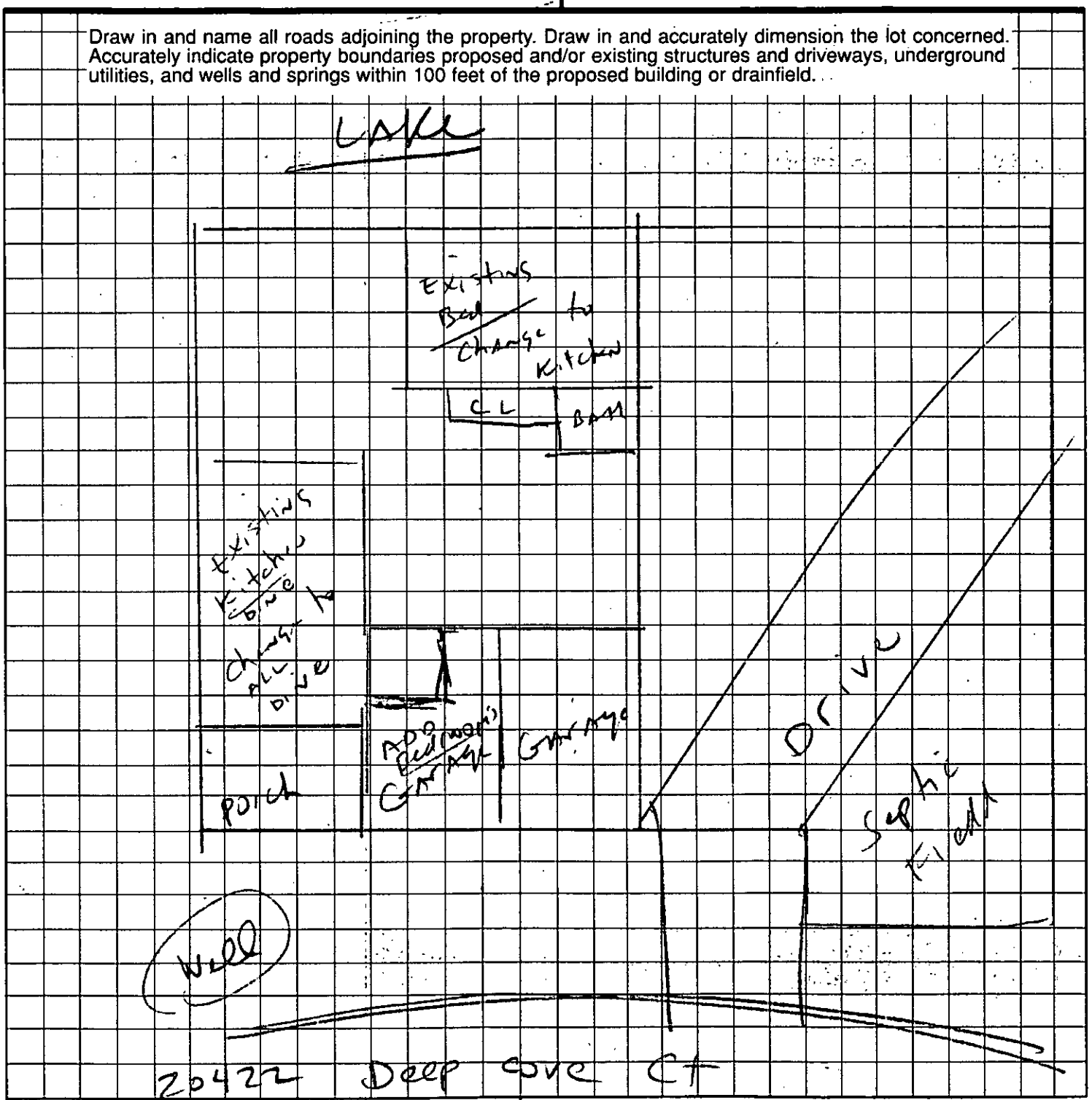
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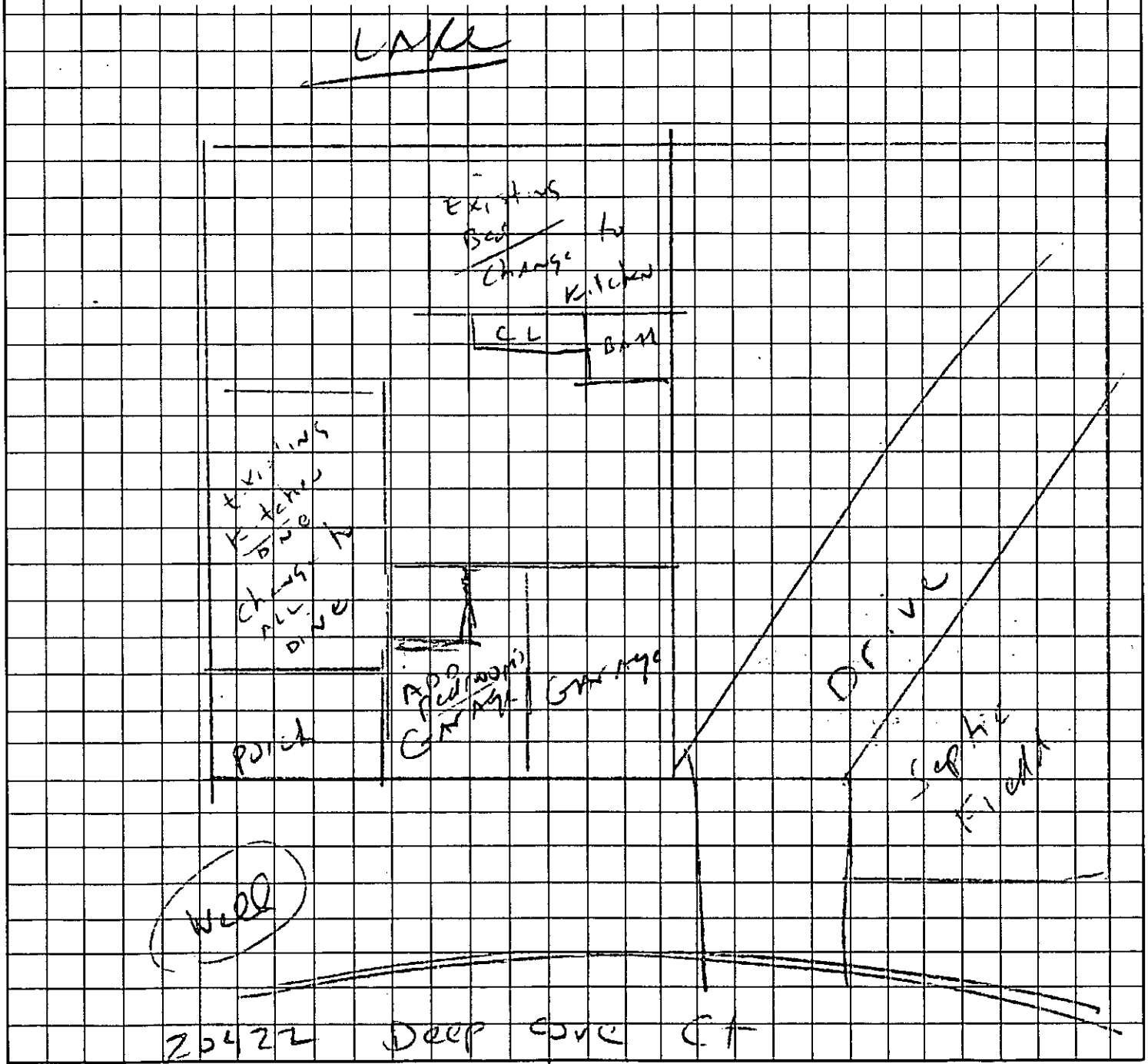
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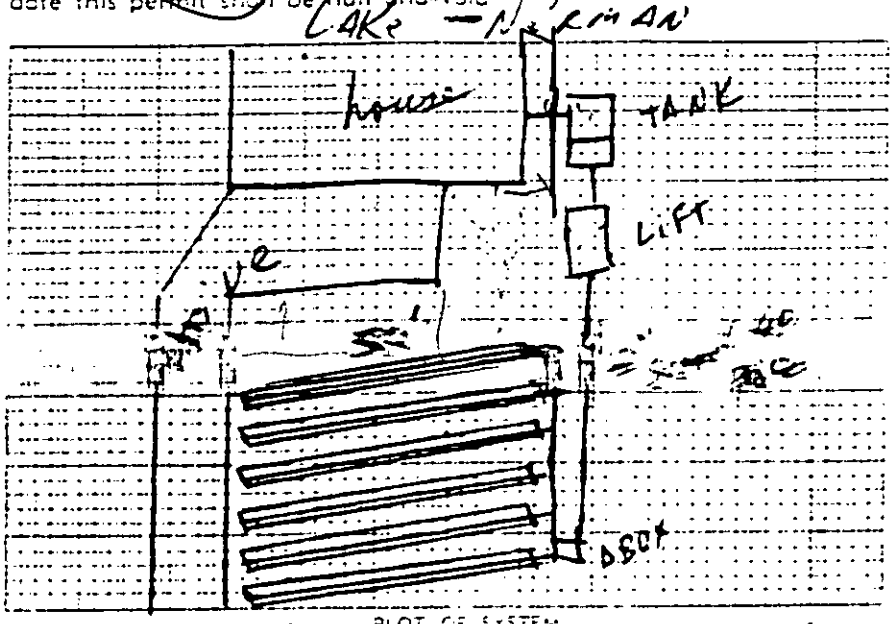
APPROVAL DATE _____

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Date Issued 3-4-83 Serial No. 6073 ICAR(S) Permit No. 17950
T C No. 001-131-21
Map Date

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 waste water 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 applicat on 17950 dated 3-3-83 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 6-4-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.
Liquid Capacity of Tank 1500 gal + 1000 gal
Tank Construction p/c concrete
Approximate Length of Trench 300'
6
Distance from Well 75'
Distance from Property Lines 210'
Distance from Lake 750' not in yet

NAME OF OWNER Deep Cove Ct. Morris International, Inc.

LOCATION OF PROPERTY 20422 Deep Cove Ct.

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 or in any way 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.

Comments: Pump up to 6 - 50 ft. long x 3 ft wide x 12 in stone trenches

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the director or 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

Cof A Ist No 1795-C

Date Issued 8-25-83 Serial 6090 T C No 021-131-21

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Morris International, Inc (LAST / FIRST / MIDDLE)

Location of Property 20422 Deep Cove Ct

Application Number 1795-C Permit Number 1795-C

Inspection Data:

Liquid Capacity of Tank 1500 gal + 1000 gal Tank Material p/c concrete

Total Length of Drain Tile 300' Number of Lines 6

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected ___ (DATE) Tank Inspected 8-25-83 (DATE)

Nitrification Field Inspected 8-25-83 (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.

Comments

Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECK COUNTY DEPARTMENT
RECEIVED
NOV 4 1986
ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 17950
TC:
SERIAL: № 11821

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 20422 (STREET NO) Deep Cove Ct. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 001-131-21
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Bob (FIRST) Sid (MIDDLE) Morris (LAST)
⑨ MAILING ADDRESS: RT. 2 Box 528
⑩ CITY: Davidson ⑪ STATE: ⑫ ZIP: 28036
⑬ PHONE: (WORK) 376-0736 ⑭ (HOME) 892-7197

REQUEST

This request is for any:

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) To Build Garage

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 2
㉔ Basement? ☑ yes ☐ no
㉕ Type?
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: Dan Howin
Date: 11/4/86

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 application. 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 the Department.

This permit is not transferable and shall become null and void six months from the date of issuance. w/ existing system

B. R. Ferguson (Environmentalist) 11-5-86 (Date)
S. D. Rivers (Director or Authorized Section Head*) 11-5-86 (Date)

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

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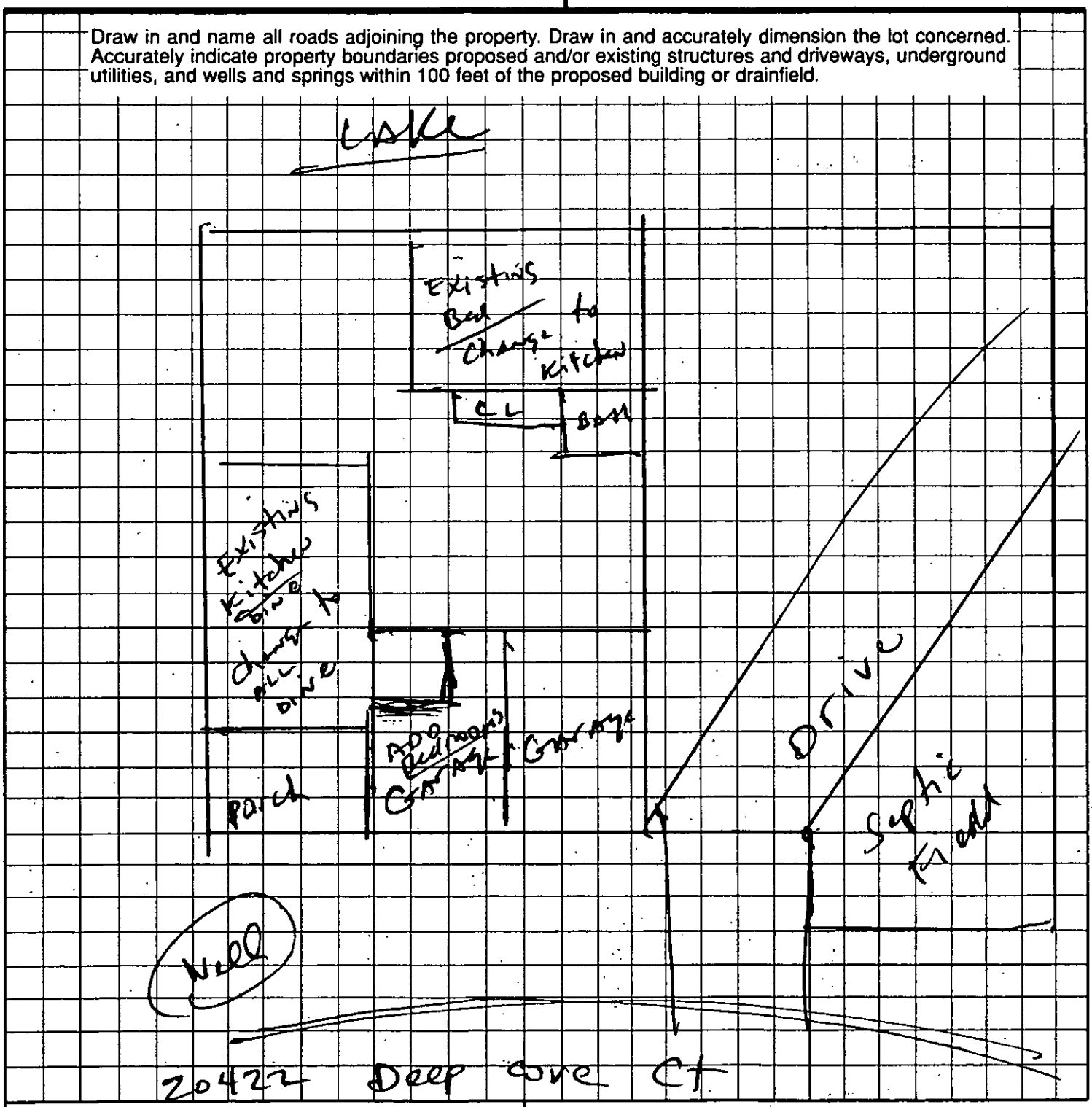
COPY

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FILE: 17350

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OWNER/AGENT SIGNATURE

DATE 8/14/97

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