


6421 WILSON GROVE RD

10934115

12/31/2007

duponbj

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

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

AC

[ ] 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 2396B

PERSON FILING APPLICATION:
NAME: Dennis (last) Jack (first) X (mi)
ADDRESS: 6421 Dilsongrove Rd PHONE: (704) 573-9510
CITY: Mint Hill STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Dennis (last) Jack (first) (mi)
ADDRESS: 6421 PHONE: (__) 573-5510
CITY: Mint Hill STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 109-341-25
STREET ADDRESS: 6421 Wilsongrove Rd
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):

[ ] 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)

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: 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)
[X] 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 [X] 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: James N. Jowers SON-IN-LAW Date: 2/10/00

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.

...2/14/2000 OK TO 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

Environmentalist 2/14/2000 Date

DREW

WWATER : 122791

Rcd. 100.00 EDJ 2/10/00

# Mecklenburg County
## Health Department

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: March 4, 1998

Ref: 6421 Wilson Grove Road/File #2396B

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Jack M. Dennis, Jr. originally paid $200.00

for an addition with alteration to septic system on February 16, 1998

.

A refund should be issued for $150.00 because

number of bedrooms will not increase. alteration not necessary, will be

using existing septic system as is .

Please make check payable to: Jack M. Dennis, Jr.

6421 Wilson Grove Road

Charlotte, NC 28227

DATE: 2/16/98

# 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

FILE #: 23960B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 109-341-15

STREET ADDRESS: 6421 Wilson Grove Rd

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)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 3

TOWNSHIP (CHECK ONE):

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

FOUNDATION FOR RESIDENCE:

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

CLOSING DATE

2/24/98 Approval granted for Bedroom expansion, bathroom and a sitting room. House to remain 2 bedroom as per drawing(plot plan) use existing system

Thilo S. Walker 2/23/98

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

Bedroom, Bathroom, Sitting room

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ 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 | ___ YES ___ NO |
| EXISTING WASTEWATER SYSTEMS | ___ YES ___ NO | DESIGNATED WETLANDS | ___ YES ___ NO |
| EASTMENTS OR RIGHT-OF-WAYS | ___ YES ___ NO | | |

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: Dennis Jack M (LAST) (FIRST) (MI) | NAME: Dennis Jack M, Jr (LAST) (FIRST) (MI) |
| ADDRESS: 6421 Wilson Grove Rd | DAYTIME PHONE: 704 608-9247 |
| CITY: Charlotte STATE: NC ZIP: 28 | |
| DAYTIME PHONE: ( ) - 573-9510 | |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

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: Jack M. Dennis Jr. DATE: 2/16/98

Swift 4155

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

CHARGE

**MECKLENBURG COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**

**Charge Slip**

Date: 2/14/98

Name/Company: Jack M. Dennis, Jr.

Sanitation _____

Vector Control _____

IWWS X

Service: File 2396B
6421 Wilson Grove Rd
Alteration

Fee: $ 200.00 (CASH)

NOTICE:

*A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.*

Judy Kuss
Completed by

Natalie H Jones
Collected by

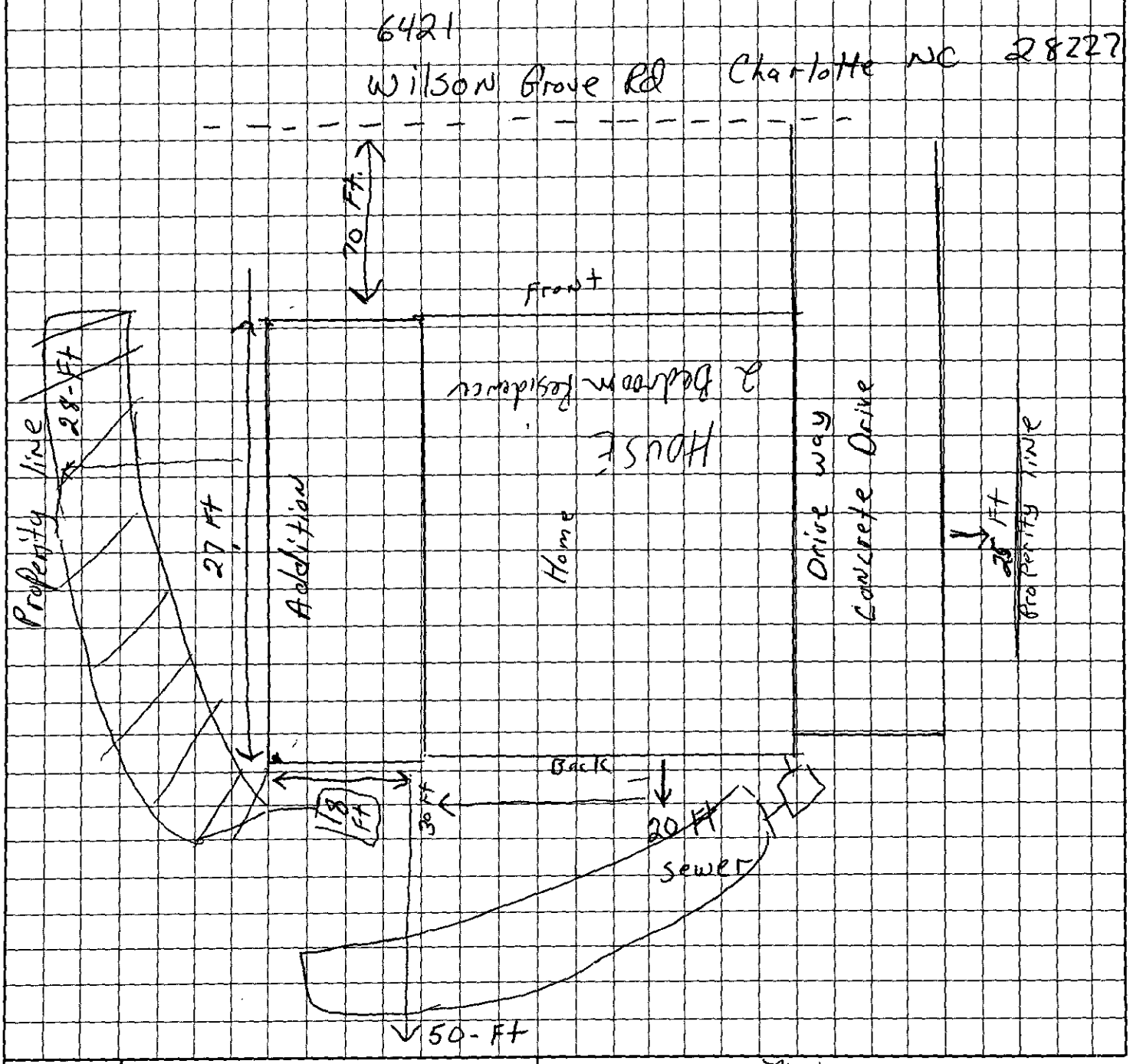
# PROPOSED PLOT PLAN

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

FILE: 2396B

TC: 109-341-15

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.




Jack McDennis Jr.
OWNER/AGENT SIGNATURE

DATE 2/16/98

APPROVAL DATE PHW

2 Bedroom Residence

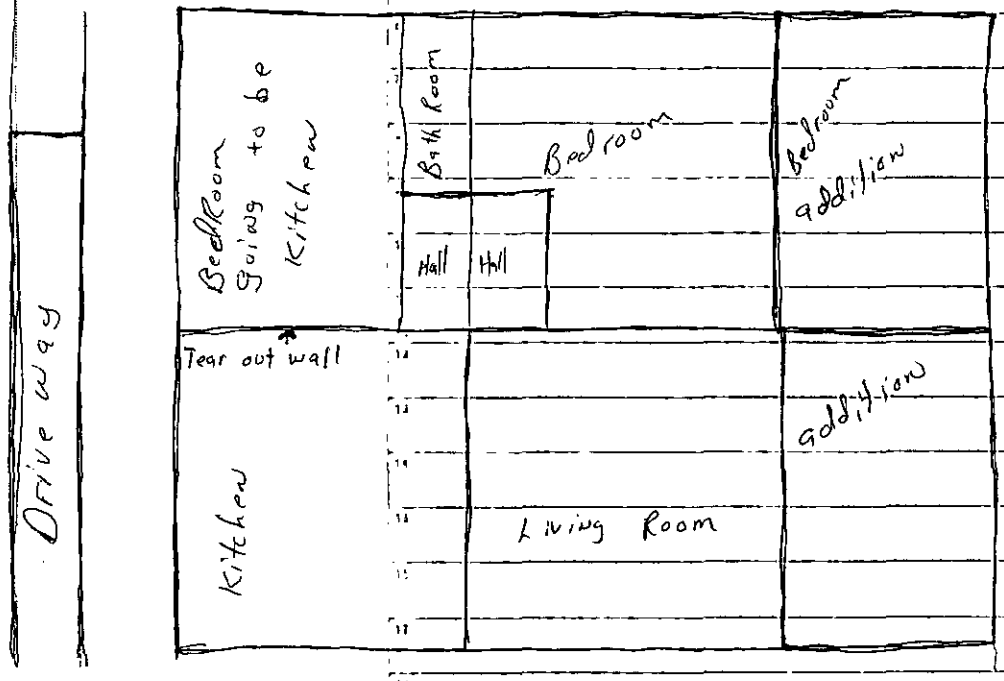
White - Health Department's Copy | Canary - E.H.S. Copy | Pink - Owner's Copy

# Plot Plan

COMMENTS | ACTIONS/TASKS

Back

Jank




wilson grove Rd

Front

Project 2 Bedroom Residence w/ Addition

Jack M. Dennis

2/24/98

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

2396B

[] 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

Date: 2/16/98

**PERSON FILING APPLICATION:**

NAME: [redacted] Dennis (last) Jack (first) M (mi) Jr

ADDRESS: 6421 Wilson Grove Rd PHONE: (704) 608-9247 608 9247 (mi)

CITY: Charlotte STATE: NC ZIPCODE: 28227

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 105-341-25

STREET ADDRESS: 6421 Wilson Grove Rd

ZONING:

**PROPERTY OWNER:**

NAME: Dennis (last) Jack (first) M (mi)

ADDRESS: 6421 Wilson Grove Rd PHONE: (704) 523-9510

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 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)
Bedroom Bath Sitting Room

[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: 2 NUMBER OCCUPANTS: 3

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 [] None
[] Garage [] Storage Building [] Deck/Patio [X] 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: Jack McDennis Jr Date: 2/16/98

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

Environmentalist Date

Bill 1955

PW

WATER : 122791

PG. 35

LIMITS TWP.

CREEK

362.11

215.4

1364.77

719.35

400.49 MINT
400.01 CLEAR

HILL CREEK

788.32

936.94 CITY TWP. LIMITS

WILSON GROVE RD.

BRICKSTONE DR.

60'

1503.09

721.89±

PG. 33

341

BK. 137-32

| | | | |
|---|---|---|---|
| 1 | 3.016 AC | (117A) | 375.27 |
| 2 | 1.287 AC | (115A) | 155.66 |
| 20 | | (113A) | 347.03 |
| 3 | | (112) (111) (110) (109) | 200 |
| 4 | 350 | (108) (107) | 100 |
| 5 | 348.4 | (106) (105) | 100 |
| 6 | 343.6 | 345.2 (100) (99) | 100 |
| 7 | 342.8 | (98) | 50 |
| 8 | 341 | (97) (96) | 100 |
| 9 | 339.1 | (95) (94) | 100 |
| 10 | 337.6 | (93) (92) | 100 |
| 12 | 54.713 AC. ± | | |
| 13 | 9.40 AC | | |
| 14 | 2.716 AC | | 399.78 |
| 15 | | 241.08± 209.23 | 124.3 |
| 16 | 4.02 AC. | | 100± |
| 17 | | 200± 197.62± | 100± |
| 18 | | 321.76 | 144± |
| 19 | 1.096 AC | 341.30± | 140± |

#3135

150.06 | 697.44± | 186.14 | 142 | 219.08± | 120.75 | 124.3 | 224.06 | 221.05

521.30 | 341.30± | 170± | 140

470±

| | |
|---|---|
| TAX LINE MAP | BOOK 109 PAGE 34 |
| MECKLENBURG COUNTY, NORTH CAROLINA | |
| REVISED 11-20-95 RSB | SCALE 1" = 200' |

113 | 115 | 111