

13500 IDLEWILD RD

21516414

5/21/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3185

Pd 50.00 9/10/97 400

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: 9/10/97

PERSON FILING APPLICATION:

NAME: LIGON (last) WILLIAM (first) MARK (mi)

ADDRESS: 13500 IDLEWILD RD. PHONE: (704) 849-2588

CITY: MATTHEWS STATE N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-164-14

STREET ADDRESS: 13500 Idlewild Rd.

ZONING:

PROPERTY OWNER:

NAME: LIGON (last) William (first) MARK (mi)

ADDRESS: _____ PHONE: (__) 849-2588

CITY: MATTHEWS STATE NC. ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME: WINDROW ESTATES

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

LOT NUMBER: 7A 1972 LOT SIZE (in acres): 1.025 ACRES

TYPE APPLICATION (check one):

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

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

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: 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 (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
[X] 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: William Mark Ligon Date: 9/10/97

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.

...9/11/97 OSV. No one present. min. 5' setback from washer drainfield not met. Phone consult. w/Mr. Ligon

[] 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
Detached garage - No plumbing

Lisa B. Mialik, RS, 9/15/97
Environmentalist Date

9/15/97 OSV. Mark Ligon present. New proposed garage site established. See plot plan dated 9/15/97.

Approval to LUKS for detached garage (no plumbing) as indicated on plot plan dated 9/15/97

WATER: 122791

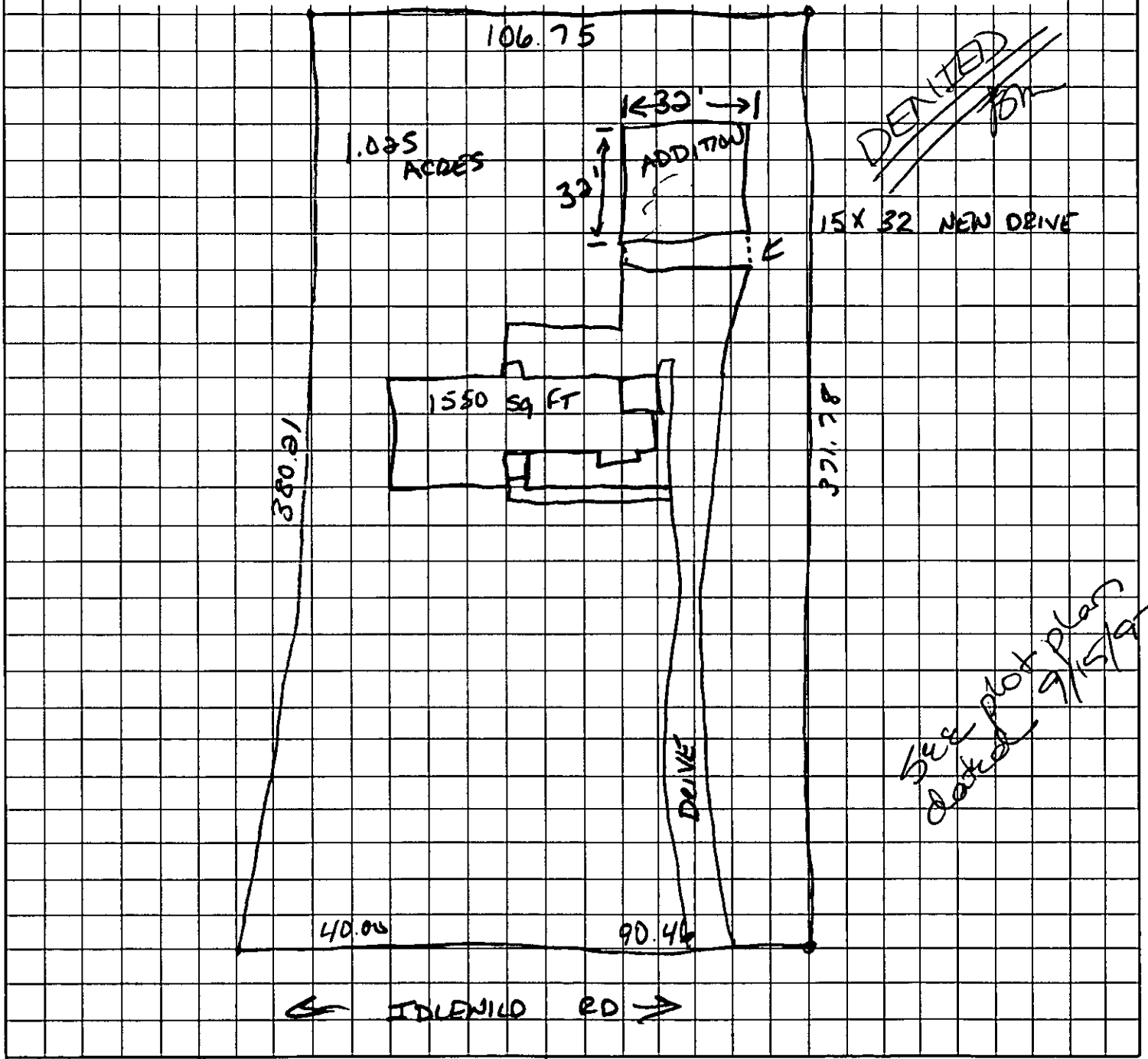
PROPOSED PLOT PLAN

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

FILE: 3185

TC: 215-164-14

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.



W. Mark Lyon
OWNER/AGENT SIGNATURE

DATE 9/10/97

APPROVAL DATE DENIED 9/11/97 fbm

Disapproved - minimum setback not met from washer drainfield.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

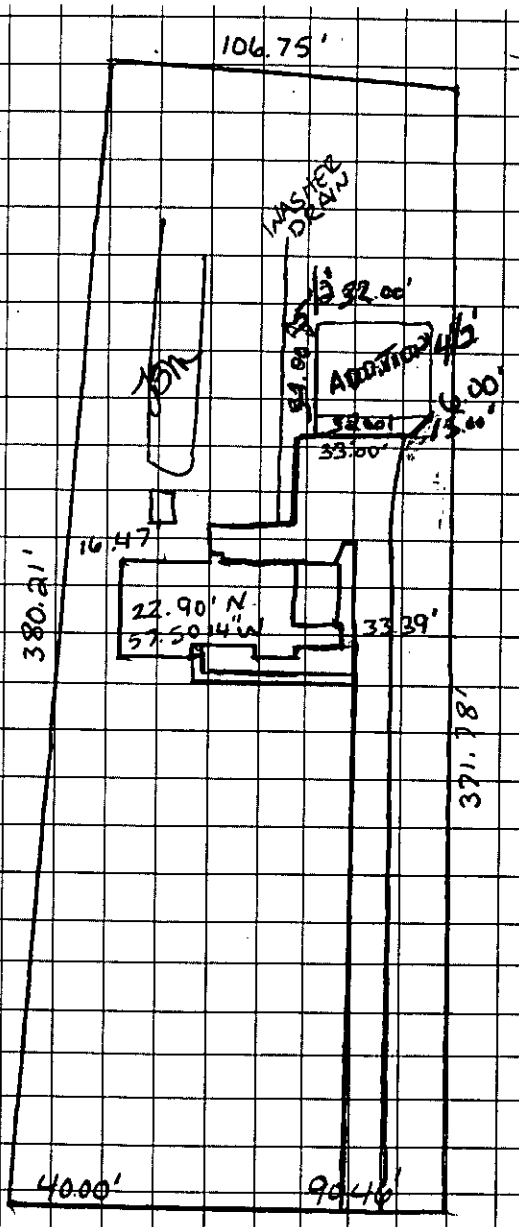
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Approval to use existing system for detached garage - No plumbing - 5' minimum setback from washing machine drain field. JBR

OWNER/AGENT SIGNATURE William Mark Lyon

DATE 9/15/97

APPROVAL DATE Joe B. Mialik, RS 9/15/97

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

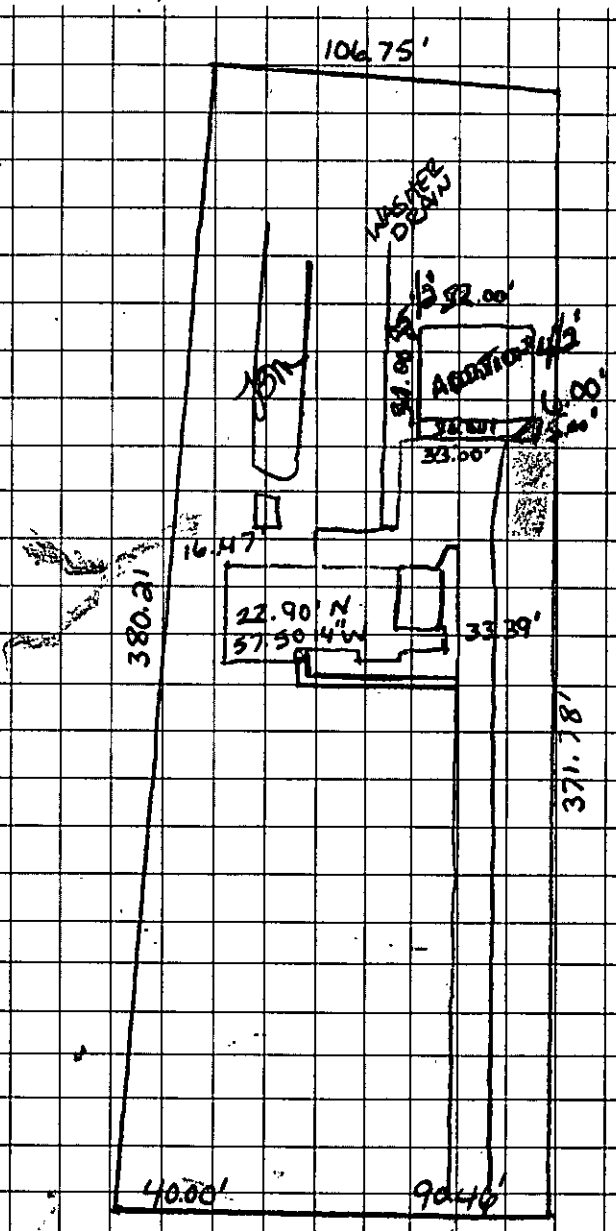
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Approval to use existing system for detached garage - no plumbing - 5' minimum setback from washing machine drain field for

William Mark Rogers

OWNER/AGENT SIGNATURE

DATE 9/15/97

APPROVAL DATE Lisa B. Mialik, RS
9/15/97

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