

16433 BELLE ISLE DR

00131247

5/21/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 4526A

TC: _____

SERIAL: № 16101 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16433 (STREET NO.) Belle Isle Drive (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-312-47

⑤ SUBDIVISION: Belle Isle Drive ⑥ LOT: 53 ⑦ BLOCK: Sec. 2

OWNER

⑧ NAME: Frank (FIRST) N. (MIDDLE) Watson (LAST)

⑨ MAILING ADDRESS: 210 Seven Bridges Rd.

⑩ CITY: Mt. Kisco ⑪ STATE: N.Y ⑫ ZIP: 10549

⑬ PHONE: (WORK) _____ ⑭ (HOME) (914) 666-6304

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Diane W. Merryman, Agent

Date: May 2, 1988

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____

Environmentalist Date

_____ / _____

Director or Authorized Section Head Date

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

MECKLENBURG COUNTY
Department of Environmental Health

January 25, 1988

Brad Boyer
P. O. Box 7528
Charlotte, NC 28217

Dear Mr. Boyer:

Subject: Property at 16433 Belle Isle Drive
File: ~~4052A~~ 4036A

Receipt of the plans and specifications for an addition to the existing sewage disposal system at the above referenced property is hereby acknowledged. Upon receipt of the plan, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 10 NCAC 10A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

> Additional drainfield is required to upgrade septic system from 3 to 4 bedrooms. In accordance with regulation .1938(d) further plans and study by a professional engineer are needed for an accurate assessment of the impact of the proposed addition-renovation which will increase sewage flow at the residence.

For this reason the plan as submitted is disapproved. We will reopen review process again after resubmission of additional information which outlines how the proposed additions can be accomplished within the provisions set forth in the regulations.

If you have any questions regarding these matters, please do not hesitate to contact me.

Very truly yours,

Kelly Randall, R.S.
On Premises Waste Disposal Section

KR/ir

PROPOSED PLOT PLAN

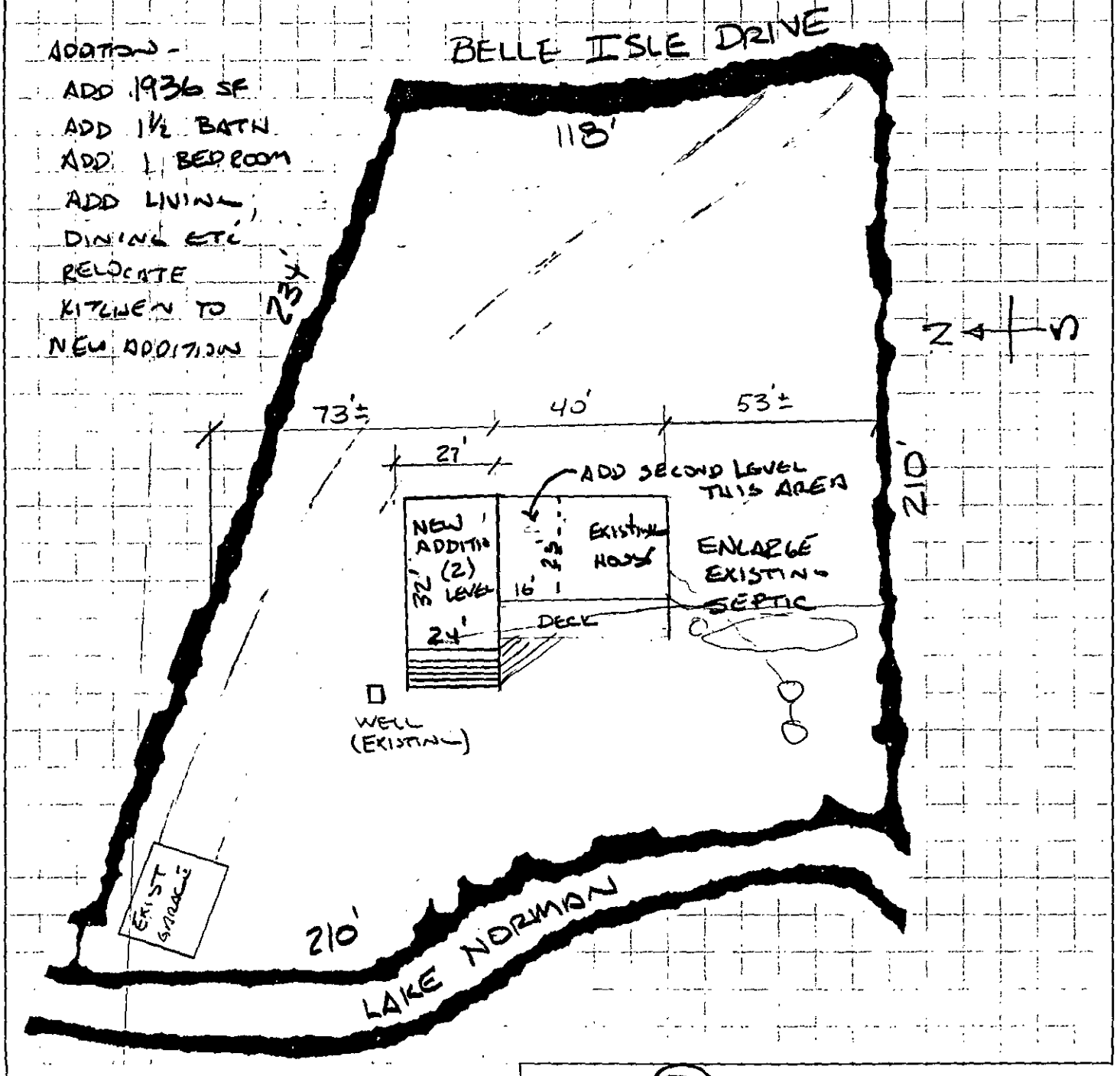
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~4052A~~ 4026A

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.



Signed: _____

Date: 1-13-98

Paid 1/15/88 Imp Permit #50.00 Sew

APPLICATION FOR AN IMPROVEMENT PERMIT

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: ~~4052A~~ 4036A

TC: 001 312 47

SERIAL: Nº 15290 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16433 (STREET NO.) BELLE ISLE DRIVE (STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 53 001-312-47

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: BRAD (FIRST) HANSON (MIDDLE) BOYER (LAST)

⑨ MAILING ADDRESS: PO Box 7529

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28217

⑬ PHONE: (WORK) 704-588-4791 ⑭ (HOME) 704-392-4329

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) ADDITION

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 4

㉕ Type?

㉓ Maximum occupancy? 6

㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no

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: BB

Date: 1-13-87

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 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

MECKLENBURG COUNTY
RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 22

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd 10-22-87
60.00 20744

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: ~~4026A~~ ENVIRONMENTAL HEALTH DIVISION
TC: 4026A ENVIRONMENTAL HEALTH DIVISION
SERIAL: Nº 14840 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16433 (STREET NO.) BELLE ISLE (STREET) ② FILE: 4026A
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 001-312-47
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: FRANK (FIRST) N (MIDDLE) WATSON (LAST)
⑨ MAILING ADDRESS: c/o June Cleary, LAKE Properties Ltd, Rt 2 Box 19700, Hwy 73 W DAVIDSON
⑩ CITY: DAVIDSON ⑪ STATE: NC ⑫ ZIP: 28036
⑬ PHONE: (WORK) 892-5518 ⑭ (HOME) 892-0664

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) adding an addition

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type?
㉓ Maximum occupancy? 4
㉖ Maximum number of employees?
㉔ Basement? ☒ yes ☐ no
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

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Signed: Frank N. Watson by June Cleary Agent
Date: 10-22-87

IMPROVEMENT PERMIT

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