

20516 DEEP COVE CT

00149182

8/14/08

marliwr

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

#1443 JPM Not on LD

FEE: 100.00 Vem
DATE: 9-12-06
CRT I 1

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 01/05

FILE #: 17955

TYPE APPLCATION:

- [x] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Greta Sherwood
ADDRESS: 20516 Deep Cove Ct
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704-895-4159
ALTERNATE PHONE: 704-906-6719

PROPERTY OWNER:

NAME: Greta & Mike Sherwood
ADDRESS: 20516 Deep Cove Ct
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: 704-895-4159
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 001-491-82
STREET ADDRESS:
CITY:
STATE: NC ZIP:
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:

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

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [x] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [x] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [x] BEDROOM
- [x] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Greta Sherwood — Owner's/Agent's Signature
9-12-06 — Date

*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 y this Department.
- This permit is not transferable.

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

O.K. to use existing system to renovate the basement. House will remain 3 Bedroom House.

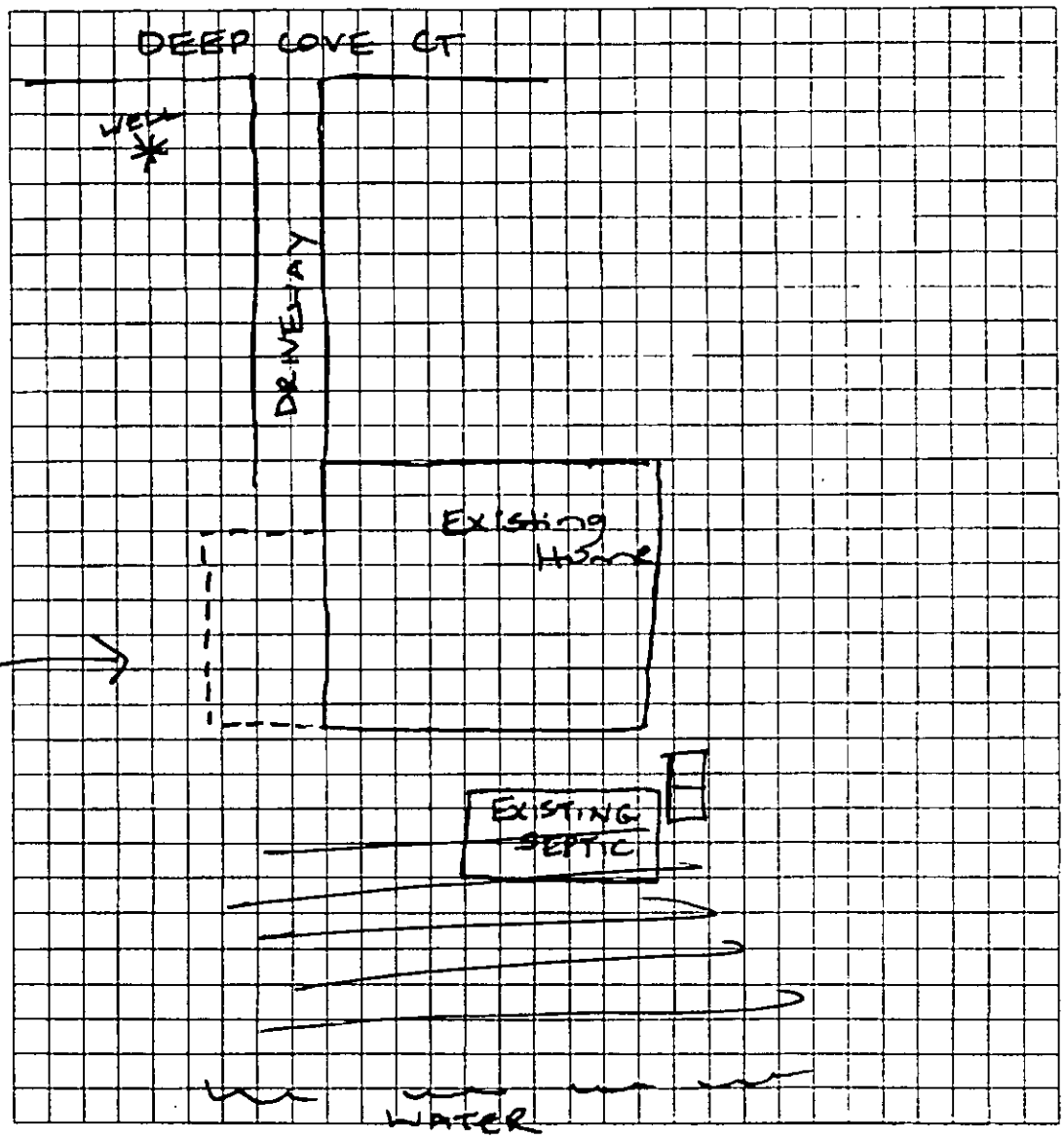
EHS Signature — Date
Tracy Mack, R.S 9/14/06

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 17955
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	[signature]
Date	9-12-06

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/12/06
Receipt #: 45959
Check / Auth #: CHECK 3465
Received By: MULLIVR

Amount: 100.00
Tendered: 100.00
Returned: 100.00

Account Information

Account #: 100000
Contractor: SHERWOOD, MICHAEL
Attn:
Address: 20516 DEEP COVE CT
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 20516 DEEP COVE CT		1	100.00	100.00

MICHAEL A. SHERWOOD
20516 DEEP COVE CT.
CORNELIUS, NC 28031-7232

3465

Date 9-12-06

56-19/530 NC 44

Pay to the Order of Mecklenburg County $ 100.00

One hundred & xx/100 Dollars

Bank of America

ACH R/T 053000196

Bank of America Advantage®

For Septic Permit

Michael A. Sherwood

⑆053000196⑆ 000000938100⑈3465

---------- Outstanding Balances ----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

EX00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

17955

10/5 9/19/95 CERT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: KAMSELER (last) JENNINGS (first) D. (mi)
ADDRESS: 20516 Deep Cove Ct PHONE: (__) 892 4283
CITY: DAVIDSON STATE: NC ZIPCODE: 28036

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-44-02 001-13-16
STREET ADDRESS: 20516 Deep Cove Ct.
ZONING: R2

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):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] 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) carport
[] 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) [] MODULAR HOME (M) [] 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 (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 [] 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: [signature] Date: 9/30/95

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.

[] 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

...Use existing ~~for~~ septem for carport - New plumbing.

Note: ① Carport already built at time of on-site visit 10/5/95.

② Second story sunroom supports less than 5' from septic tank - no record of addition approval on file. Advised property owner per PC 10/9/95.

Lisa B. Mialik RS 10/9/95
Environmentalist Date

[signature] Daniel Rogers Chief 10/7/95
Director or Authorized Section Head Date

WWATER : 122791

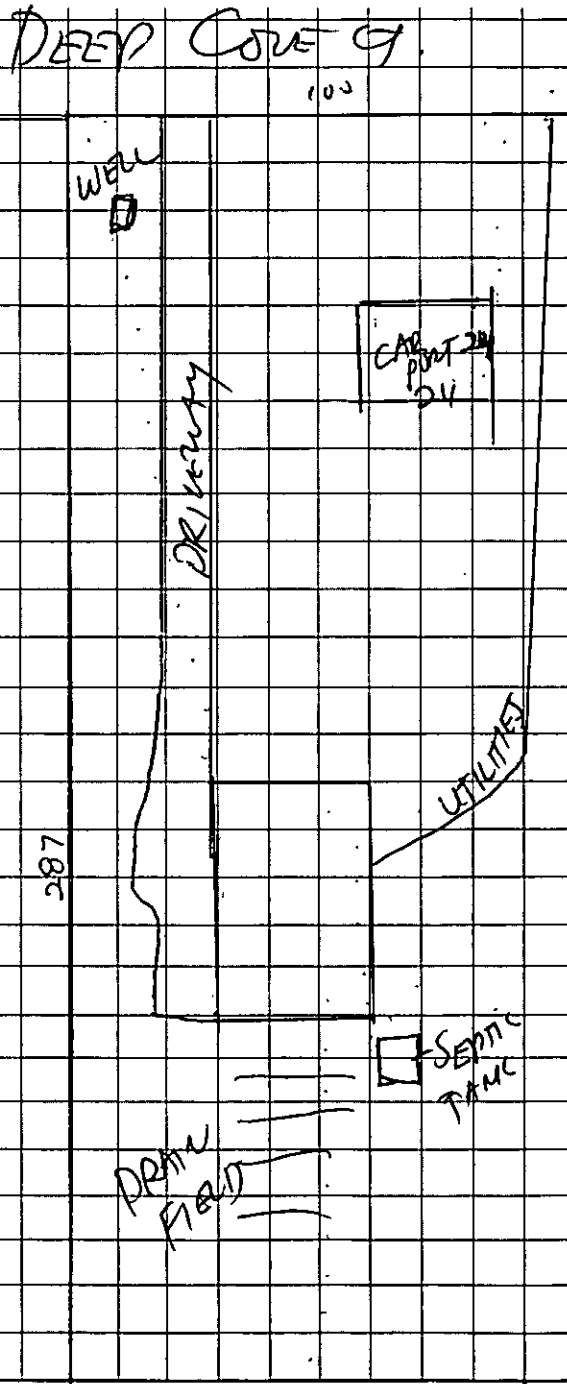
PROPOSED PLOT PLAN

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

FILE: 17955

TC: 001-131-16

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.



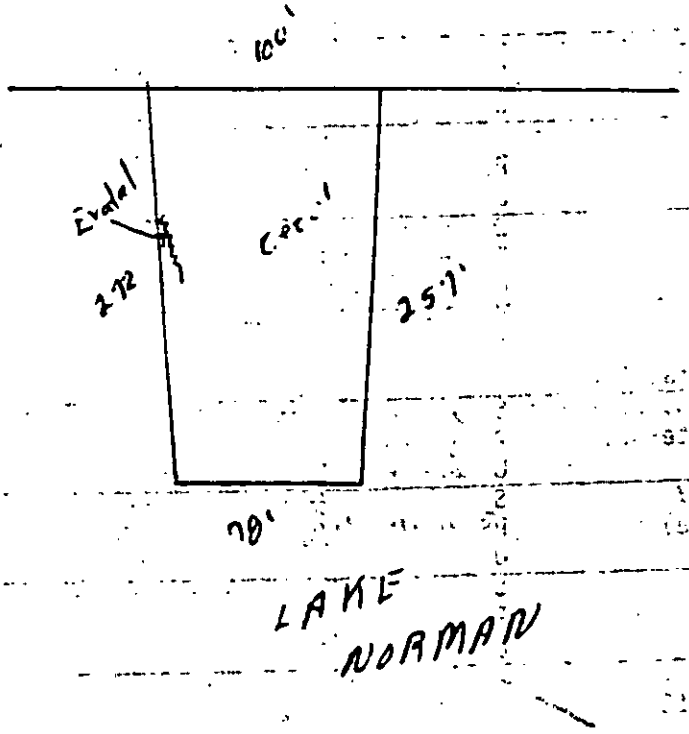
OWNER/AGENT SIGNATURE J Hansen

DATE 9/20/95

APPROVAL DATE 10/9/95 JBR

Use Ekisting system for carport - No plumbing.

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


100'
Deep Tower Cl
Eydal
272
Cree
25'
70'
LAKE
NORMAN

Serial No. 7285

SW No. 17955

T.C. No. 001-131-16

Date Issued 3-8-84

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Ramseur, Jennings Dodson
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER P.O. Box 837, Davidson, NC ZIP 28036

LOCATION OF LOT 20516 Deep Cove Court
(STREET OR COUNTY ROAD)

SUBDIVISION Deep Cove LOT NO 8 BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 17955. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

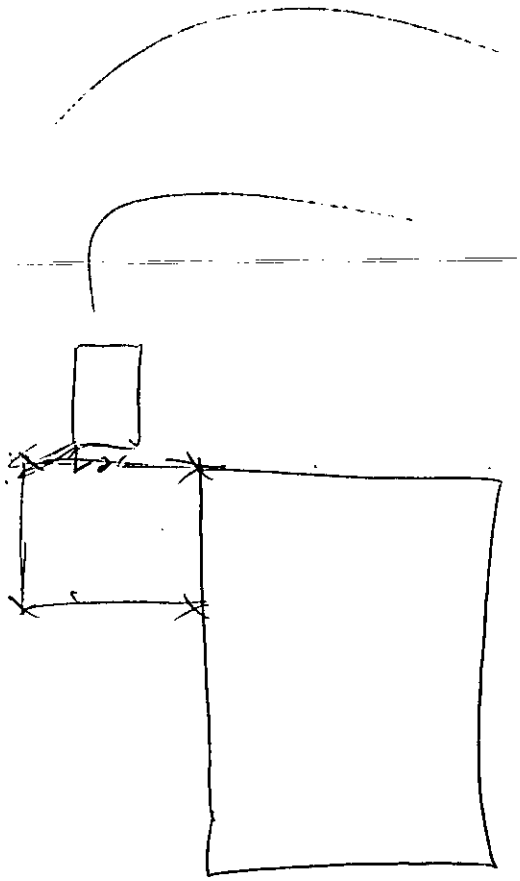
*** LIFT STATION MAY BE NEEDED ***

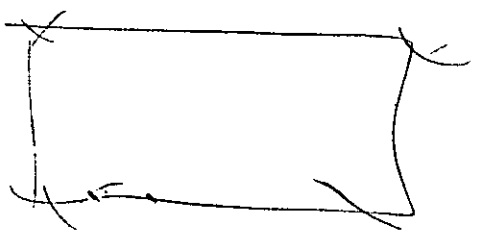
William B. Tawney
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy





C of A (s) No. 17955

Date Issued 9-10-84 Serial 6938

T. C. No. 001-131-1

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner RAMSEUR, JENNINGS
(LAST, FIRST, MIDDLE)

Location of Property 20516 DEEP COVE CT.

Application Number 17955 Permit Number 17955

Inspection Data:

Liquid Capacity of Tank 1500 GAL Tank Material Pre Cast Concrete

Total Length of Drain Tile 200 LIN. FT Number of Lines FOUR

Depth of Filter Material 12 inches Cover Depth 12 inches

Water Supply Source WELL Distance from Water Source 775 FT.

Excavation Inspected 9-7-84 (DATE) Tank Inspected 9-7-84 (DATE)

Nitrification Field Inspected 9-7-84 (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 _____

Ralph Mills
Environmentalist

END-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

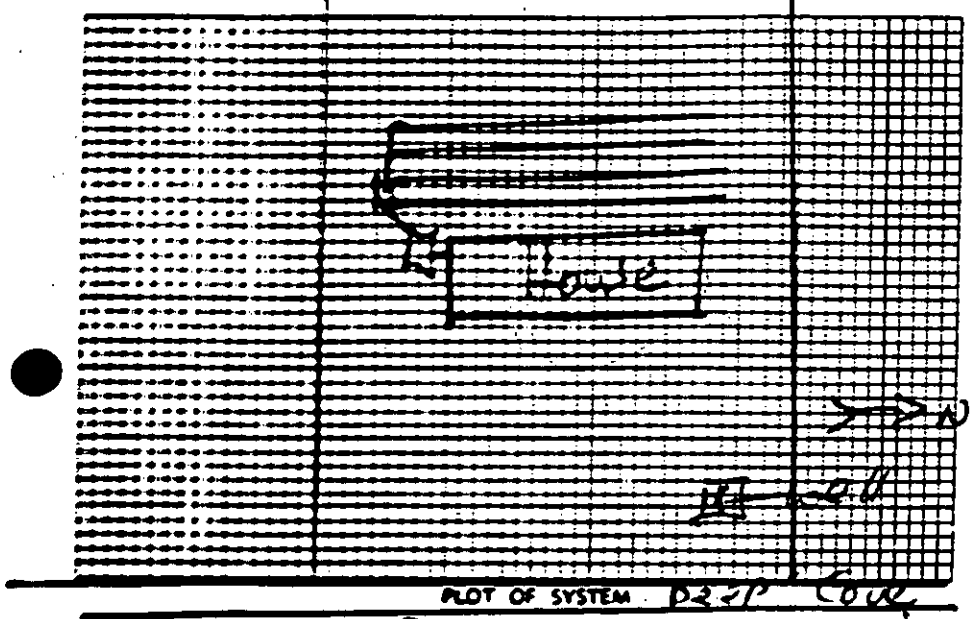
Date Issued SEPT 5th 1984 Serial No. 07529 ICAR (S) Permit No. 17955

T. C. No 001-131-16

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 X 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 17955 dated 3-7-84 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 OCT 5th 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM DEEP COVE

Permeability Rate P S IVA

Liquid Capacity of Tank 1500 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 200 lin FT

Number of Lines FOUR

Distance from House 5 FT

Distance from Property Line 10 FT

Distance from Well > 75 FT

NAME OF OWNER RAMSEUR, JENNINGS

LOCATION OF PROPERTY 20516 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 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.

FOUR TRENCHES to be 50 FT X 3FT X 12 inches stone-hay or STRAW COVER - gravity DDS

Comments:

B Lentz
Division or Section Head

Robert Miller
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.

Environmental Health Department's Copy

Date Received 3-8-84

RECEIVED

(CAR(S) Application No. 17955

T.C. No. 001-134-11

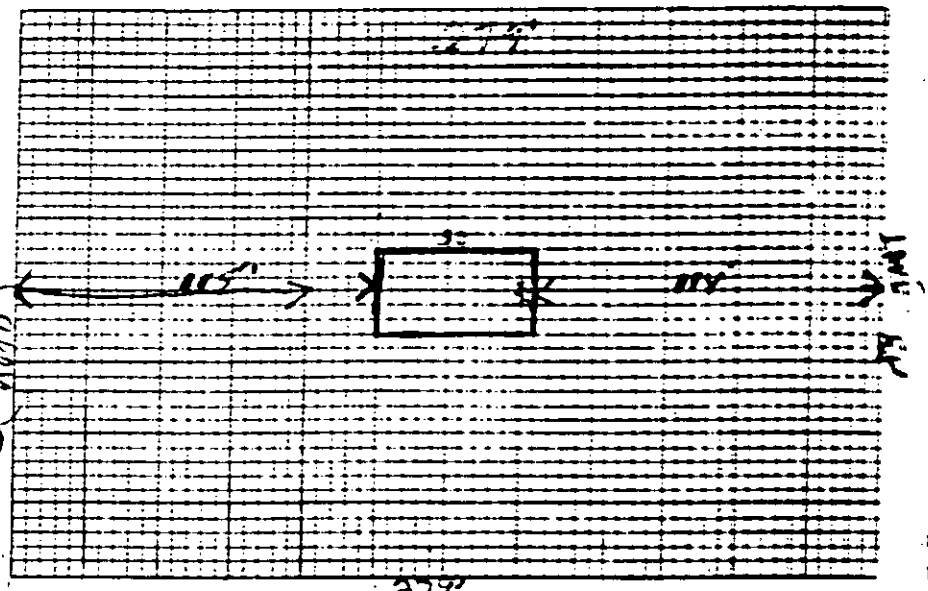
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1) ✓ Install or Construct 2) ____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ____ Yes X No
Residence X Yes ____ No
4) No. of Bedrooms 3
5) Business Use — No. Not
Employees ____
6) Washing Machine X Yes ____ No
7) Garbage Disposal X Yes ____ No
8) Dishwasher X Yes ____ No
9) Water Supply
A) Individual Well 1
B) Governmental System ____
C) Community System
1) Well source ____
2) Governmental source ____
10) Sewage System
House located within 200 feet of public sewer ____ Yes ____ No
House located within 200 feet of community sewer ____ Yes ____ No
11) Soils Case No. ____
12) S.A. Case No. ____

13) NAME OF OWNER Pomeroy (LAST) James (FIRST) Dixon (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 237 Davidson NC 28036

15) PHONE NO. Home 892-4723 Office 537-8573

16) LOCATION OF SYSTEM 5216 Deep Cove Ct. (STREET OR COUNTY ROAD)

17) SUBDIVISION Deep Cove Lot No. 8 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 4578 ~~4577~~ AT PAGE 500 ~~503~~

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 5/81

20) PTR NUMBER (See Instructions) 17955

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3/7/84
DATE OF APPLICATION

James L. Pomeroy
OWNER

FHD-5-76

Environmental Health Department's Copy

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX H
SITE EVALUATION
(Ground Absorption Sewage Disposal)

S.I.R. #o. 19955
T.C. #o. 80 661-13-05

OWNER: Russell B. Hunt
ADDRESS: Box 4
COUNTY: Davidson, N.C. 28036
LOCATION OF SITE: Deep Cove Ct.

DATE REQUESTED:
PLAT #O: 4L AB
LOT SIZE: 33,000

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-10%	S PS (U) Eroded	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) U Clay	S (PS) U Clay	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U Blocky	S (PS) U Blocky	S PS U	S PS U
4. SOIL DEPTH (inches)	(S) PS U 48"	S PS (U) Depth Variable	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	(S) PS U None	S PS U None	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) PS U 70-10 ground water	S PS (U) Eroded Area Channels water	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) U Moderate	S PS (U) slow	S PS U	S PS U
8. OTHER (specify)	S PS U See Note	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	~~Provisionally~~ Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Eroded		

S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slope)

Recommendations/Comments: Recommend plans for house & septic location be submitted as lot gets narrow as it approaches the lake

Described By: William R. Marlin
Title: Soil Scientist
Date: 5-21-81

DHS Form 2601
Sanitation
EHD 559 (2/80)