

9118 LACROSSE DR

01727701

5/13/08

marliwr

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

Drw 51

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-27701

STREET ADDRESS: 9118 LaCross Dr.

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green Sub

TYPE APPLICATION (check one):

[redacted]

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

[redacted]

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

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

[X] PERSON FILING APPLICATION: Jacinto

NAME: Gomez (last) Jacinto (first) M (mi)

ADDRESS: Base Stillwell Farm PHONE: (704) 8756759

CITY: Honterville NC STATE: NC ZIPCODE: 28078

[X] PROPERTY OWNER:

NAME: Robert (last) Kissiah (first) I (mi)

ADDRESS: 2827 Temple Ln PHONE: (___) _____

CITY: Charlotte STATE: NC ZIPCODE: 28205

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

LOT NUMBER: 209 LOT SIZE (in acres):

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: X Jacinto Martinez Gomez Date: X 12/10/002

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.

... O.K. to use existing system for two bedroom Mobile Home Exchange

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

Tommy Mecklin R.S. 10/15/02
Environmentalist Date

WATER : 122791

24755

PROPOSED PLOT PLAN

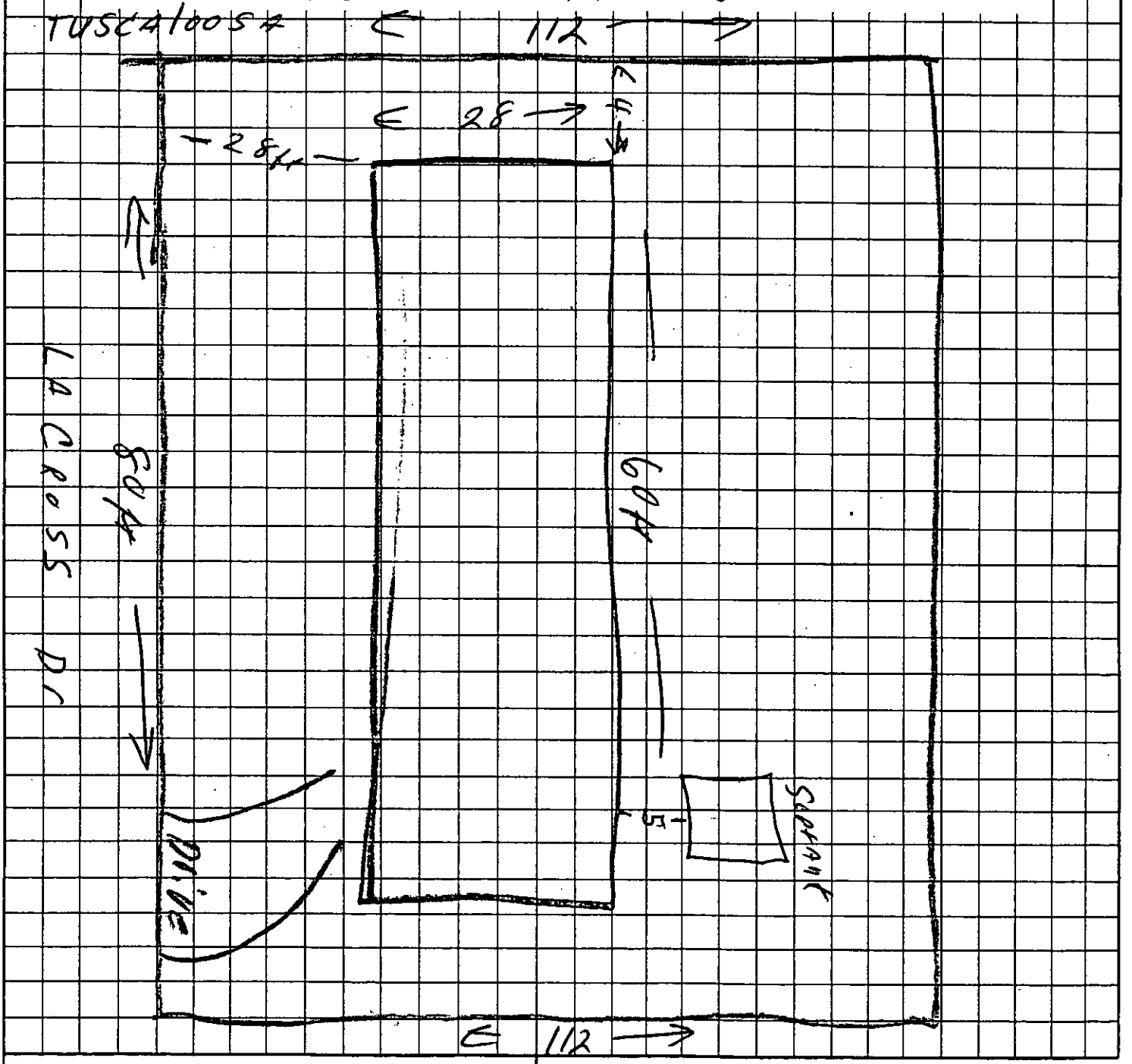
COPY

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

FILE: 51

TC: 017-277-01

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.



Jacinto Martinez Gomez
OWNER/AGENT SIGNATURE

DATE 12/10/02

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 51 DATE: 11/9/01

TC: 017-277-01 ☒ L ☒ CRT

SERIAL Nº 18735

Name of Owner Robert T. Kissiah Juris.: _____

Address of Property 9118 Lacross Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield 150'

Number of Lines 3 @ 50'

Cover Depth 20"

Water Supply Source Community

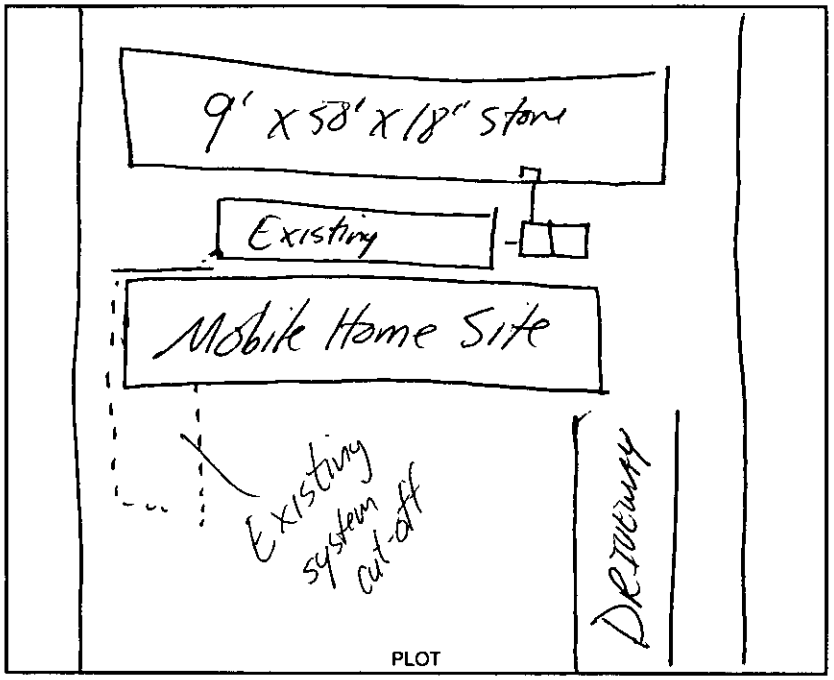
Distance to Water Source >100'

Excavation Inspected 11/9/01

Tank(s) Inspected existing

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2001 Alteration, 450 SFB, CON, 18" Stone CTR# Big M

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☒ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Alteration for Two Bedroom Mobile home Exchange
9' x 58' x 18" Stone
Type II Conventional System

Jeremy P. Mecheles R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

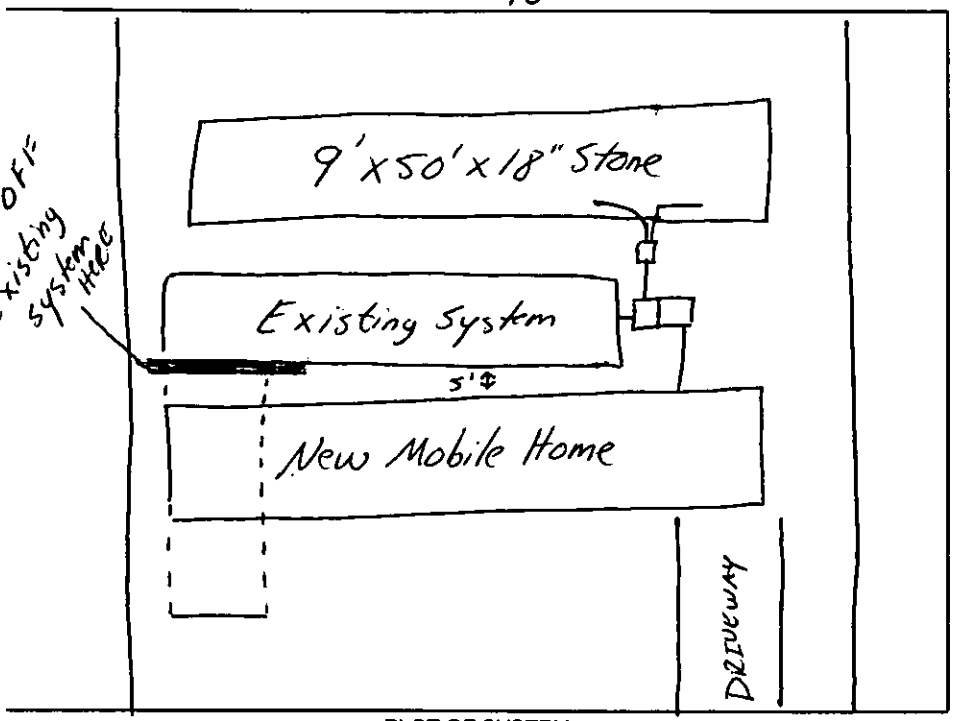
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 51 DATE: 11/8/01

TC: 017-277-01 ☒ L

SERIAL Nº 18845

Permission is hereby given to _____ 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 the application dated 10-26-01. All work shall be completed on or before 12-8-01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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. 70'



PLOT OF SYSTEM
LACROSS DRIVE

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 9'x50'x18" feet

Trench Walls Scored and Porous yes

Total Line Length 150' feet

Number of Lines 3x50'

Depth of Stone 18" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >100' feet
Community well

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Robert T. Kissiah

LOCATION OF PROPERTY 9118 Lacross Drive

Comments: Alteration/Repair for two Bedroom Mobile Home Exchange
Install 9'x50'x18" Stone Bed
Type II Conventional System

Tammy P. Michalow R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** A CS
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: _____ PERMIT NO: 51

PARCEL NO: 017-277-01

JOB LOCATION ADDRESS: 9118 Lacross Drive

PROPERTY OWNER: Robert Kissiah

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Wildwood Green

AUTHORIZATION ISSUED BY: Larry F. Michie R.S. DATE: 11/8/01

~~DEHNR~~ AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 51, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Alternation installed for two Bedroom Mobile Home Exchange

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM Jeremy

Paid #300- CK# 0253 11/8/01

[ ] 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 #: 51

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-277-01

STREET ADDRESS: 9118 Lacross Dr Lot 209

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green.

LOT NUMBER: 209

TYPE OF BUILDING (CHECK ONE):

- X SINGLE MOBILE HOME(S)
- ___ DOUBLE WIDE (D)
- ___ HOUSE (H)
- ___ MODULAR HOME (M)
- ___ MULTIPLE FAMILY (U)
- ___ OTHER (O)

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 924

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 1

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

- X COMMUNITY (C)
- ___ MUNICIPAL (M)
- ___ 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	X YES ___ NO
EXISTING WASTEWATER SYSTEMS	X YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: Kirsch (LAST) Robert (FIRST) (MI)

ADDRESS: 9118 Lacross Dr

CITY: Huntersville STATE: NC ZIP 28070

DAYTIME PHONE: (704) 528 - 0848

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Simpson Mark S (LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 528 - 0848.

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: _____ DATE: 11-8-01

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

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ 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 #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01727701001

STREET ADDRESS: 9118 LACROSS DR.

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green

LOT NUMBER: 209

TYPE OF BUILDING (CHECK ONE):

- ✓ SINGLE MOBILE HOME(S)
- __ DOUBLE WIDE (D)
- __ HOUSE (H)
- __ MODULAR HOME (M)
- __ MULTIPLE FAMILY (U)
- __ OTHER (O)

HEATED SQUARE FOOTAGE: [illegible]

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

- __ WITHOUT BASEMENT ON SLAB
- ✓ CRAWL SPACE
- __ WITH BASEMENT /PLUMBING
- __ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

- __ 0 MECKLENBURG
- __ 1 CHARLOTTE
- __ 2 DAVIDSON
- __ 3 CORNELIUS
- __ 4 PINEVILLE
- __ 5 MATTHEWS
- ✓ 6 HUNTERSVILLE
- __ 7 MINT HILL

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE): ✓ COMMUNITY (C) __ MUNICIPAL (M) __ 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: Kissiah Robert T. (LAST) (FIRST) (MI)	NAME: Bates Thomas C (LAST) (FIRST) (MI)
ADDRESS: 2827 Temple Lane	DAYTIME PHONE: (704) 394-6090
CITY: Charlotte STATE: NC ZIP: 28205	
DAYTIME PHONE: ( ) —	

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: J.C. Bates / Agent DATE: 10-26-01

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

#51 $50.00 CK#4312 11-12-96

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

PERSON FILING APPLICATION:

NAME: Short (last) Mary (first) L. (mi)

ADDRESS: 9118 LaCrosse Dr PHONE: (__) _____

CITY: Charlotte STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:

NAME: Stancil Realty Robert (last) (first) (mi)

ADDRESS: _____ PHONE: (__) 875-2779

CITY: Char STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-277-01

STREET ADDRESS: 9118 LaCrosse Dr

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood Green

LOT NUMBER: 209 LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[X] 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
[] 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: Mary L Short Date: 11-12-96

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.

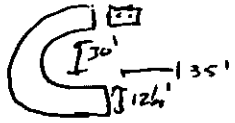
...This permit is not transferable.

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

...11-15-96 Mobile home marked - site is over drainfield area. Fleetwood Short & Robert Stancil know this. Faxed all my info to Freedom homes and told them if they could fit the home in with proper setbacks to re-mark and call me for another inspection. cf
11-19-96 Marked bed with flags for Mr. Stancil. Bed appears to be 12½'w x 90'l. Separation distance inside of bed edges measures only 30'- bed ends 35' off of property line. Double wide will not fit inside of bed as requested. cf

Environmentalist Date

WATER : 122791



PROPOSED PLOT PLAN

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

FILE: #51

TC: 017-277-01

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.

MH

Rd. Cross Cr.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

DHO

9/19/95

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#51 Receipt #50.00

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: Williams (last) Tracy (first) L. (mi) 523-9222
ADDRESS: 98-C Somerset PHONE: (803) 469-0963
CITY: Sumter STATE: SC ZIPCODE: 29154

Date: 017-277-01 161

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-277-01
STREET ADDRESS: 9118 LACROSSE Dr
ZONING:

PROPERTY OWNER:
NAME: Stancills (last) Robert (first) (mi)
ADDRESS: 9019 Detroiter PHONE: (704) 875-2779
CITY: Huntersville STATE: N.C. ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Wildwood MHP - Sycamore

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

LOT NUMBER: 209 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☒ SOIL TEST - INDIVIDUAL LOT (O)
☐ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☒ SINGLE MOBILE HOME (S) ☐ 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)
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☒ 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

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Signed: Tracy L. Williams Date: Sept. 18, 1995

NOTICE:

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...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

...11/3/95 Use Existing system for 2 bedroom single wide mobile home (14'x66') to be located 20' from rear property line. See signed plot plan & Variance granted by Town of Huntersville. jpn

Environmentalist: Ida B. Mialik, RS 11/3/95 Date

Director or Authorized Section Head: S Bateman for S Hamil, Program Chief 11-9-95 Date

WATER : 2270

Note: per tax records - owner:
Robert Turner Kissiah
2827 Temple Lane
Charlotte, NC 28205

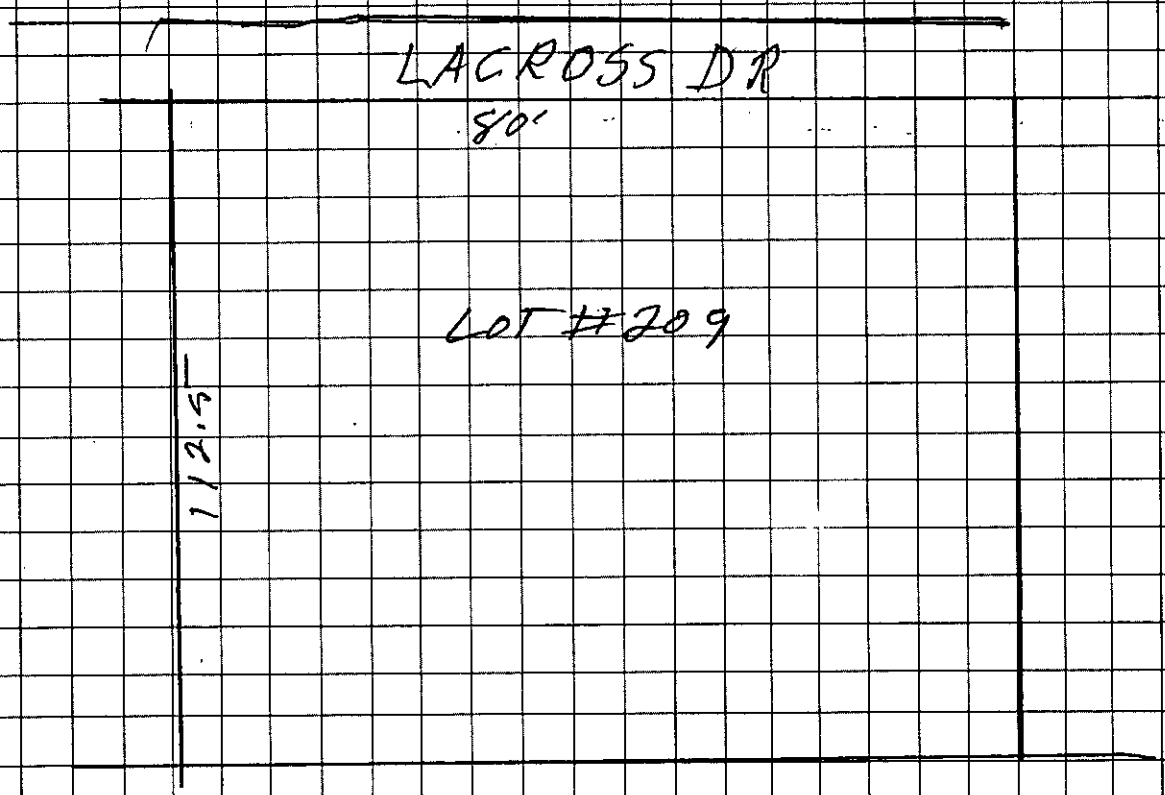
PROPOSED PLOT PLAN

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

FILE: # 51

TC: 017-277-01 JBR

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.



Robert Stancil
OWNER/AGENT SIGNATURE

DATE 9-14-95

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Mecklenburg County
Health Department

September 27, 1995

Mrs. Tracy L. Williams
98C Sommerset
Sumter, S.C. 29154

Re: 9228 Lacross Drive, Lot 209
Tax Parcel Number 017-227-04 017-227-04 JBK 11/3/95

Dear Mrs. Williams:

Receipt of your application to exchange a mobile home at the above referenced location is hereby acknowledged.

Upon receipt of the application, a review was made of the material on file and a site evaluation was conducted. The request was then reviewed in conjunction with provisions of 15A NCAC 18A .1900 "Sewage Treatment and Disposal Systems."

The request is to locate a 14' X 65' mobile home on lot #209 and use the existing septic system. Our files indicate the system was installed on September 25, 1970. The septic system was designed to accommodate a three (3) bedroom home of smaller dimensions than the home you are now requesting to place on the lot. The actual location of the septic system on the lot does not leave an adequate space in which to locate the new home as requested and meet the rules as required.

- 15A NCAC 18A. 1950 (a) (10) Location of Sanitary Sewage Systems, requires a setback distance of at least five (5') feet between a building foundation and the septic system.

For this reason, the request as submitted is disapproved.

We discussed on site the possibility of relocating the mobile home to the rear portion of the lot. We met with Mr. Robert Stancill, the agent for the owner of the lot and were advised that a setback of 40 feet from the rear property line is required. Therefore, it appears that the only available option is to request a variance of the setback requirement to allow for relocation to the rear of the lot.

This action must be pursued through the Mecklenburg County Building Standards Office, Zoning Section, located at 700 North Tryon Street, Charlotte, NC.

Please contact me at (704) 336-5571 if I may be of further assistance to you.

Sincerely,

Judy J. Kiser R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

cc: Mr. Robert Stancill

PROPOSED PLOT PLAN

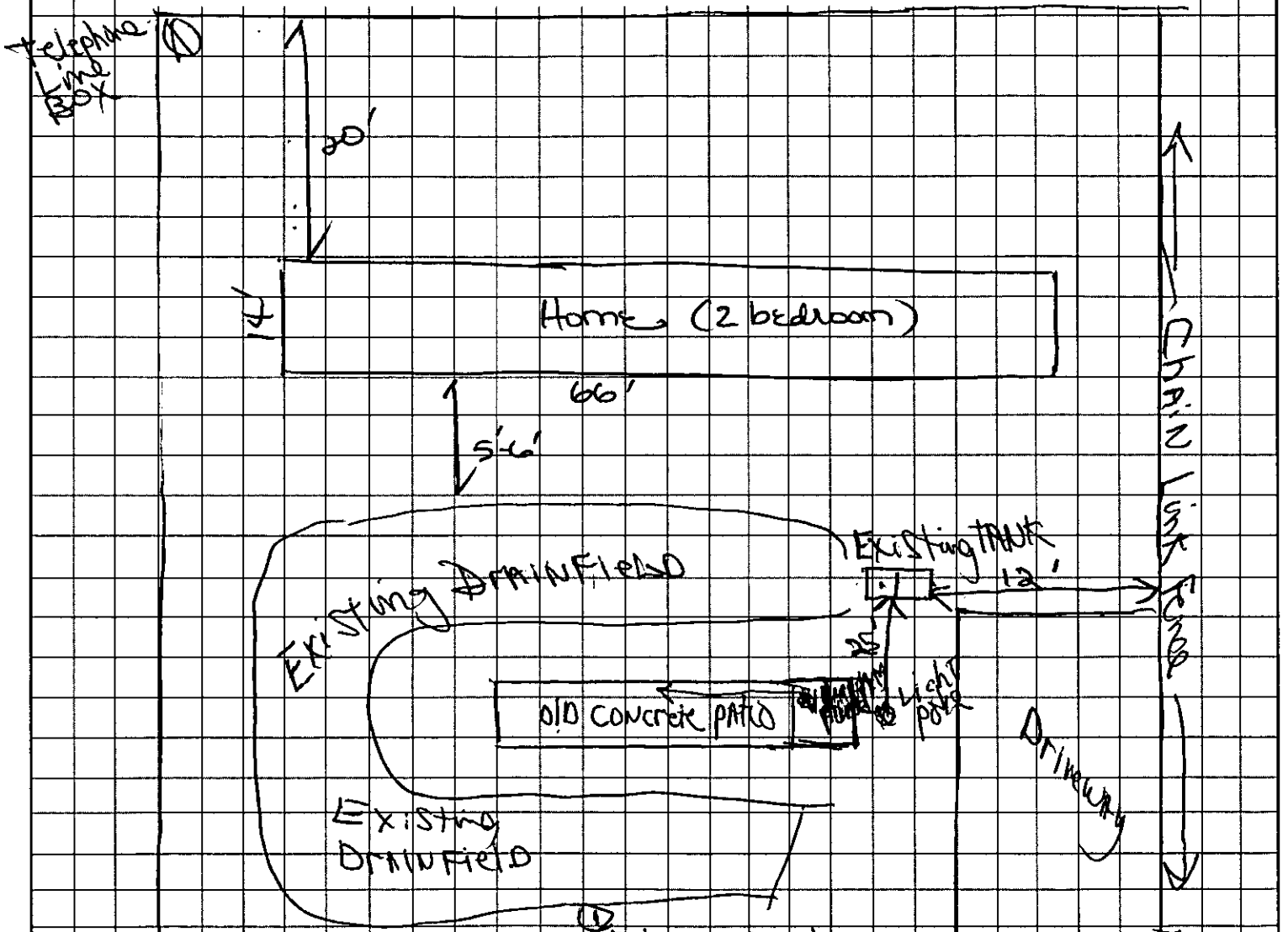
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: # 51

TC: ~~017-277-01~~ 017-277-01 JBM

Lot 209 - 9118 LACROSS DR.

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.



NOTES: (1) There shall be no parking over the Septic Tank or Nitrification Field Area.

(2) Ms. Williams was granted a variance to locate mobile home as indicated on plot plan drawing - See copy in file with PP

Drew W. Williams
OWNER/AGENT SIGNATURE

DATE 11/3/95

APPROVAL DATE Lisa B. Malik RS. 11/3/95

Use existing system for 2 bedroom single wide mobile home to be placed 20' from rear property line

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

TOWN OF HUNTERSVILLE

ZONING BOARD OF ADJUSTMENT

ORDER GRANTING A VARIANCE

The Board of Adjustment of the Town of Huntersville, having held a public hearing on October 26, 1995 to consider an application submitted by Tracy Williams requesting a variance to Section 60, Yard Requirements, of the Huntersville Zoning Ordinance for the purpose of reducing the rear yard requirement at 9118 Lacross Drive, and having heard all of the evidence and arguments presented at the hearing, makes the following FINDINGS OF FACT and draws the following CONCLUSIONS:

1. It is the Board's conclusion that, if the applicant complies with the 30 foot rear yard requirement in the R-MX district she cannot make reasonable use of the property. This conclusion is based on the following Findings of Fact:

   The septic system drain field serving an existing manufactured home is so located as to prohibit the placement of a larger, more recent model manufactured home on the lot without violating the required 30 foot rear yard. Otherwise the lot is in every way adequate to accommodate the proposed larger manufactured home.

2. It is the Board's conclusion that the hardship of which the applicant complains results from unique circumstances related to the applicant's land. This conclusion is based on the following Findings of Fact:

   The location of the septic system drain field is a pre-existing condition, unique to the lot in question.

3. It is the Board's conclusion that the hardship is not the result of the applicant's own action. This conclusion is based on the following Findings of Fact:

   In reviewing the appropriateness of the site for the larger manufactured home, the Health Department determined that the home would encroach over the drain field, which would not be permitted. There is no location or orientation of the house on this lot that will preserve both the rear yard and the drain field

4. It is the Board's conclusion that, if granted, the variance will be in harmony with the general purpose and intent of the ordinance and will preserve its spirit. This conclusion is based on the fact that an adequate degree of building separation will be maintained if the variance is granted.

5. It is the Board's conclusion that, if granted, the variance will secure the public safety and welfare and will do substantial justice. This conclusion is based on all of the Findings of Fact listed above.

Therefore, on the basis of the above described physical properties of the site it is ordered that the application for a variance be granted. The order will cause Section 60 of the Huntersville Zoning Ordinance, which establishes the 30 foot rear yard requirement in the R-MX district, to be reduced by 10± feet to permit the principal dwelling to be located outside of the area protected for the septic tank drain field.

Ordered this 27th day of October, 1995

Zoning Board of Adjustment
Town of Huntersville

Dan Hammond

Planner, Town of Huntersville
Staff to the Zoning Board of Adjustment

DATE 9-19-95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

#017-277-01
PARCEL NUMBER

9118 LACROSSE DR
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Mobile Home.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Betty J. McCornick

REVISED 1/91

TOWN OF HUNTERSVILLE

Date: October 27, 1995

To: Robert Brandon, Zoning Administrator
Zoning Counter

From: Ann Hammond, Planner
Town of Huntersville

Subject: October 26, 1995 Grants of Variance
Huntersville Zoning Board of Adjustment

The Huntersville Board of Adjustment met on Thursday, October 26, 1995 and granted the following variances:

Request by Tracy Williams for a variance to Section 60 to reduce the rear yard requirement at 9118 Lacross Drive to approximately 20 feet (tax parcel 017-277-01); and

Request by Central Piedmont Community College, North Campus, for a variance to Section 64.3 to permit the encroachment of a parking aisle into the required front setback (tax parcels 017-071-09 and -10).

The orders granting the variances are attached for your records. Please let me know if you need additional information.

cc: Petitioners

POST OFFICE BOX 664 • HUNTERSVILLE, NORTH CAROLINA 28070 • (704) 875-6541 • FAX (704) 875-6546

Serial No 41

Date Issued 9/25/70

C of A 1st No [illegible]

T. C No [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hambright - McCoy, Inc
LAST FIRST MIDDLE

Location of Property Lot 209, Lacrosse Dr., Wildwood Green

Application Number 51

Permit Number 30

Inspection Data:

Liquid Capacity of Tank 1250 gal

Tank Material Precast Concrete

Total Length of Drain Tile 500'

Number of Lines 5 (12½' x 10')

Depth of Filter Material 11"

Cover Depth 24"

Water Supply Source community

Distance from Water Source —

Excavation Inspected 9/25/70
DATE

Tank Inspected 9/25/70
DATE

Nitrification Field Inspected 9/25/70
DATE

Washing Machine Line Inspected, If Applicable NA
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health 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 Travis Orr

[signature]
Environmentalist

(Form 502) 1 Copy (White)

HEALTH DEPARTMENT'S COPY

Serial No. 30

Date Issued 9/15/70

ICAR(S) Permit No S 1

T. C. No 017-277-

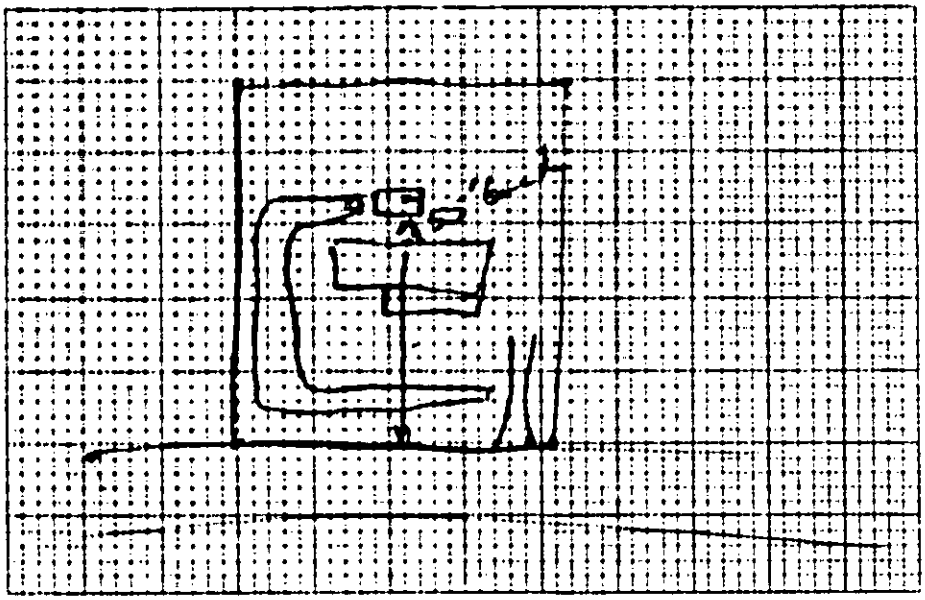
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 application S 1 dated 9/15/70 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** _____, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 91

Liquid Capacity of Tank 1250 gal

Tank Construction Precast

Absorption and/or Nitrification Lines

Total Line Length 500

Number of Lines 5 - 12½ Lin

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Hambright-McCoy Inc

LOCATION OF PROPERTY Lot 209 Wildwood Green

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Travis Carr

D. E. McMillan
Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. S 5-7-1 70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. [illegible]

(To safeguard) [illegible]

T. C. No.

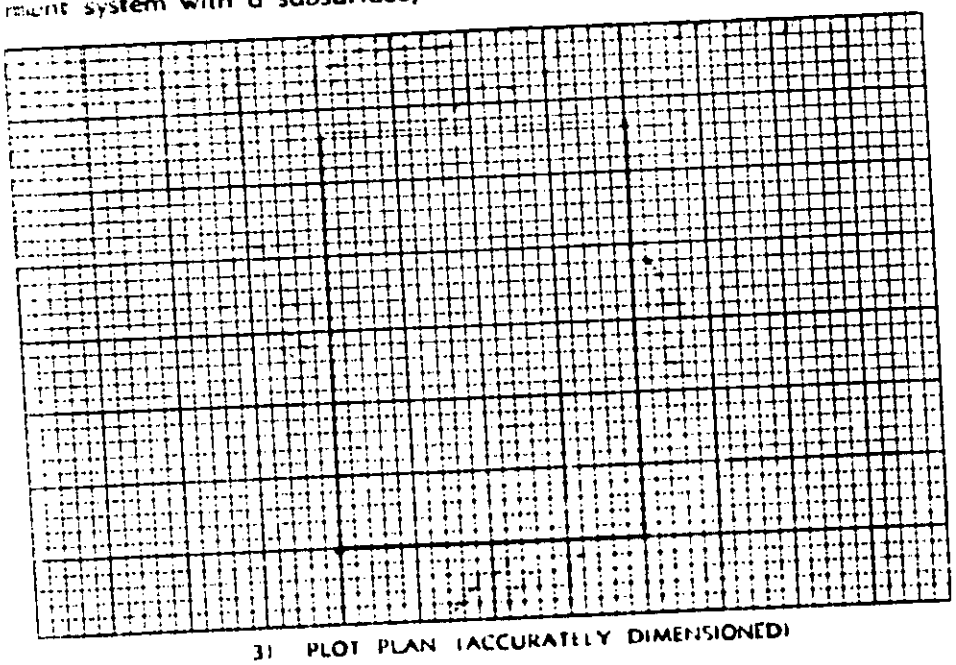
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department for a permit to:

1) _X_ 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) No. of Bedrooms 3
5) Business Use — Max No Employees _____
6) Washing Machine _X_ Yes ____ No
7) Garbage Disposal ____ Yes _X_ No
8) Dishwasher _X_ Yes ____ No
9) Water Supply:
   A) Individual Well _____
   B) Governmental System _____
   C) Community System:
      1. Well source _X_
      2. Governmental source _____
10) Sewage System:
   House located within 200 feet of public sewer ____ Yes _X_ No
   House located within 200 feet of community sewer ____ Yes _X_ No
11) FHA Case No. _____
12) VA Case No. _____

13) NAME OF OWNER [illegible] LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible] Office [illegible]

15) PHONE NO Home [illegible]

16) LOCATION OF SYSTEM Lot 209, Lacrosse Drive
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. 209 Block No. [illegible]

Map Book No [illegible] Page No. _____

18) DEED REFERENCE — DEED BOOK 2951 AT PAGE 334

19) HAS A PERCOLATION TEST BEEN RUN? _X_ YES ____ NO DATE RUN 4-9-79

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.

Hambright-Eddy, Inc.

OWNER