

21121 ISLAND FOREST DR

00111205

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6/23/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

11372

[ ] 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: Kerry Manning Olde Woods Construction, Inc
(last) (first) (mi)

ADDRESS: 11517 Idlewild Rd PHONE: (__) 841-8554

CITY: Mathews STATE: NC ZIPCODE: -

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-162-05

STREET ADDRESS: 21121 Island Ford Dr

ZONING:

PROPERTY OWNER:

NAME: Pittman John & Linda
(last) (first) (mi)

ADDRESS: 21121 Island Forest Dr PHONE: (__) 892-7241

CITY: Cornelius STATE: NC ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 97 LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

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: 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: Kerry A Manning Date: 9/27/96

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.

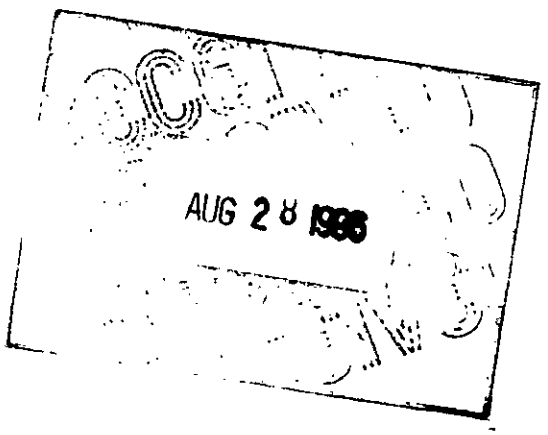
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
W/S for porch/deck addition

Lisa B. Mialik, RS 9/11/96
Environmentalist Date

Director or Authorized Section Head Date

9/3/96 OSR. Kerry Manning present. Proposed addition ~3' from S.T. & over a portion of existing washer bd
9/5 Voicemail message from owner John Pittman - Stated washer was malfunctioning. No COC or repair permit issued because Tim Whitaker approved the plumb. of washer to S.T. - Bobby Mayhew did work
9/10/96 PC w/ Bobby Mayhew - washer plumbed to septic tank due to limited repair space.
1990

9/11/96 OS V&I WATER 122791
Kerry Manning - addition revised & approved


AUG 28 1986

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: Kenny Manning (last) Olde Worlds Construction, Inc (first) (mi)

ADDRESS: 11517 Bolevard Rd PHONE: (__) 841-8554 pager 525-4392

CITY: Mathews STATE: NC ZIPCODE: 28105

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-112-05

STREET ADDRESS: 21121 Island Forest

ZONING:

PROPERTY OWNER:

NAME: Pittman (last) John & Linda (first) (mi)

ADDRESS: 21121 Islands Forest Dr PHONE: (__) 892-7241

CITY: Cornelius STATE: NC ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
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[] 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) Porch/Deck - rear of house

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

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COMMERCIAL/INDUSTRIAL PROPERTY:
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Underground Storage Tanks On Property (Y/N) ___ Type _____

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[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: Kenny Manning Date: 8/23/96

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...This permit is not transferable.

Please release

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

...9/3 OSR. Mr Manning present

Denial.

9/5 Mr & Mrs John Pittman

May 1999 -

Tim Whitaker approved Washer

plumbing ~~to~~ to S.T. by B. Mayhew

has copy of bill

9/6 PC to T. Whittaker. NC. Inc.

UXS for porch/deck addition.

Environmentalist Date

Director or Authorized Section Head Date

9/11/96

WATER : 122791

PROPOSED PLOT PLAN

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

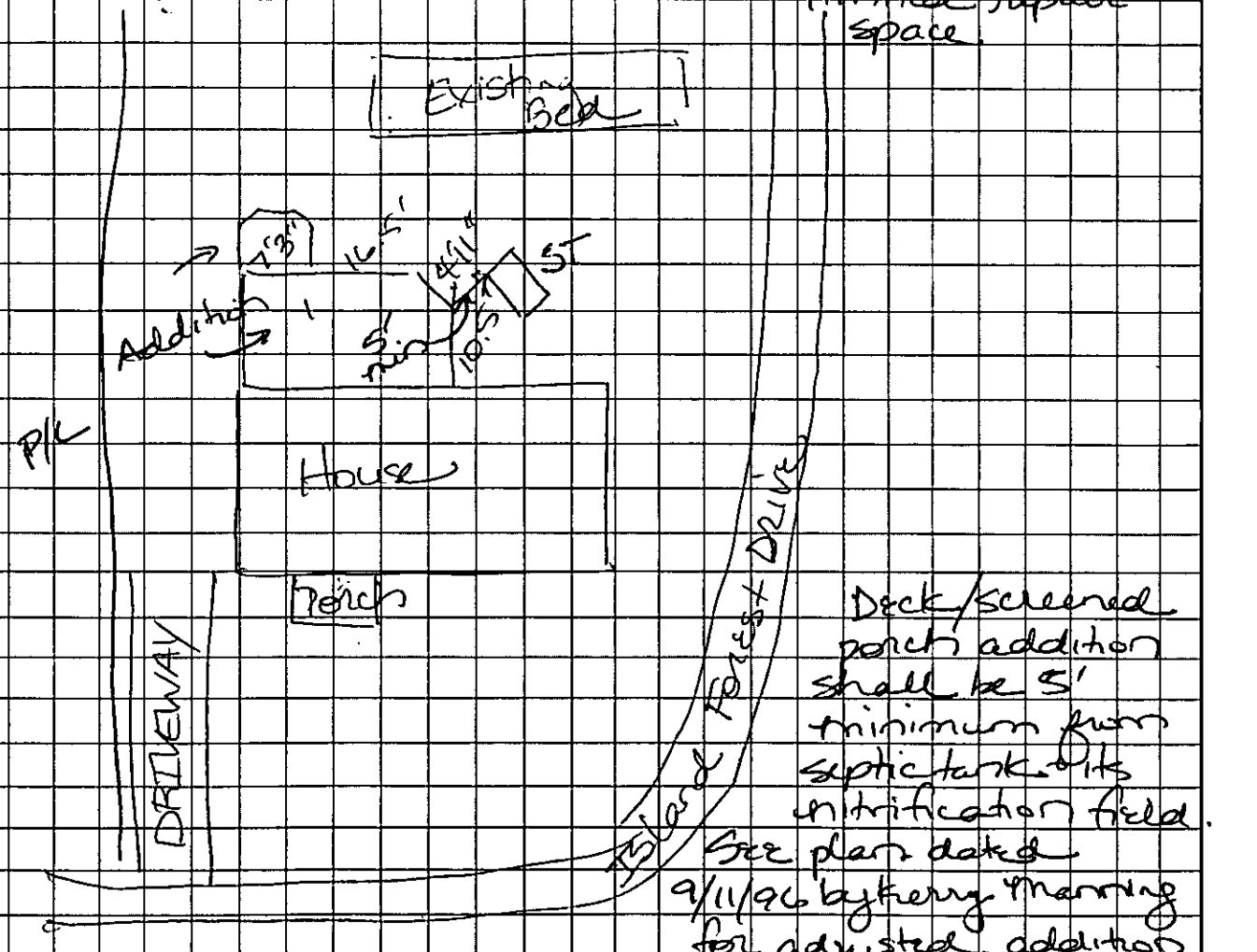
FILE: 11372

TC: 001-112-05

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.

9/11/96

Use existing system for screened porch/deck addition Per voice mail message on 9/5/96 from owner John Pittman, (washer bed had been malfunctioning) washer was plumbed to septic tank. Per my phone consultation with Bobby Mayhew, septic tank contractor, washer was plumbed to septic tank in 1990 due to limited repair space.



Kenneth Pittman 9/11/96
OWNER/AGENT SIGNATURE DATE

APPROVAL DATE 9/11/96 Joan B. Mialik, RS

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

PROPOSED PLOT PLAN

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

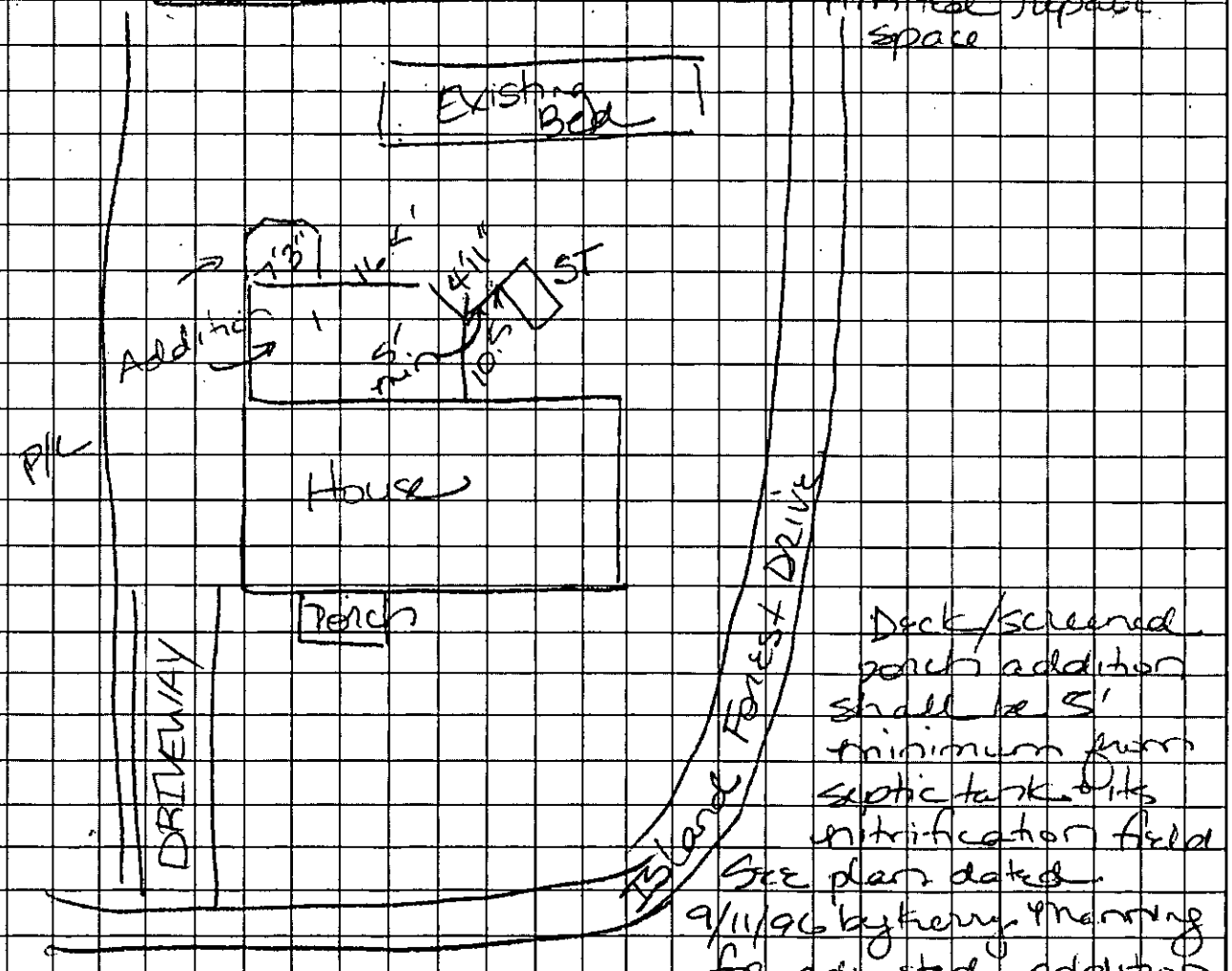
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9/11/96

Use existing system for screened porch/deck addition Per voice mail message on 9/5/96 from owner John Tillman, (washer bed had been malfunctioning) washer was plumbed to septic tank. Per my phone consultation with Bobby Mayhew, septic tank/backhoe contractor, washer was plumbed to septic tank in 1990 due to limited repair space



Kenneth Manning 9/11/96
OWNER/AGENT SIGNATURE
DATE

APPROVAL DATE 9/11/96 Linda B. Mialik, RS

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

PROPOSED PLOT PLAN

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

FILE: 11372

TC: 001-112-05

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.

See Attached Drawing
Dated 8/25/94

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

File 11372

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 21121 | STREET NAME Island Forest | (AV,RD,ST, etc) DR

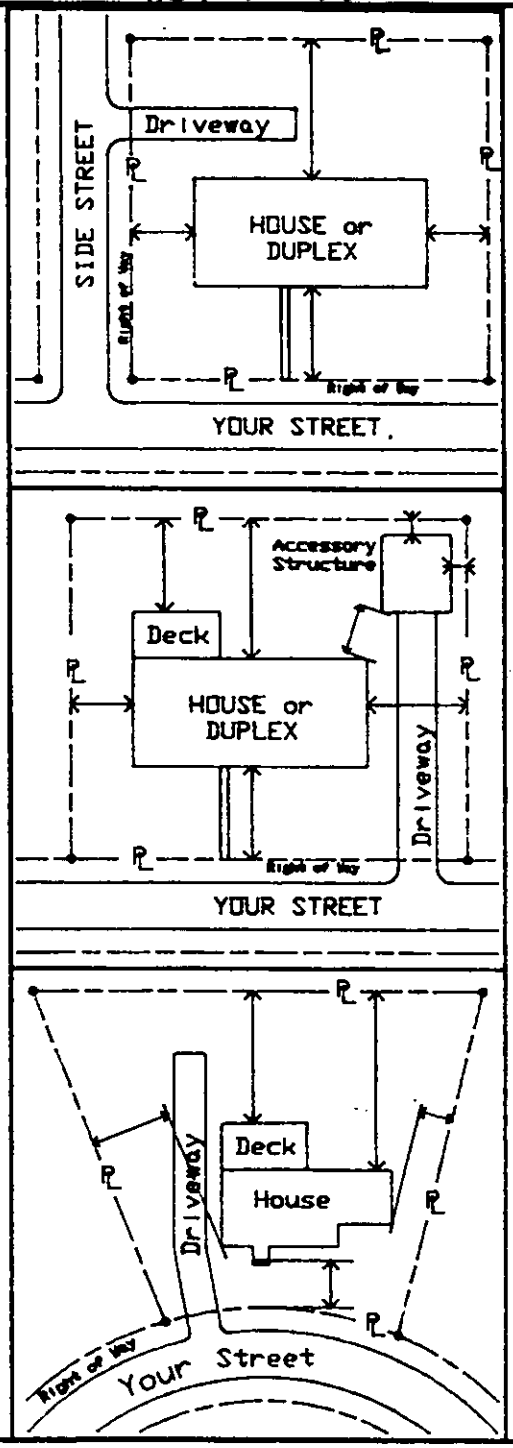
SUITE/UNIT(S):

PERMIT #

TAX JURISDICTION: (Check One)
☐ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☒ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 001-112-05 | JOB.#

EXAMPLES/PLOT PLAN

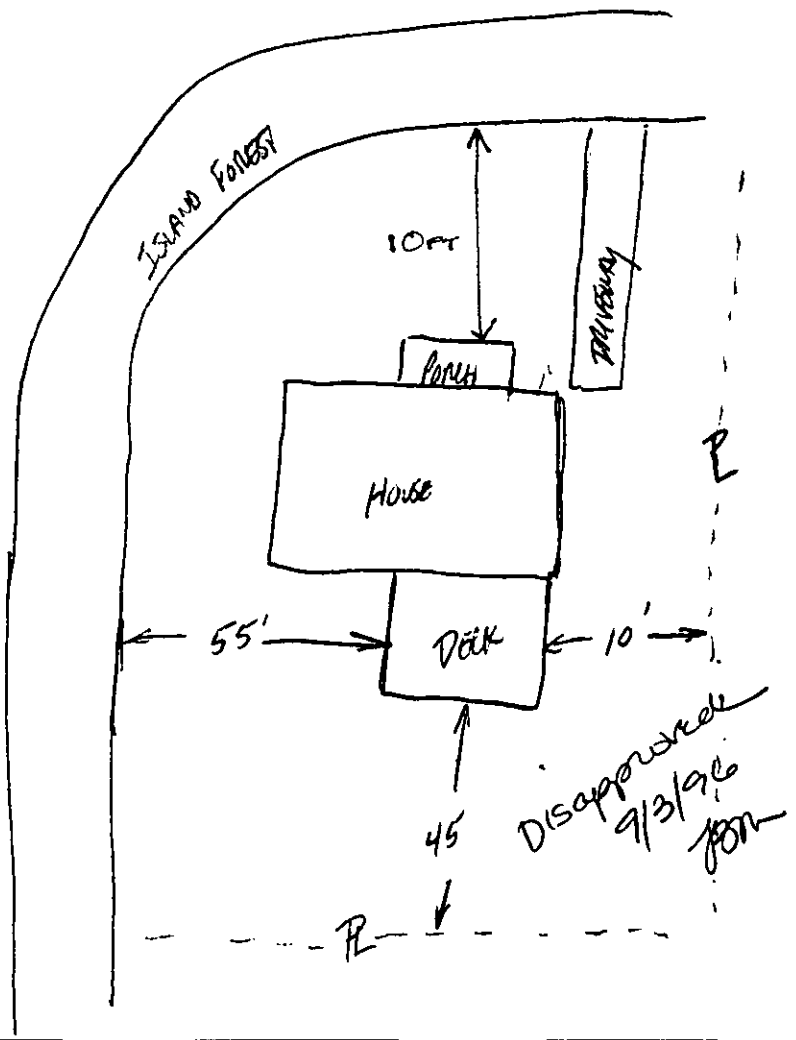


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



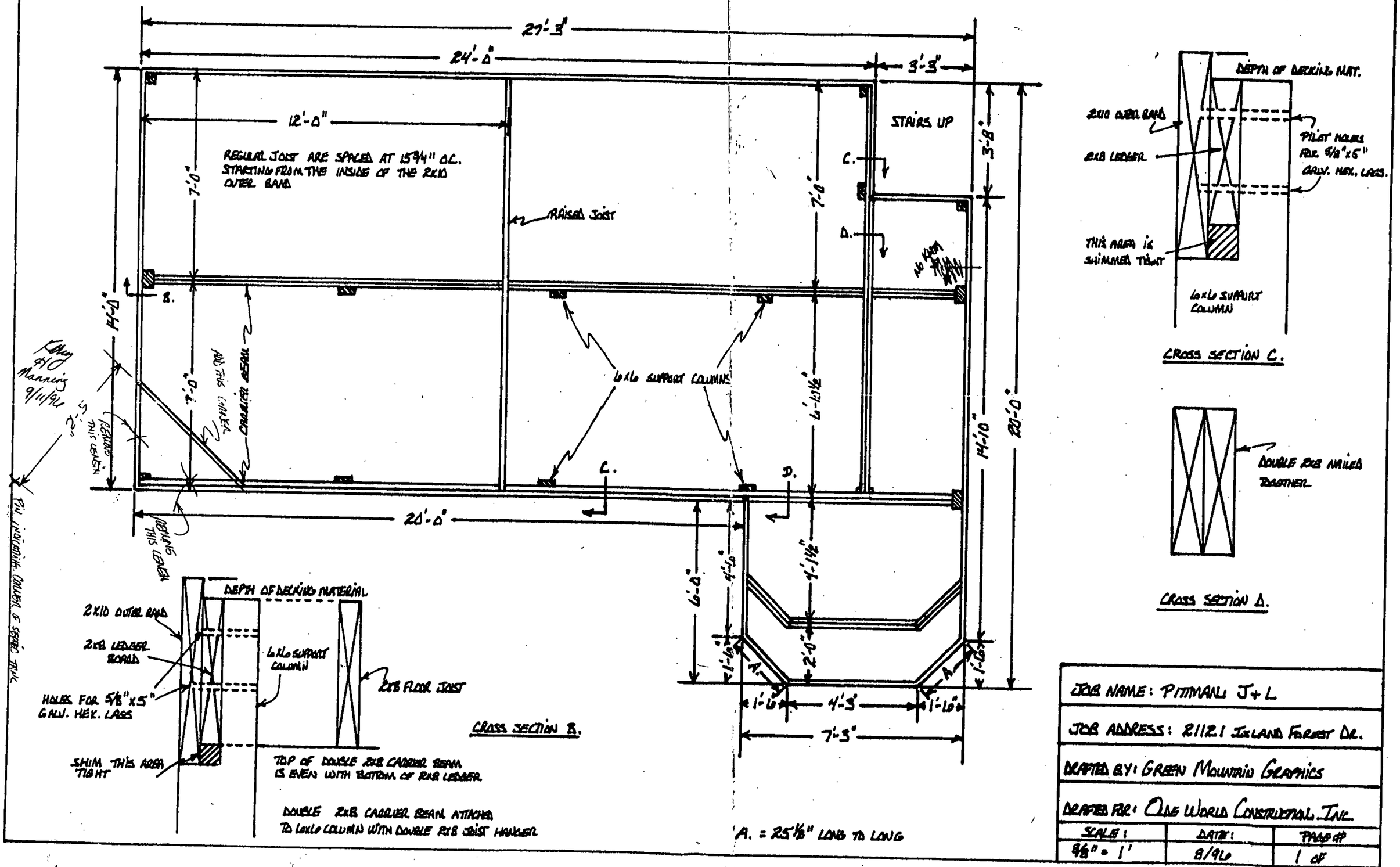
ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Kerry Manning — APPLICANT'S SIGNATURE
9/27/96 — DATE
KERRY MANNING — PRINT APPLICANT'S NAME

APPROVED BY

File 11372

Submitted 9/11/96 by Terry Manning - Revised porch/deck addition to meet minimum setback of septic system.



CROSS SECTION B.

CROSS SECTION C.

CROSS SECTION A.

A. = 25 1/8" LONG TO LONG

JOB NAME: PITTMAN J+L		
JOB ADDRESS: 21121 ISLAND FOREST DR.		
DRAFTED BY: GREEN MOUNTAIN GRAPHICS		
DRAFTED FOR: OLDE WORLD CONSTRUCTION, INC.		
SCALE: 3/8" = 1'	DATE: 8/96	PAGE # 1 of