

18532 ROSAPENNY RD

21731108

5/20/08

marliwr

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

HOMEOWNER WANTS COPY
OF ADDITION APPROVAL

Not on LD

FEE: $100.00 Ck#
DATE: 6/23/05
CRT'D BY: VAN

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 #: 3043-

ACS

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: SPENCER R. CRANFORD
ADDRESS: 18532 ROSAPENNY RD
CITY: CHARLOTTE
STATE: N.C. ZIP: 28278
PHONE: 704 588 2106
ALTERNATE PHONE: 704 516 5511

PROPERTY OWNER:

NAME: SPENCER R. CRANFORD
ADDRESS: 18532 ROSAPENNY RD.
CITY: CHARLOTTE
STATE: N.C. ZIP: 28278
PHONE: 704 588 2106
ALTERNATE PHONE: 704 516 5511

JOB LOCATION INFORMATION

TAX/PARCEL #: 21731108
STREET ADDRESS: 18532 ROSAPENNY RD
CITY: CHARLOTTE
STATE: NC NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

- [x] 0-MECKLENBURG
- [ ] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 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: 2
NUMBER OF OCCUPANTS: 2

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
- [x] 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.

Spencer R. Cranford — Owner's/Agent's Signature
6-16-05 — 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

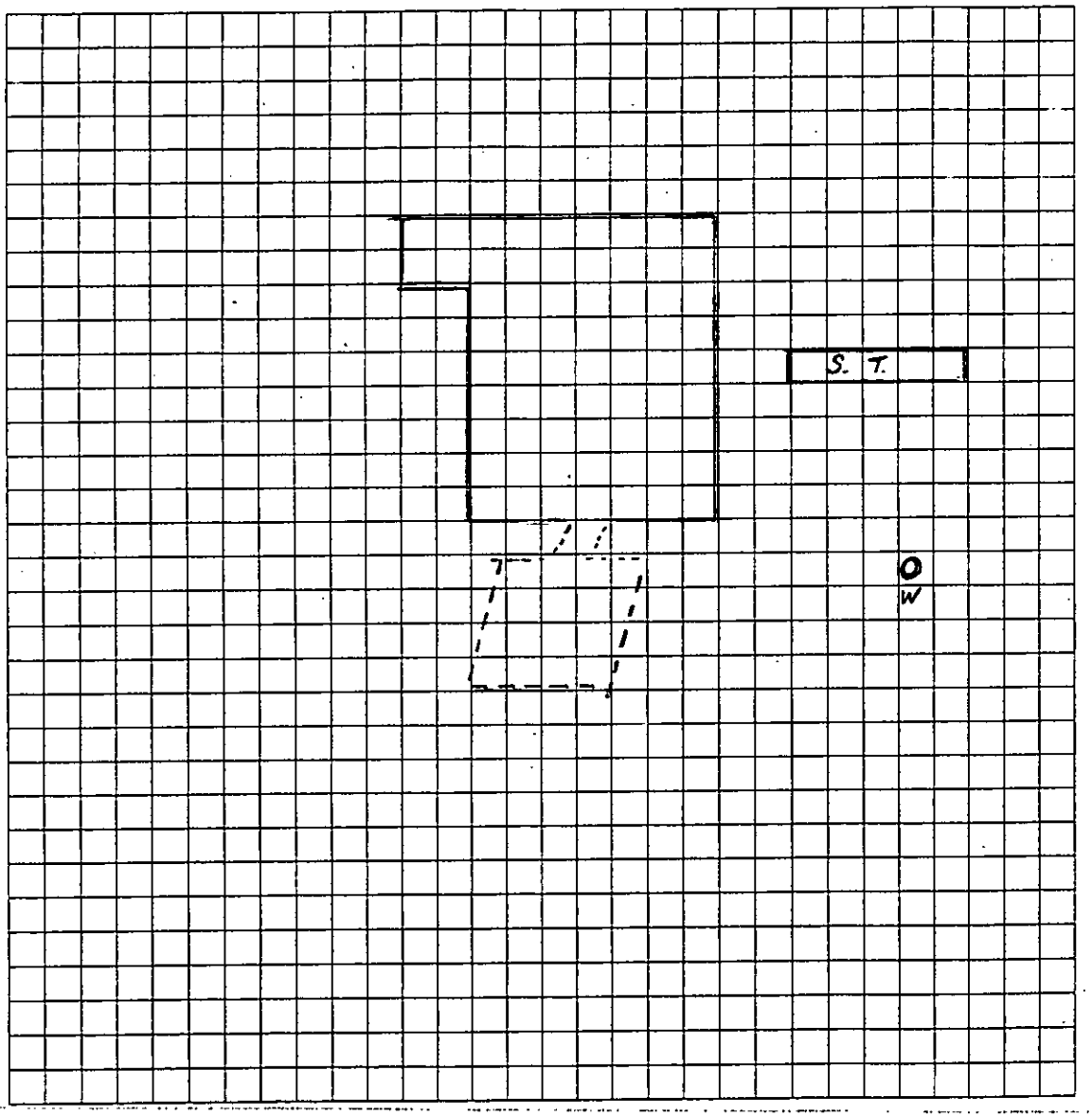
ADDITION APPROVED FOR 1 BR.
O.K. TO USE EXISTING SYSTEM.
EHS Signature — 7/7/05 Date

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 # 3043
Date 6/24/05

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	Spann R. Cuff
Date	6-16-05

LBC 12/15/04

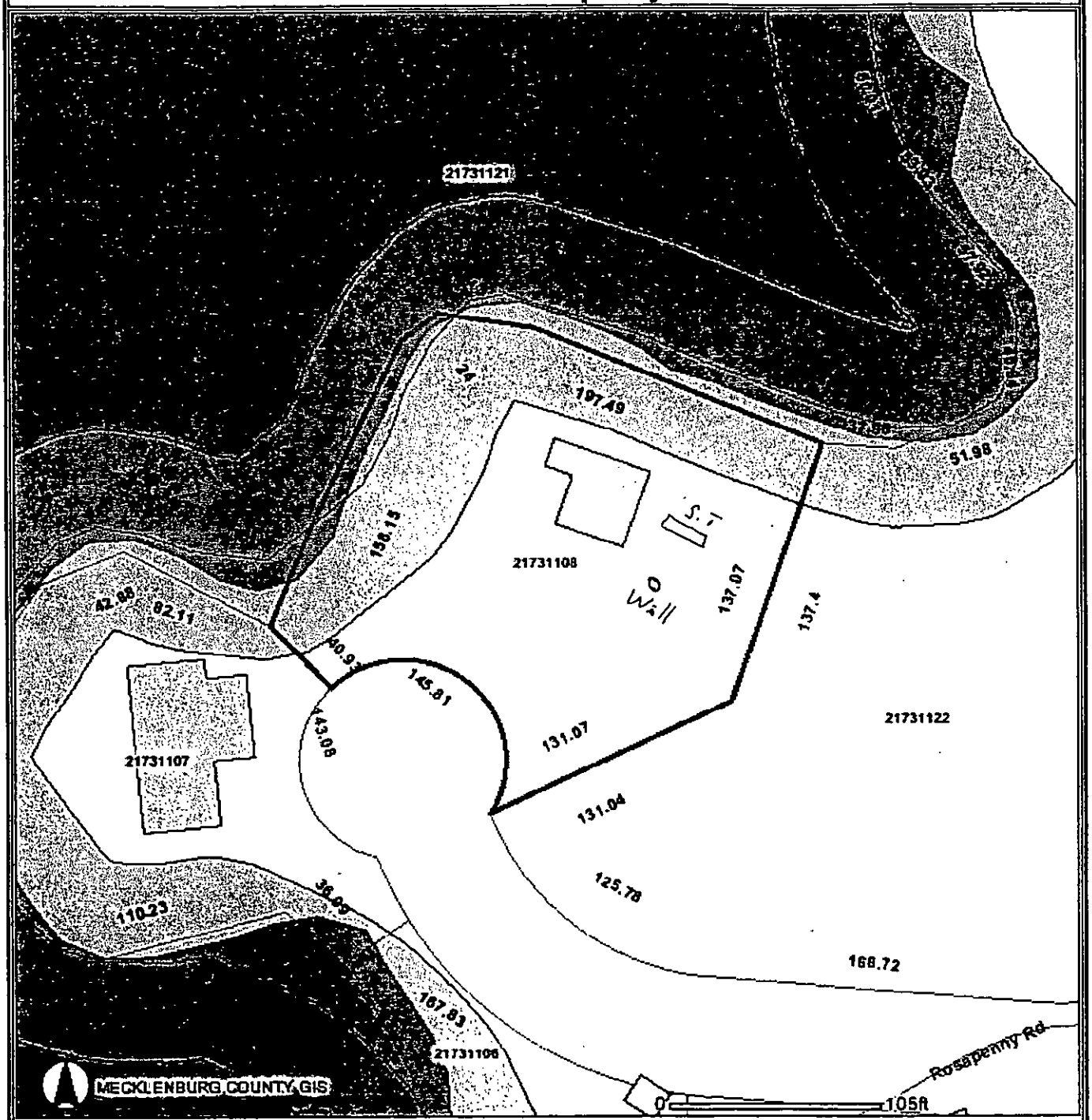
Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Nov 24 09:55:13 EST 2004

18532 Rosapenny



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Serial No. 2184

C of A (s) No. 3043

Date Issued 6/28/72

T. C. No. 217-11-01

Map Date 4-14-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner CRAWFORD (LAST) S (FIRST) R JR (MIDDLE)

Location of Property Lake Wylie Lot 72 [illegible] RD

Application Number 3043 Permit Number 2450

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PRE CONCRETE

Total Length of Drain Tile 300' Number of Lines 5 [illegible] 12.5' X 60 X 17"

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source WELL Distance from Water Source 50

Excavation Inspected 6/28/72 (DATE) Tank Inspected 6/28/72 (DATE)

Nitrification Field Inspected 6/28/72 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 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: AIRATION PIT AT END AT 21'

John Gibson

Environmentalist

FORM NO. E-6-4-1-71

OWNER'S COPY

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/24/05	**Amount:**	100.00
Receipt #:	35376	**Tendered:**	100.00
Check / Auth #:	CHECK 796	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #:	200000
Contractor:	CRANFORD SPENCER
Attn:	
Address:	18532 ROSAPENNY ROAD
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 18532 ROSAPENNY ROAD		1	100.00	100.00

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

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

PERC RATE = 30
(PERC RATE 60 = 0.3 LTAR)
FOR 260 GAL/DAY,
± 200 LINEAR FT. REQ.

Serial No. 2450

Date Issued 19 June 1972

ICAR (S) Permit No. 3043

T. C. No. 217-111-01

Map Date 4-14-71

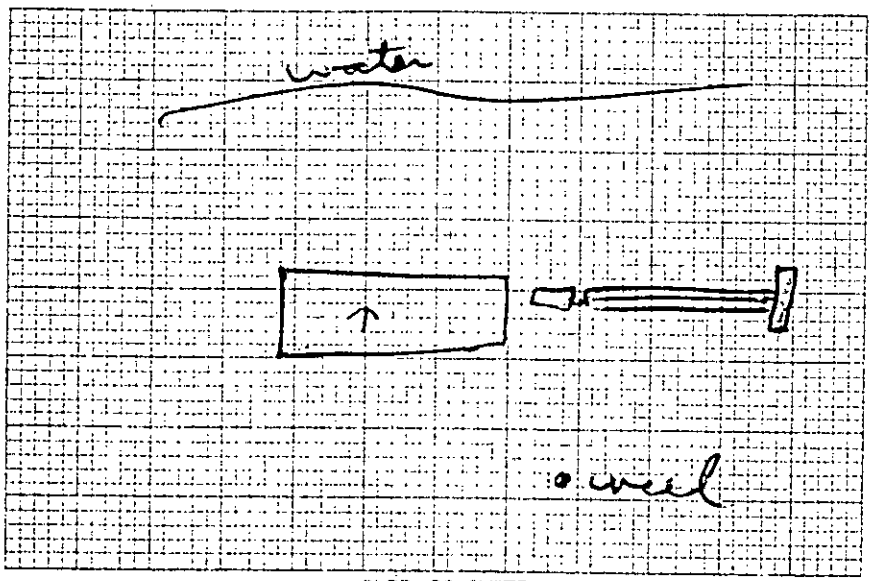
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 3043, dated ___ 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 19 July 1972 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 30

Liquid Capacity of Tank 1000 gal

Tank Construction pre cast concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 300 l/ft

Number of Lines 5 12½ X 60

Distance from House 10

Distance from Property Line 10

Distance from Well 50'

NAME OF OWNER Crawford, E. R. Jr.

LOCATION OF PROPERTY Lake Wylie Lot 72

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: by well on end of field 2½ X 2 X 4'

Division or Section Head

John R. Atkinson
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where on existing system is being altered or repaired.

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 906

Date Issued July 29, 1971

LA No. 3043
P.O.
T. C. No. 217-111-01 X

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Cranford (LAST) S. (FIRST) R., Jr. (MIDDLE)

ADDRESS OF OWNER 5541 Wedgewood Drive ZIP _____

LOCATION OF LOT Lake Wylie (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 72 BLOCK NO. 44

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 30 min/in 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 3043. 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 percolation test 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, altred, 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.

Roger M. Staley
Environmentalist

John DeBow
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-7-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 7.9.71

ICAR(S) Application No. 3043

T. C. No. 217-111-01 (P.O.)

Map Date 4.14.71

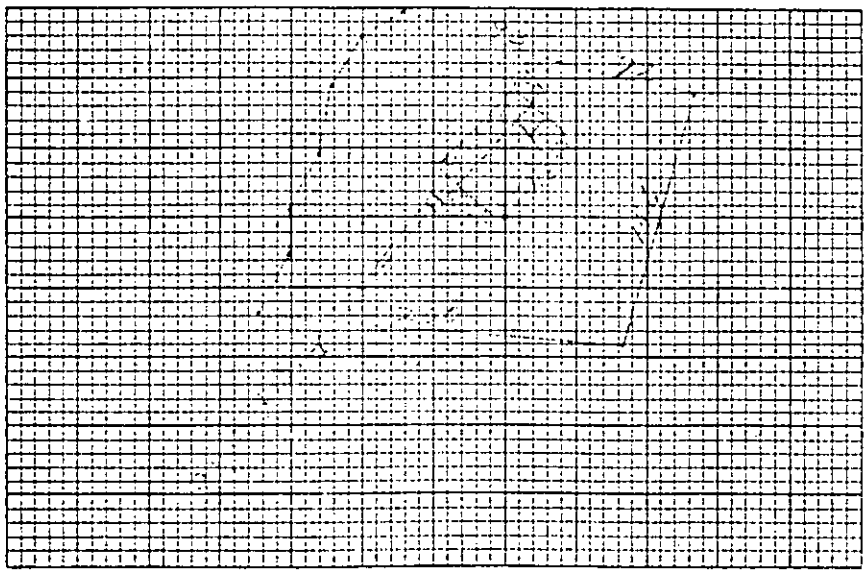
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 2

5) Business Use — Max No Employees _____

6) Washing Machine ____ Yes X No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply:
   A) Individual Well Yes
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      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 Cranford (LAST) S R Jr. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 5541 Wedgewood Dr., Charlotte, N. C. 28210

15) PHONE NO. Home 523-0729 Office 376-7588

16) LOCATION OF SYSTEM Lake Wylie (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 72 Block No. 44

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN 7-22 71 #02 @ 30

20) PTR NUMBER (See Instructions) _____

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.

S. R. Cranford Jr. Lessee

Booker M. Pickle

DATE OF APPLICATION

OWNER - Crescent Land & Timber Corp.

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

RS

Date Received 7-9-71

APT No. 3043

T. C. No. P.O. 217-111-01 A

Map Date 11-14-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Cranford (LAST) S (FIRST) R (MIDDLE) Jr.

2) ADDRESS OF OWNER 5541 Wedgewood Dr., Charlotte, N. C. ZIP 28210

3) PHONE NO. Home _____ Office _____

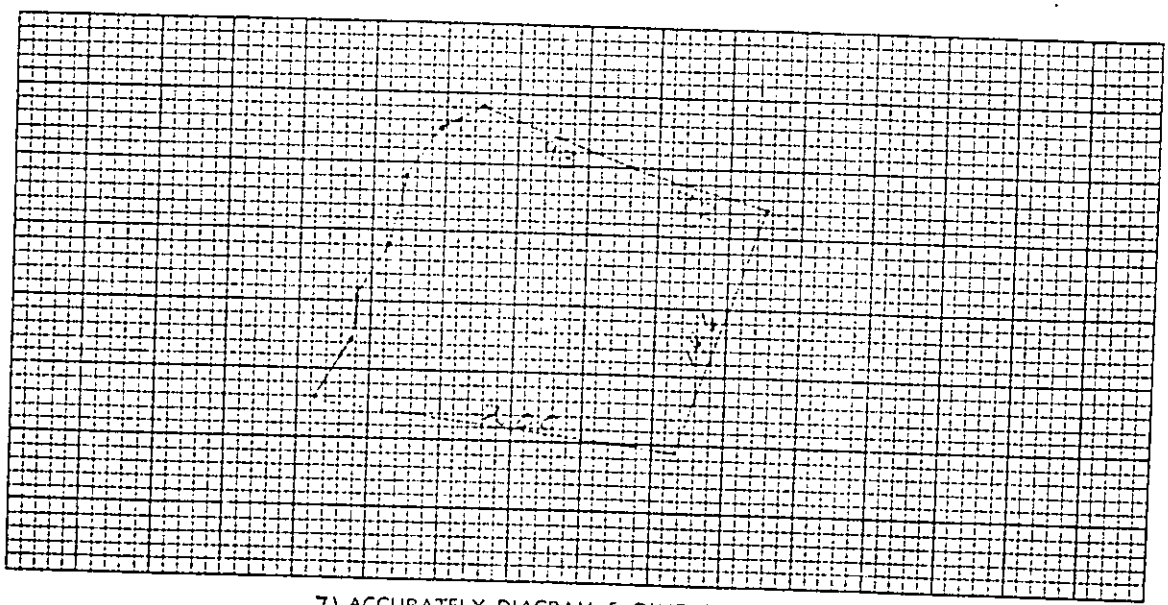
4) LOCATION OF PROPERTY Lake ~~XXXXXX~~ Wylie (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 72 BLOCK NO. 44

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



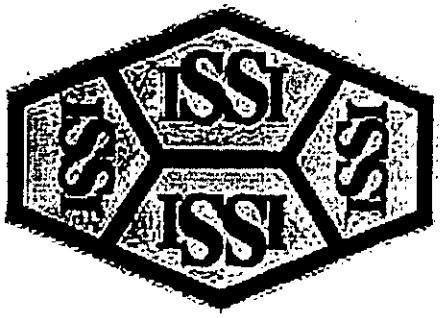
7) ACCURATELY DIAGRAM & DIMENSION LOT

S. R. Cranford LESSEE

OWNER- Crescent Land & Timber Corp.

FORM NO. E-1-11-1-70

HEALTH DEPARTMENT'S COPY



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ISSI Operations Center Staff

Date Received 7-7-71

APT No 3043

T. C. No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Cranford (last) S (middle) R Jr.

2) ADDRESS OF OWNER 5541 Wedgewood Dr., Charlotte, N. C. ZIP 28210

3) PHONE NO (Home) (Office)

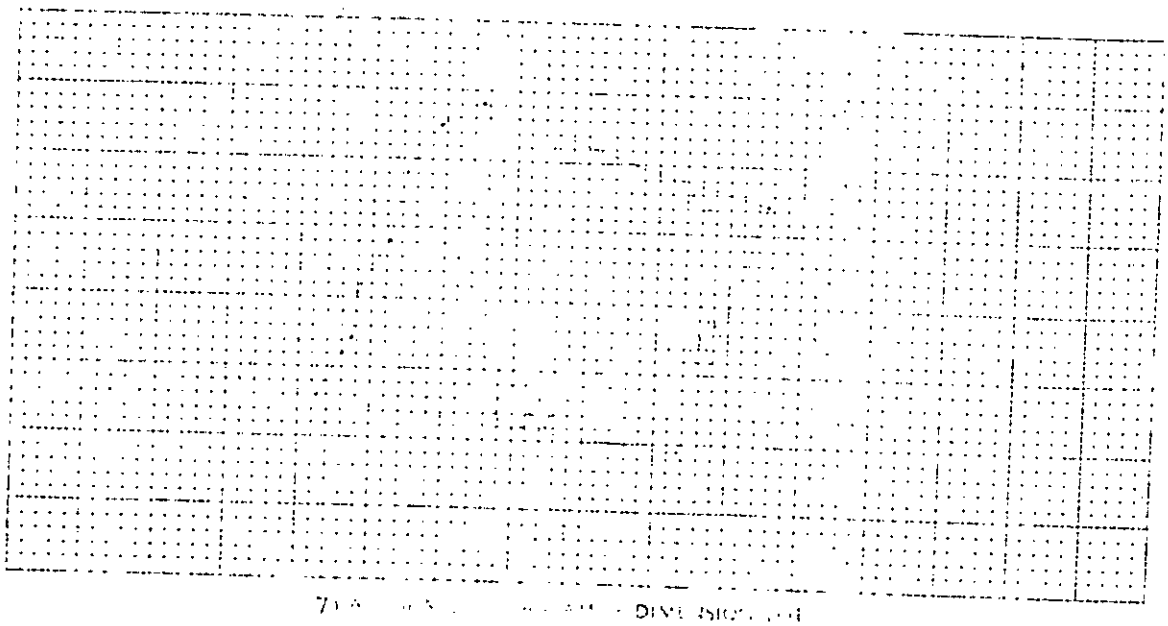
4) LOCATION OF PROPERTY Lake [redacted] Wylie

5) SUBDIVISION LOT NO 72 BLOCK NO 44

MAP BOOK NO PAGE NO

6) [illegible]

A [illegible] is hereby made for a permit to [illegible] a percolation test and [illegible] for the purpose of determining if the soil [illegible] conventional septic tank sewage treatment system with subsurface soil absorption effluent disposal.



7) [illegible] DWG. NO. [illegible]

LESSEE

Owner- Crescent Land & Timber Corp.

FORM NO. E-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 6/28/72

Serial No. 2184

C of A (s) No. 3043

T. C. No. 217-111-01

Map Date 4/14/71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner CRANFORD (LAST) S (FIRST) R (MIDDLE) JR.

Location of Property LAKE WYLIE LOT# 72 OF McKEE RD.

Application Number 3043 Permit Number 2450

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PRE CONCRETE

Total Length of Drain Tile 300' Number of Lines 5 [12.5'X60'X17"]

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source WELL Distance from Water Source 50

Excavation Inspected 6/28/72 (DATE) Tank Inspected 6/28/72 (DATE)

Nitrification Field Inspected 6/28/72 (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 ✓ 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: ~~REJ~~ AIRATION PIT AT END EQ 21'

John Tribon
Environmentalist

FORM. NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY