


16711 PLAINCREST RD

13917201

8/26/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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$400 $80.00 - 10/12/93

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

20808 CR# 2082 X 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: Perrone (last) Karen (first) H (mi)
ADDRESS: 16711 Plaincrest Rd PHONE: (704) 545-1824
CITY: Midland STATE: NC ZIPCODE: 28107

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-172-01
STREET ADDRESS: 16711 Plaincrest Rd Midland NC 28107
ZONING:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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) DEN
[] 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: 3 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)
[] 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: Karen H Perrone Date: 10-12-93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... use existing system

No change in total # of bedrooms

[] 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

Susan Fortenberry 10-12-93
Environmentalist Date

Judy J Rees RS 10/18/93
Director or Authorized Section Head Date
for TS Daniel

WWATER : 122791

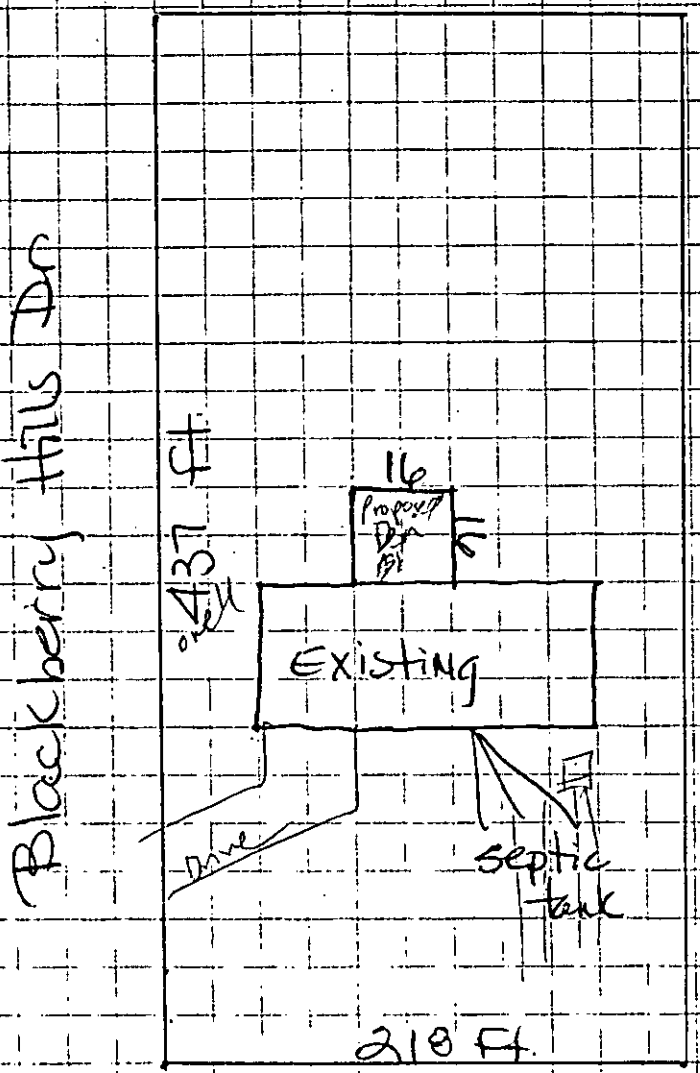
# PROPOSED PLOT PLAN

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

FILE: 20808

TC: 139-172-01

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.




ea. sq.
*20 Ft.

APPROVAL DATE 10-13-93

DATE 10/12/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

139-172-01
PARCEL NUMBER

16711 Plainscrest Rd
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. EROSION CONTROL REGULATIONS** | **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:** Addition

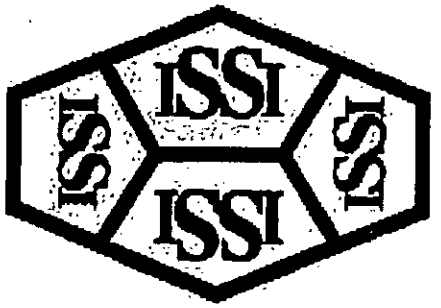
NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91




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*ISSI Operations Center Staff*

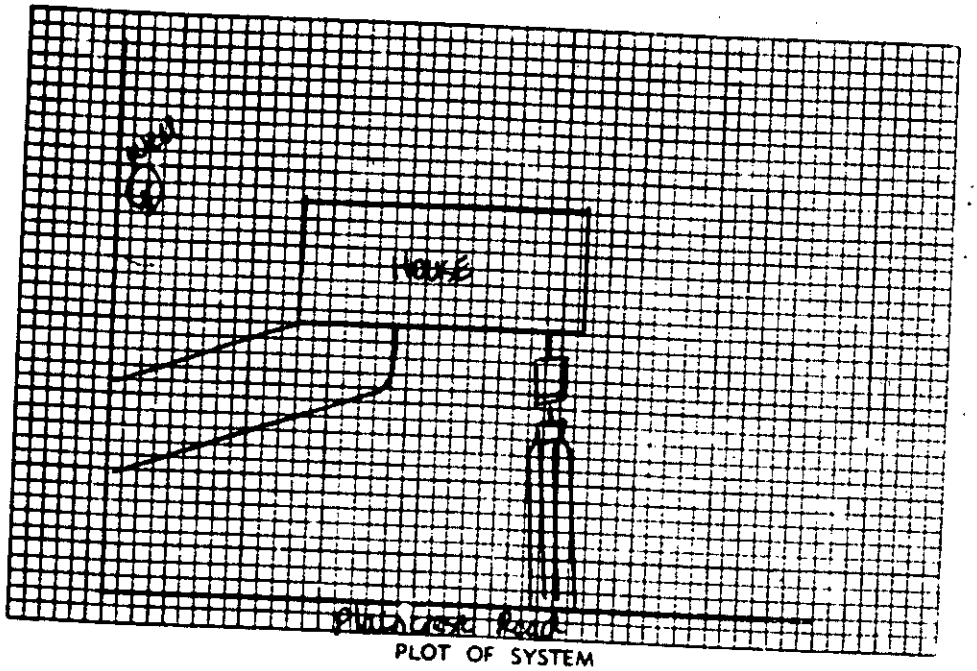
Date Issued 12/13/85 Serial No. 08767 ICAR(S) Permit No 401

T C No 130-17

Map Date

# 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 ✓ Install or Construct, ____ Alter or Repair the individual septic tank water treatment system with subsurface, soil absorption, effluent discharge as specified herein at scribed location. This permit is granted based upon the information supplied in application 208 dated 8/29/85 and this permit shall be void and of no effect if the information provided in plication is not true or is erroneous. All work shall be completed on or before 1/13/86 after date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank 1500 gal

Tank Construction PCC

Absorption and or Nitrificat n Line

Total Line Length 400'

Number of Lin 4 X 100'

Distance from H se 5'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Perrone James F.

LOCATION OF PROPERTY 16711 Plaincrest Road

The system shall meet all of the construction requirements as set forth in the Regulations of the Mec er County Health Commission which are in effect on the date of the granting of this pr it. A t fr proval must be issued by the Environmental Health Director before any system can be cover d up or rendered uninspectable or can be used. The issuance of this permit does not in any way gu rantee th system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning trolling or using such system from any liability resulting from the failure of the system to operate pr

4 Trenches 3' X 100' X 12" stone with grade brackets, straw as cover

Comments:

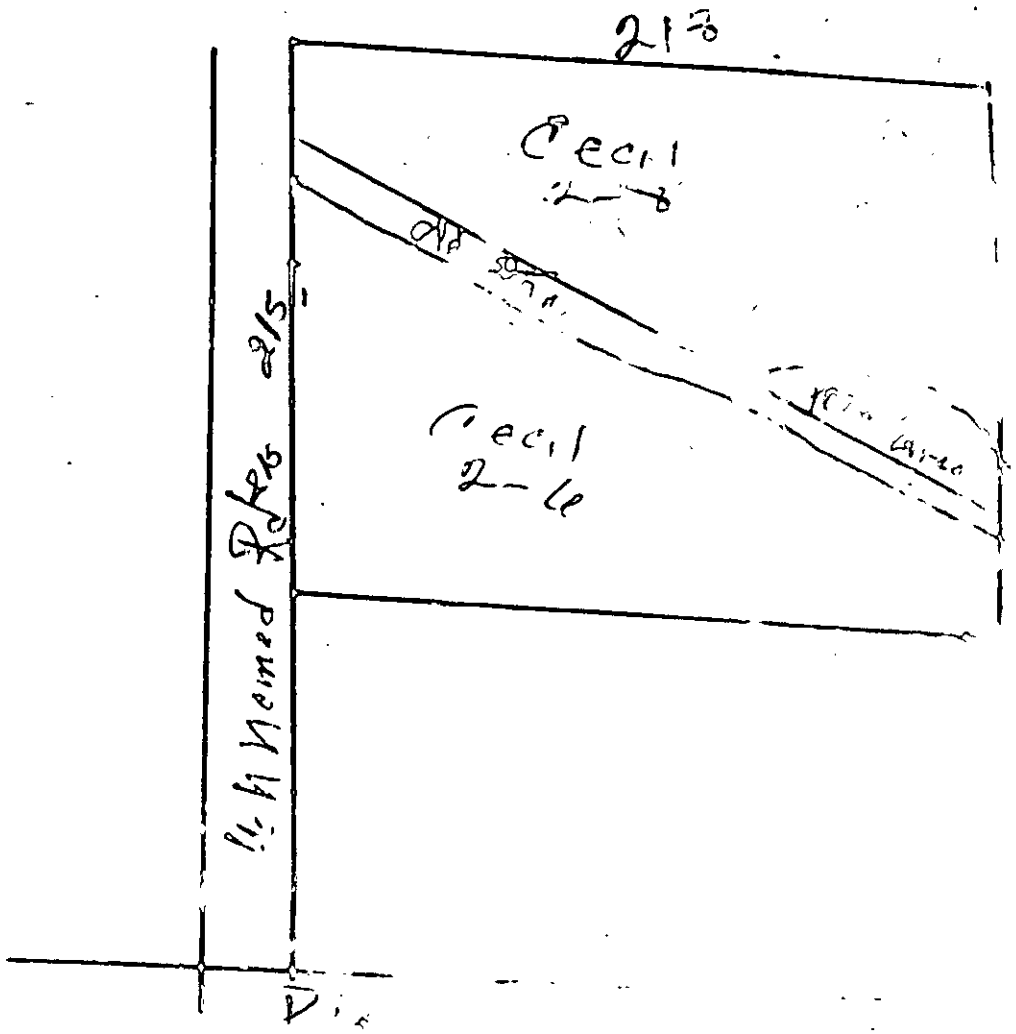
Division or Section Head

Cynthia G Cross
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the d section head of the Department of Environmental Health in order to be valid. The si vironmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Lot 153



Date Issued 12/19/85 Serial 8086

T C No. 134-172-01

# 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 Perrone (LAST) James (FIRST) F. (MIDDLE)

Location of Property 16711 Plaincrest Road

Application Number 20808 Permit Number 20808

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 1'-2'

Water Supply Source well Distance from Water Source >100'

Excavation Inspected 12/19/85 (DATE) Tank Inspected 12/19/85 (DATE)

Nitrification Field Inspected 12/19/85 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption and effluent discharge as described above and it has been ✓ installed, 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 that any owner hereafter owning, controlling, or using such system from any fault resulting from the system to operate properly. This Certificate of Approval is issued subject to the restrictions shown on the permit(s) in addition to those listed below under comments. This Certificate shall be null and void if any information contained in the application is untrue or if any alterations made to the property which would increase the requirements for said system.

Comments 1985, 1500ST, CON, 1200SFT, 126, CECIL

EHD 5-76

Cynthia [illegible]
Sanitarian