

17324 WAVECREST CT

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marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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400-R

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Fd 50' 2018 11/11/94 CRT

14245

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: Deckbuilders Ltd (last) (first) (mi)
ADDRESS: 7424 Ponders Ends PHONE: (704) 556-2529
CITY: Charlotte STATE: NC ZIPCODE: 28213

Date:

PROPERTY OWNER:
NAME: Krejci Pat (last) (first) (mi)
ADDRESS: 17324 Wavecrest Ct PHONE: (704) 896-3549
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-071-76
STREET ADDRESS: 17324 Wavecrest CT
ZONING:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [X] 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 N)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Attached Garage / Bonus Rm Top
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (N) [ ] MULTIPLE FAMILY (U)
[ ] 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: [signature] Date: 11-11-94

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.

... Use existing system
Approved based on 6/28/94 approval

[ ] 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

Phillip S. Walker R.S. 11/14/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 12279

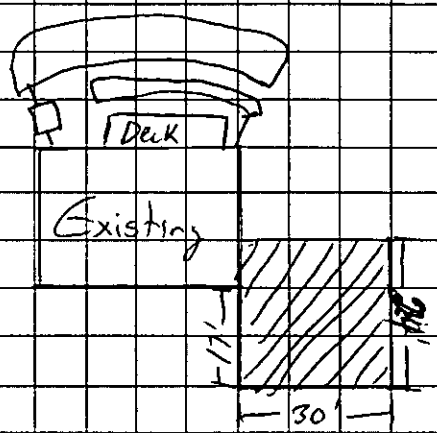
PROPOSED PLOT PLAN

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

FILE: 14245

TC: 001-071-76

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.



APPROVAL DATE PBW 11/14/94 UES

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

14245

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

Date:

PERSON FILING APPLICATION:

NAME: Deckbuilders Ltd. (Bruce Ingwall)
(last) (first) (mi)

ADDRESS: 2424 Parkview Circle PHONE: (704) 596-2579

CITY: Charlotte, NC STATE: NC ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-071-76

STREET ADDRESS: 17324 Wavecrest Ct.
Huntersville, NC.

ZONING:

PROPERTY OWNER:

NAME: Pat Krejci
(last) (first) (mi)

ADDRESS: 17324 Wavecrest Ct PHONE: (__) _____

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 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)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Deck & Screen Room
[] 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:

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COMMERCIAL/INDUSTRIAL PROPERTY:
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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: 6-27-94

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
Slight adjustment made on left back corner of deck 6/29/94

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

Philo S. Walker R.S. 6/28/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

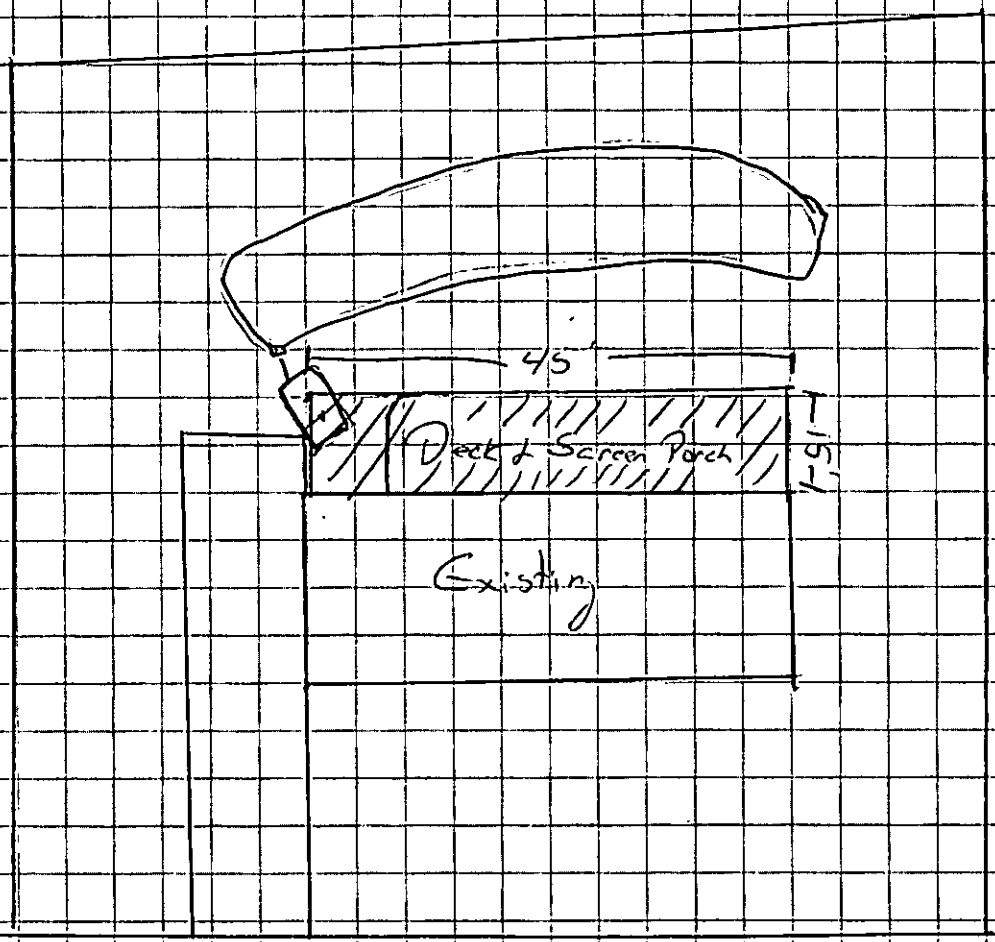
PROPOSED PLOT PLAN

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

FILE: 14245

TC: 001-07/-76

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.



Wavecrest Ct.

APPROVAL DATE TW 6/28/94

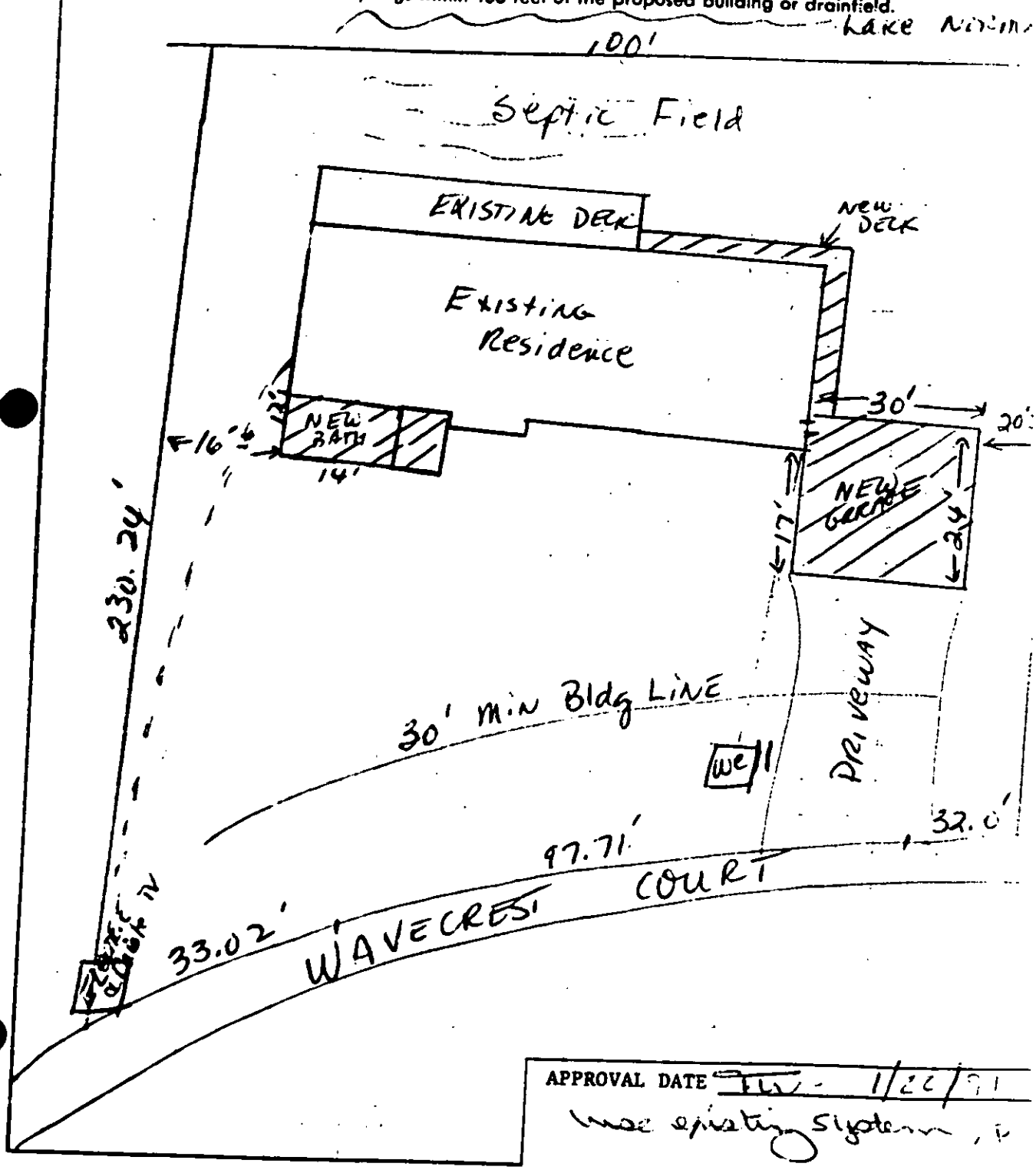
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 11115

TC: 001-071-7

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot conce. Accurately indicate property boundaries, proposed and/or existing structures and driveways, undergr utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE Rev. 1/22/91

was existing system, p

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1300 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

FILE: 14245 - 1

TC: 001-071-16

SERIAL: № 21608 ☐

JOB LOCATION

① ADDRESS: 17324 (STREET NO) Wavecrest (STREET) Court ② FILE: 14-

③ JURISDICTION: Meck ④ TAX PARCEL NO.: 001-071-7

⑤ SUBDIVISION: Somerset ⑥ LOT: 2 ⑦ BLOCK: ___

OWNER

⑧ NAME: Clayton (FIRST) Lad (MIDDLE) KREJCI (LAST)

⑨ MAILING ADDRESS: 17324 Wavecrest Court

⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 280

⑬ PHONE: (WORK) 548-2484 ⑭ (HOME) 896-0632

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange.

⑱ ☒ Other (specify) New bath (Replac... Attached DOUBLE G...

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? 3

㉓ Maximum occupancy? 3

㉔ Basement? ☑ yes ☐ no

㉑ ☐ Business or place of public assembly

㉕ Type? ___

㉖ Maximum number of employees? ___

㉗ Maximum number of seats? ___

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Patricia M. Krejci

Date: 1-17-91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBUR HEALTH DEPARTMENT, certifies that the Department has a Request for the Job Location contained in this document. This granted in accordance with the provisions of Laws And Rules f Sewage Collection, Treatment And Disposal in effect at t issuance of the permit and is subject to the following provisio ... No work shall be conducted on the septic tank system u stallation, Construction, Alteration and/or Repair permit is iss Department.

... This permit is not transferable, and shall become null ar months from the date of issuance.

Well system & system Diagram

Environmentalist Da

Director or Authorized Section Head Da

*This permit must be signed by the Director of Mecklenburg Co Department or an authorized section head in order to be valid.

Serial No. 2287

ICAR(S) Permit No. _____

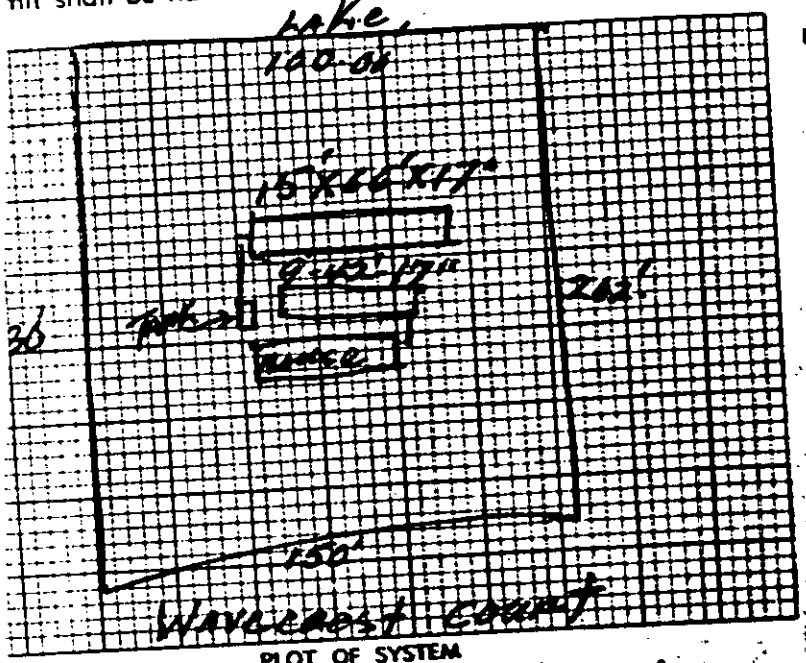
T. C. No. 001-079-00-04

Map Date _____

12-20-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
dividual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste-
nt system with subsurface, soil absorption, effluent discharge as specified herein at the de-
on. This permit is granted based upon the information supplied in application 14345,
5-78 and this permit shall be void and of no effect if the information provided in the ap-
ot true or is erroneous. All work shall be completed on or before 1-20-79 after which
mit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 8/5

Liquid Capacity of Tank 1000

Tank Construction Precast

Absorption and/or Nitrification Lines:

Total Line Length 330-125

Number of Lines 5-3

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

OWNER Mady Const. Co.

N OF PROPERTY WAVECREST Const.

m shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg
lealth Commission which are in effect on the date of the granting of this permit. A certificate of ap-
ust be issued by the Environmental Health Director before any system can be covered up or otherwise
uninspectable or can be used. **The issuance of this permit does not in any way guarantee**
that the system antic ipated 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.

ts: Septic Tank Field (15'x66'x17" stone)
Washing Machine (9'x 4½'x17" stone)

Environmentalist

or Section Head

is permit is for the installation or construction of a new system, it must be signed by the division or a
head of the Department of Environmental Health in order to be valid. Only the signature of the En-
ent list is required where an existing system is being altered or repaired.

Environmental Health Department's Copy