

12119 COMANCHE RD

01729516

1/3/2008

duponbj

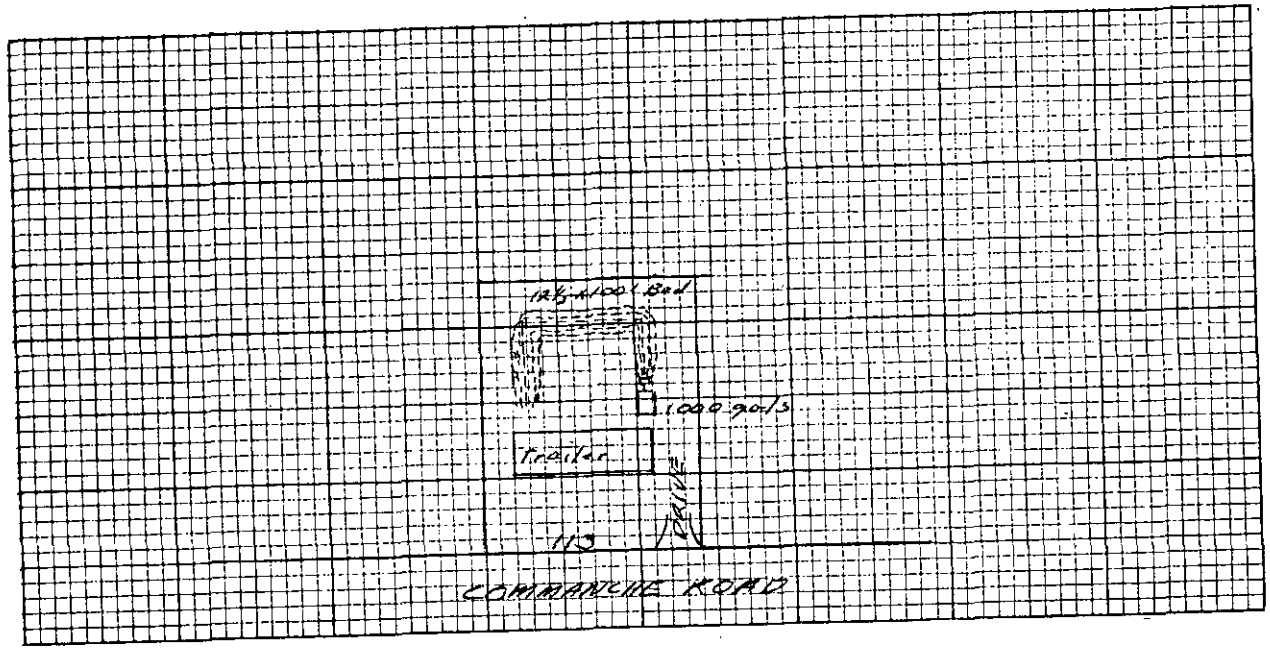
Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Lot 113 Wildwood Green

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



3859B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$150.00 cash 1/2/96 40 DD

[ ] 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: MERRIX (last) BILLY (first) (mi)

ADDRESS: 12020 Klamath Pl ~~12119 Comanche Rd~~ PHONE: (704) 875-1713

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 1-2-96

PROPERTY OWNER:

NAME: KESSIAH (last) ROBERT (first) (mi)

ADDRESS: 2827 Temple Lane PHONE: (__) _____

CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-295-16

STREET ADDRESS: 8119 Comanche Rd 28078

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: Wildwood Green

LOT NUMBER: 13 LOT SIZE (in acres):

TYPE APPLICATION (check one):

~~[ ] SOIL TEST - INDIVIDUAL LOT (S)~~
~~[ ] NEW CONSTRUCTION ON VACANT LOT - (__ BEDROOMS OR LESS) (N)~~
[X] EXCHANGE MOBILE HOME / SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
~~[ ] SOIL TEST DEVELOPMENT (S)~~
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
~~[ ] MODIFIER (ALTERNATIVE) OR RESIDENCE - (__ BEDROOMS) (J)~~
~~[ ] REPAIR TO SYSTEM (R)~~

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: 4

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):
[X] Community (C) [ ] Shared Well (S)
[ ] 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: Betty Stanelle Date: 1-2-96

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 for 3 bedroom mobile home.

[ ] 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

Lisa B. Miasik 1/5/96
Environmentalist Date

for Daniel Pearson, Chief 1-22-96
Director or Authorized Section Head Date

WWATER : 122791

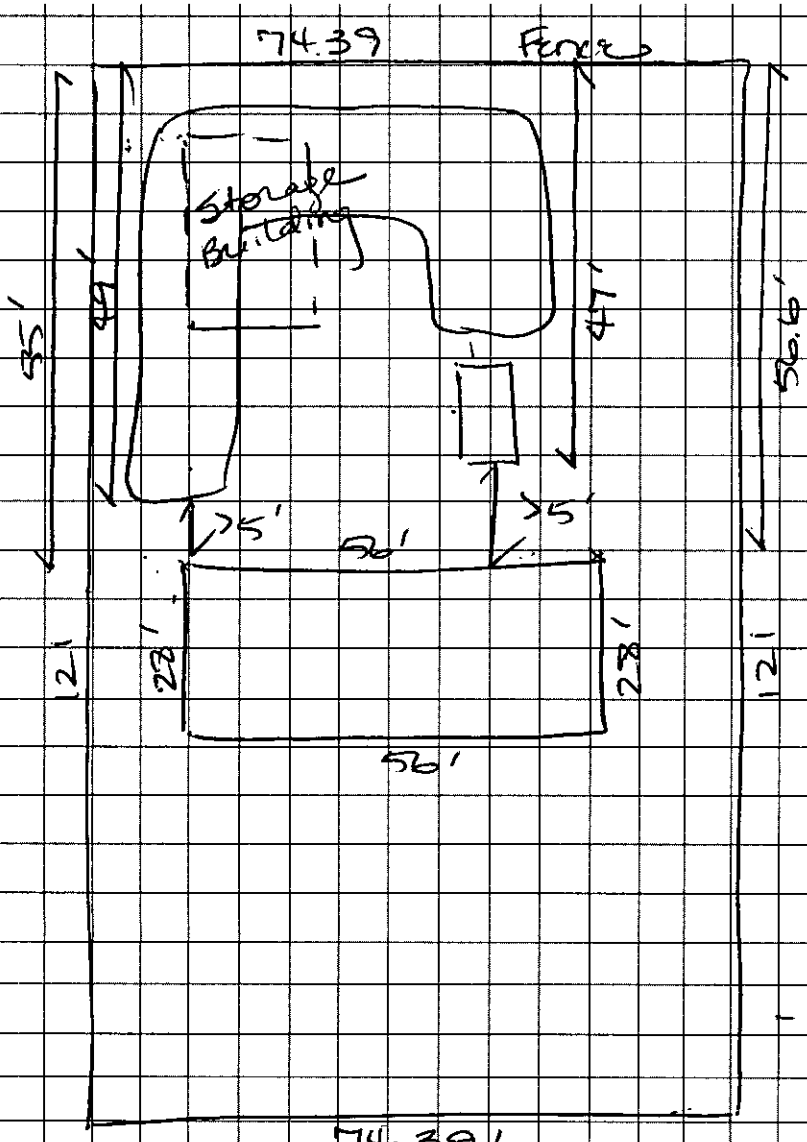
PROPOSED PLOT PLAN

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

FILE: 3859B

TC: 017-295-16

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.



12119 Commanche Rd
Lot 113
Record of system on file Cards, installed 4/24/70 for 3 bedroom.

Use existing system for 3 Bedroom mobile home
- Recommend that both compartments of septic tank be pumped to remove all solids
- Recommend removal of storage building located over drainfield

OWNER/AGENT SIGNATURE James A. Robinson

DATE 1.5.96

APPROVAL DATE ~~1/6/96~~ 1/5/96 Joe B. Mialik

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

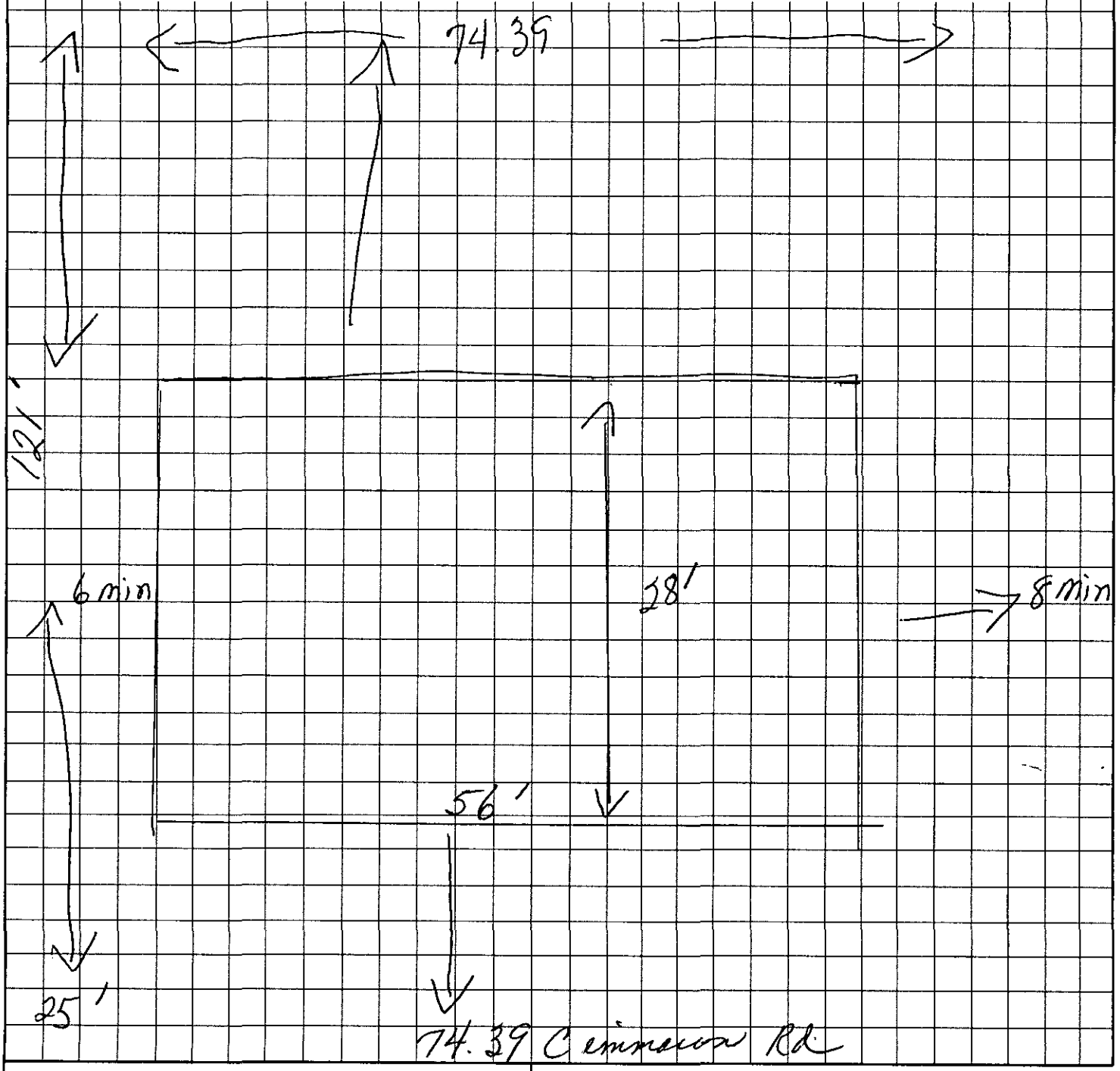
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Betty Stancill
OWNER/AGENT SIGNATURE

DATE 1-2-96

APPROVAL DATE _____

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

LCCATION Commanche Road OWNER Investment Land Sales WHITE _____ COLORED _____ ✓

ADDRESS Lot 113 Wildwood Green OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:

Type _____ (wood) _____ (concrete)

Number _____

New _____ _____ (date)

Repaired _____ _____ (date)

WATER SUPPLY:

Source Community

If well, type

_____ (Bored)

_____ (Drilled)

_____ (Dug)

Distance from nearest pollution 100+ ft.

SEPTIC TANK:

Material Pre-cast concrete

Dimensions 1000 gals

Volume 1000 gals

Type secondary treatment 500' nitrification line 12½'x100' filter trench

No. of bedrooms 3

Permit Number 7473 Date 4/24/70

Approved Yes Date 4/27/70

Approved by M.R. Groves

Contractor or Plumber James Stewart

Address Tom Hunter Road, Charlotte NC

Remarks PR ⇒ 60

FHA CASE NUMBER _____

VA CASE NUMBER _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

DATE 1/2/95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mcdc

017-295-16
PARCEL NUMBER

12119 Comanche 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. 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: Replace 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: Rwb

REVISED 1/91