

3017 NANCE COVE RD

02315132

1/8/2008

duponbj

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

Jeremy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AFS Pd $100.00 CK# 7/8/03 MB LET GRT

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

(704)336-5102 5295B

PERSON FILING APPLICATION:

NAME: Bundy (last) Robert (first) L (mi)

ADDRESS: 3017 Nance Cove Rd PHONE: (704) 392-4816 or 704 483-5849

CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: July 7-03

PROPERTY OWNER: (FILING)

NAME: Keene (last) Thomas (first) B (mi)

ADDRESS: P.O Box 1081 PHONE: 704 483-5849

CITY: Denver STATE: N.C. ZIPCODE: 28037

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 023-151-32

STREET ADDRESS: _____

ZONING: _____

SUBDIVISION OR MOBILE HOME PARK NAME: _____

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

LOT NUMBER: #2 sec 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

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

1970

[redacted]

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

[redacted]

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

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

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)
- [ ] Municipal (M)
- [X] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] 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: Thomas Keene Date: July 7 - 2003

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.

... O.K. to use existing system to replace 3 bedroom modular with a new 3 bedroom modular 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

Tracy Medlin R.S. 7/10/03
Environmentalist Date

WWATER : 12279

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/07/03	**Amount:**	100.00
Receipt #:	17258	**Tendered:**	100.00
Check / Auth #:	CASH	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

Account #: 200000
Contractor: KEENE THOMAS B
Attn:
Address: P O BOX 1081
Address:
City/State/Zip: DENVER, NC 28037

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 3017 NANCE COVE ROAD		1	100.00	100.00

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

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

PROPOSED PLOT PLAN

COPY

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

FILE: 52956

TC: _____

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.

← 3017 NANCE COVE RD. ←
LOT #32 · IN Section 2
Tax Line Map Book 23-Pg 15 Meck Co N.C

181.60'

64'

EXISTING Modular Replaced W/ NEW Modular Home

EXISTING Driveway

EXISTING Well

28'

TANK

EXISTING Septic TANK

Drainfield

215.01'

223.02'

Utility Pole

MOUNTAIN ISLAND LAKE

APPROVAL DATE _____

OWNER/AGENT SIGNATURE Thomas Keene

DATE 7-7-03

Canary - E.H.S. Copy

Pink - Owner's Cop

Health Department's Copy