

20928 ISLAND FOREST DR

00111312

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

18173

PD 50.00 PT 552 11/19/93 CK [ ] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: Peterson, Anne T.
(last) (first) (mi)
ADDRESS: 20918 Island Forest Dr. PHONE: 704 892-7732
CITY: Davidson STATE: N.C. ZIPCODE: 28036

Date: Nov. 19, 1993

PROPERTY OWNER:
NAME: Peterson, Anne T.
(last) (first) (mi)
ADDRESS: 20918 Island Forest Dr. PHONE: 704 892-7732
CITY: Davidson STATE: N.C. ZIPCODE: 28036

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: ~~2018510~~ 001-113-12
STREET ADDRESS: L 107 M 12 341 Island Forest Dr.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 107 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] 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)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:
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)
[ ] 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: Anne T. Peterson Date:

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

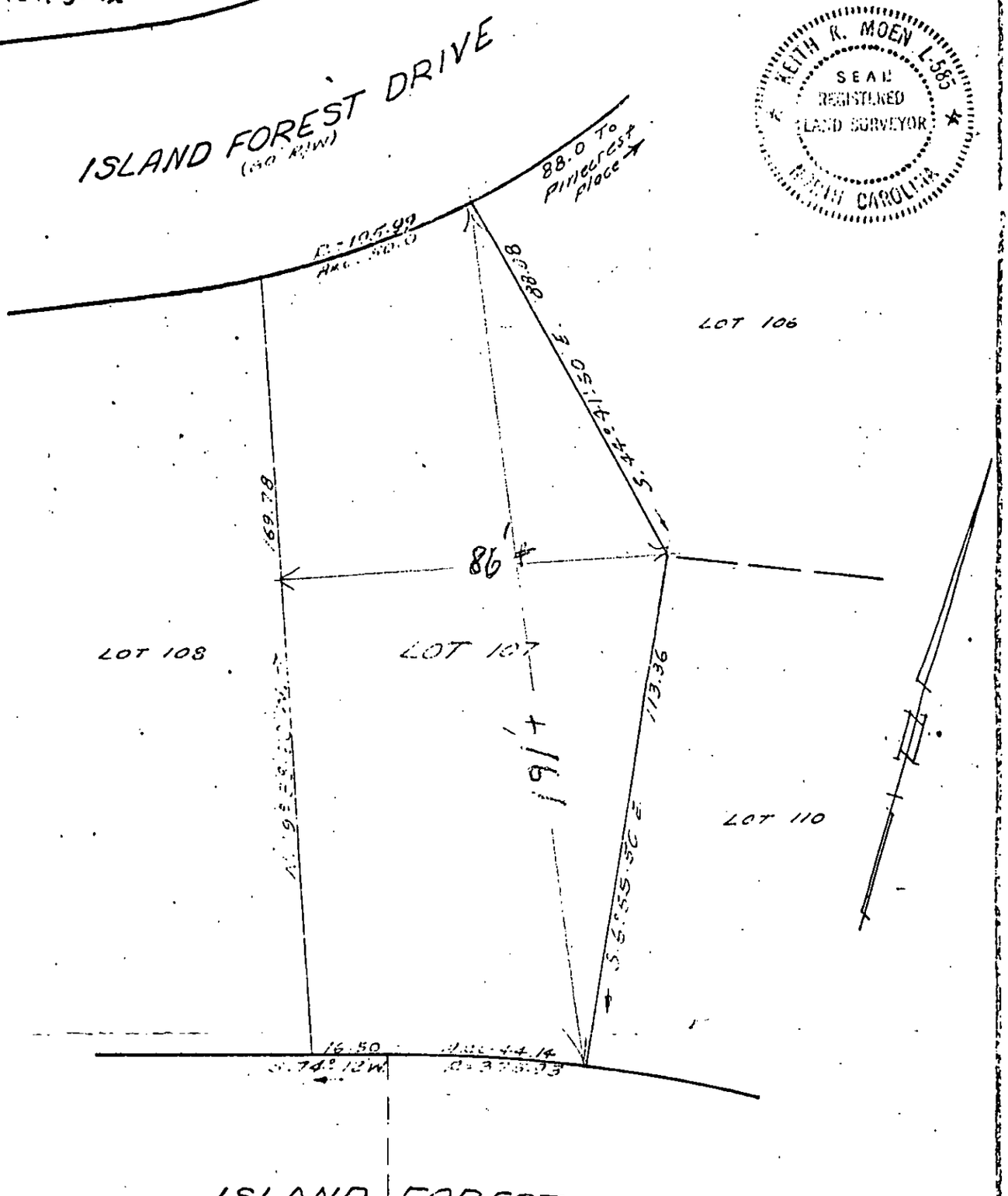
COPY

THIS IS TO CERTIFY THAT ON THE [illegible] 19 82 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON; THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY; AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

13/11 # 201 8510
Street Address-
L 107 M 12 341 Island Forest Dr
Account # (or Parcel #)
001-113-12

SIGNED Keith R. Moen

KEITH R. MOEN L-565
SEAL
REGISTERED
LAND SURVEYOR
NORTH CAROLINA



PHYSICAL SURVEY

LOT 107, ISLAND FOREST

Lemley Township, Mecklenburg Co, N.C.

PROPERTY

SCALE 1"=30' DEED RECORDED MAP RECORDED M.B.12, P.341

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniels, R.S.
Program Chief

Date: December 13, 1993

Ref: File 18173/lot 107 Island Forest Drive

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Anne T. Peterson originally paid $100.00 for a soil test on 2 different properties on November 19, 1993.

A refund should be issued for $50.00 because the soil test for the above mentioned property had been previously performed and is still valid.

Please make check payable to: Anne T. Peterson
20918 Island Forest Drive
Davidson, NC 28036

Refund for $50 due

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Account # (or Parcel #)
001-113-12

SIGNED Keith R. Moen

KEITH R. MOEN L-585
SEAL
REGISTERED
LAND SURVEYOR
SOUTH CAROLINA

COPY

ISLAND FOREST DRIVE
(60' R/W)

88.0 To Pillegrest Place

R = 105.90'
Arc = 160.0

S 31°50' E 88.80'

LOT 106

S 41°44' E 169.78'

86'

LOT 108

LOT 107

1911 +

S 51°55.36' E 113.36'

LOT 110

N 74° 12' W 16.50

ISLAND FOREST DRIVE
(60' R/W)

PHYSICAL SURVEY

LOT 107, ISLAND FOREST

Lemley Township, Mecklenburg Co, N.C.

PROPERTY OF

SCALE 1" = 30' DEED RECORDED MAP RECORDED M-B-12, P-341