

11226 JOHNSON-DAVIS RD

02301230

7/28/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

10/06/94
Ck #680 $50.00 CRT

15956

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: Mattick (last) Angelyn (first) B. (mi)
ADDRESS: 11226 Johnson-Davis Rd PHONE: (704) _____
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (704) 377-5209
CITY: _____ STATE: _____ ZIPCODE: leave message

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 223-023-14
STREET ADDRESS: 11226 Johnson-Davis
ZONING: _____

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 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 M) NEW Home
[ ] COMMERCIAL OR INDUSTRIAL (N) REPLACEMENT HOUSE
[ ] 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 (N) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [X] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3-2 NUMBER OCCUPANTS: 6

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: X AB Mattick Date: X 10/5/94

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 for a two bedroom home without washing machine, garbage disposal or dishwasher. Not approved for three bedroom. Repair owner changed Plans to 2 bdrm 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

Susan Bateman Environmentalist 12-30-94 Date

J Bunny Lord & Daniel Director or Authorized Section Head 1-10-95 Date

WATER : 12279

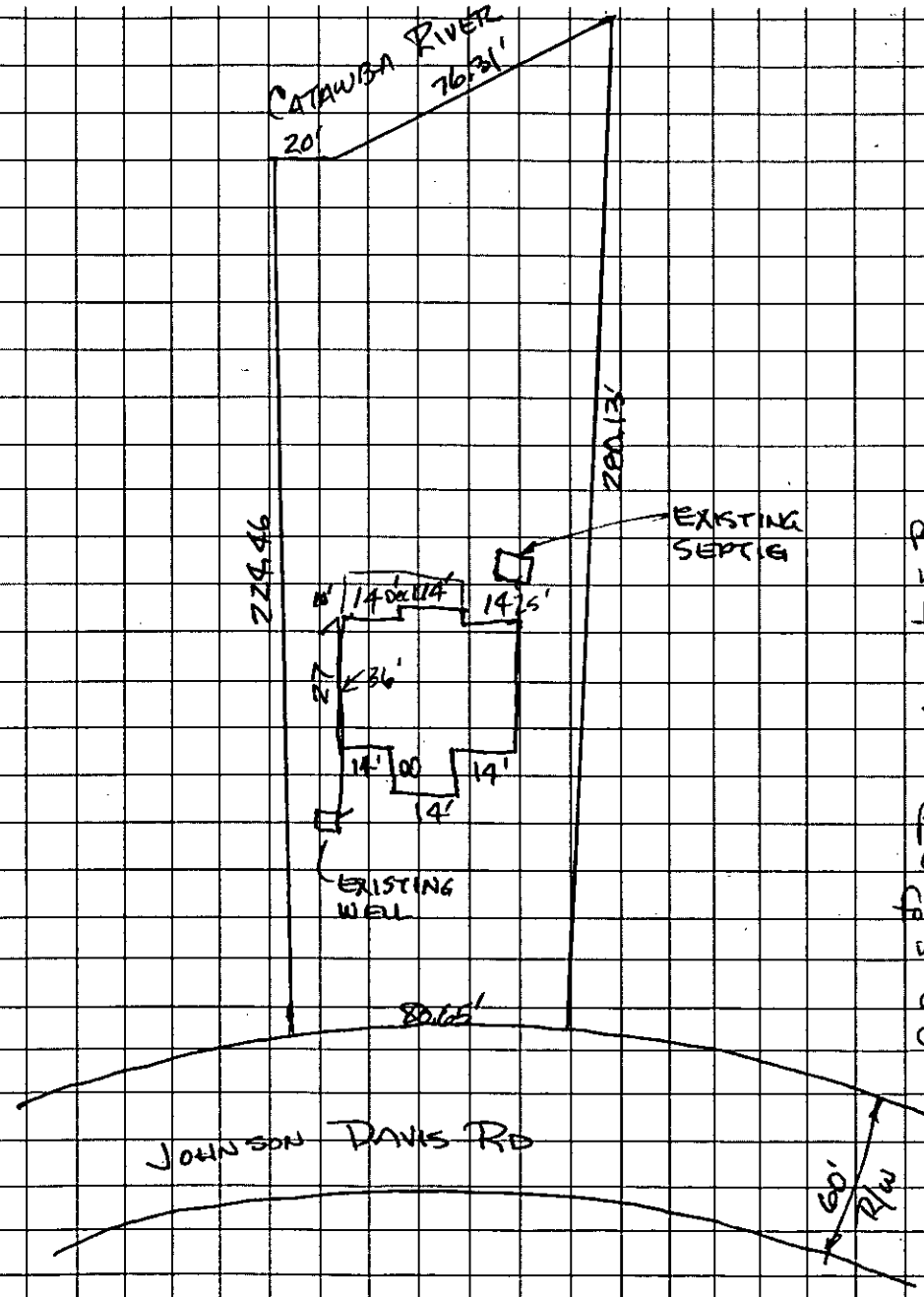
PROPOSED PLOT PLAN

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

FILE: 15956

TC: 023-023-14

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.



Five foot min. off any part of septic tank system with any part of building foundation.
Recommend contacting Div. of Env. Management concerning building proximity to well.
Original permit issued for two bedroom home without washing machine, dishwasher or garbage disposal.

Stanley E. Reynolds
OWNER/AGENT SIGNATURE

DATE 12/21/94

APPROVAL DATE 12-30-94

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

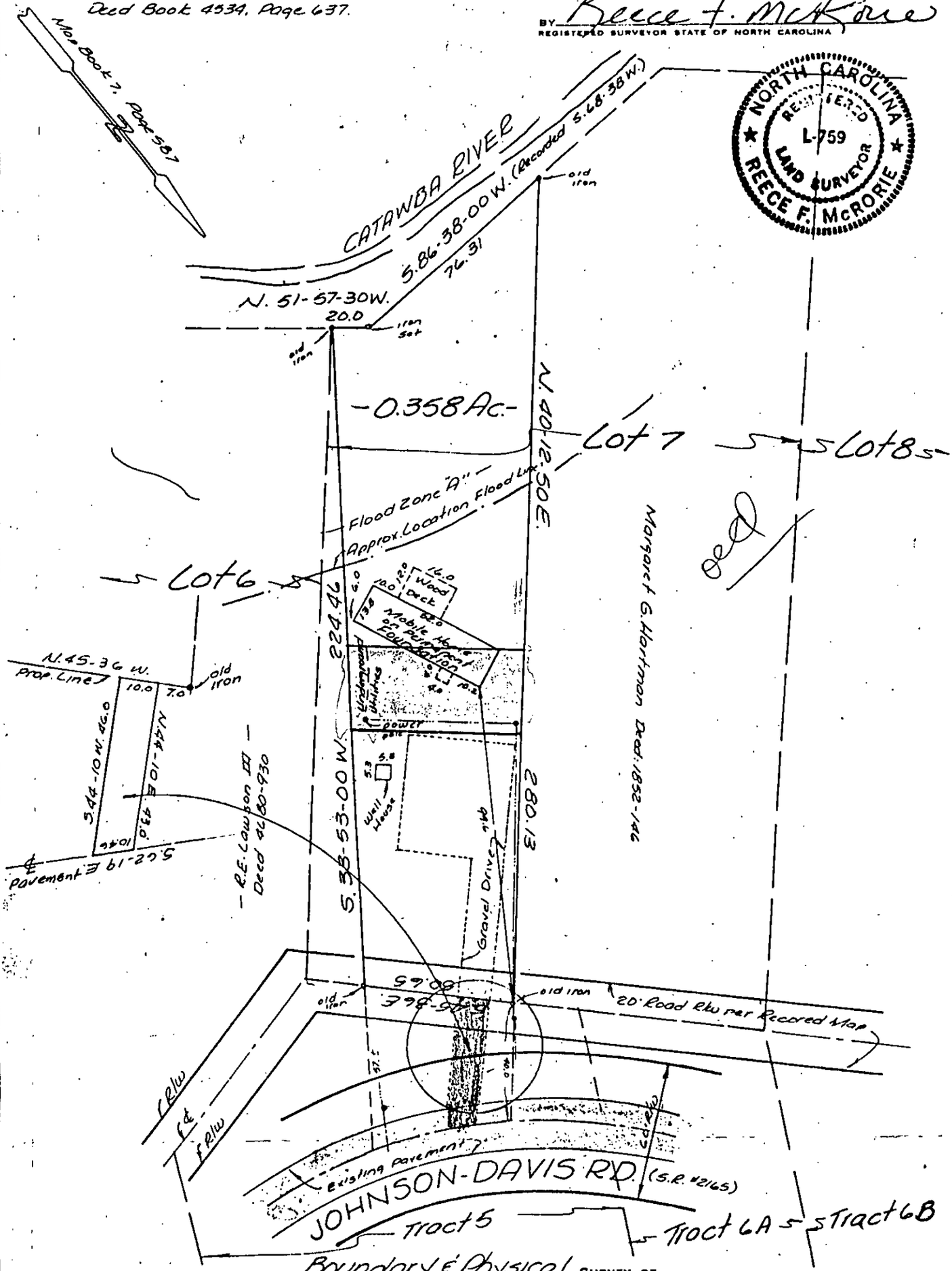
320-34

THIS IS TO CERTIFY THAT ON THE 7th DAY OF December 19 90 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES, AND THE WALLS OF THE BUILDINGS IF ANY, ARE AS SHOWN HEREON.

Note:
See Easements of Record in Deed Book 4534, Page 637.

BY Reece F. McRorie
REGISTERED SURVEYOR STATE OF NORTH CAROLINA

NORTH CAROLINA REGISTERED L-759 LAND SURVEYOR REECE F. McRORIE



Boundary & Physical SURVEY OF

LOT IN Long Creek TOWNSHIP, MECKLENBURG COUNTY, NORTH CAROLINA, IN THE CITY OF _____ ON Johnson-Davis Rd. HOUSE NO. _____ SHOWN AS LOT NO. part 7

IN BLOCK NO. _____ ON MAP OF J.A. Lowe Property MAP RECORDED IN BOOK 7 PAGE 587

DEED RECORDED IN BOOK Deed 4534 PAGE 637 OFFICE OF THE REGISTER OF DEEDS FOR MECKLENBURG COUNTY, N. C. THE PROPERTY OF

Michael J. Mattick and wife, Alice B. Mattick

SCALE 1" = 40' FT. DATE 12-7 19 90 REECE McRORIE SURVEYOR CHARLOTTE, N. C.

200

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

15956

$200 12/21/94 Ck. # 585 12/21/94 [ ] 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: Reynolds (last) Hanley (first) E. (mi)

ADDRESS: 6819 Linda Lake Dr. PHONE: (704) 536-4943

CITY: Charlotte STATE: N.C. ZIPCODE: 28215

Date: 12/21

PROPERTY OWNER:

NAME: Mr & Mrs M.J. Mattick (last) (first) (mi)

ADDRESS: 389 Creston Cir PHONE: (704) 822-0558

CITY: Charlotte STATE: N.C. ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 223-023-14

STREET ADDRESS: 11226 Johnson Davis Rd

ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 1 Charlotte [ ] 2 Davidson [ ] 3 Cornelius [ ] 4 Pineville [ ] 5 Matthews [ ] 6 Huntersville [ ] 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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) House
[ ] COMMERCIAL OR INDUSTRIAL (N) Remove/Dth - Replacement
[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 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: Hanley E. Reynolds Date: 12/21/94

NOTICE:

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...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 : 12270

See original application

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

15956 — $200 — 12/21/94 — Ck # 5851 — [ ] 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

COPY

PERSON FILING APPLICATION:
NAME: Reynolds (last) Hanley (first) E. (mi)
ADDRESS: 6819 Linda Lake Dr. PHONE: (704) 536-4943
CITY: Charlotte STATE: N.C. ZIPCODE: 28215

Date: 12/21

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 223-023-14
STREET ADDRESS: 11226 Johnson Davis Rd
ZONING:

PROPERTY OWNER:
NAME: Mr & Mrs M.J. Mattick (last) (first) (mi)
ADDRESS: 389 Creston Cir PHONE: (704) 822-0558
CITY: Charlotte STATE: N.C. 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

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)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A) or (M) NEW HOUSE
[ ] COMMERCIAL OR INDUSTRIAL (N) REMOVE DH - REPLACE WITH
[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ____ (O)

NUMBER BEDROOMS: 2 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)
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[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: Stanley E. Reynolds Date: 12/21/94

NOTICE:

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...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 12

* Reserved Contract

SEE INSTRUCTIONS ON BACK

Date Received 1/14/80

ICAR(S) Application No. 15956

T. C. No. 023-023-14

Map Date —

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

Mobile Home ✓ Yes ___ No
Residence ___ Yes ✓ No

(4) No. of Bedrooms 3 W/C

5) Business Use — Max No Employees _____

(6) Washing Machine ___ Yes ✓ No

(7) Garbage Disposal ___ Yes ✓ No

(8) Dishwasher ___ Yes ✓ No

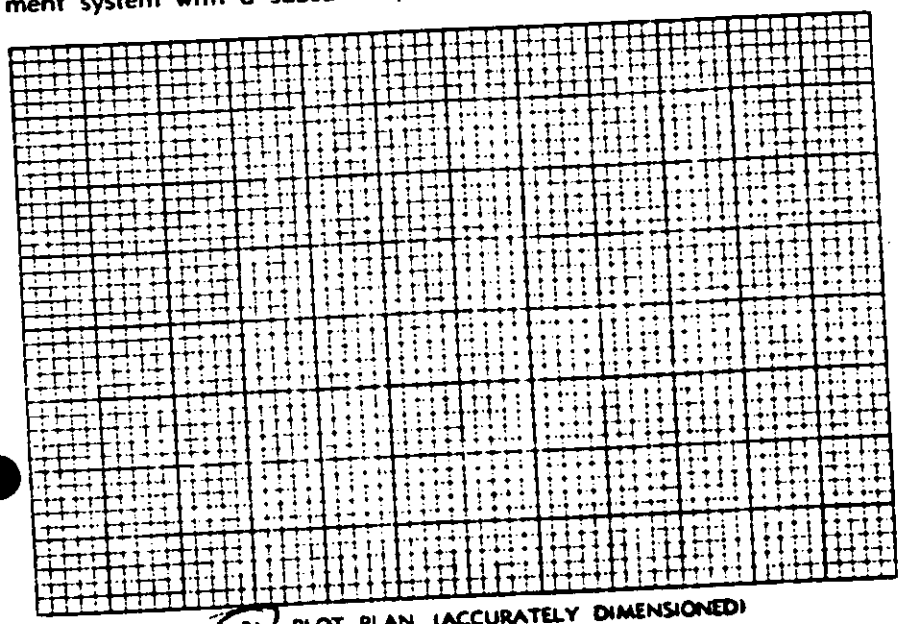
(9) Water Supply:
A) Individual Well ✓
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No

11) FHA Case No. _____

12) VA Case No. _____

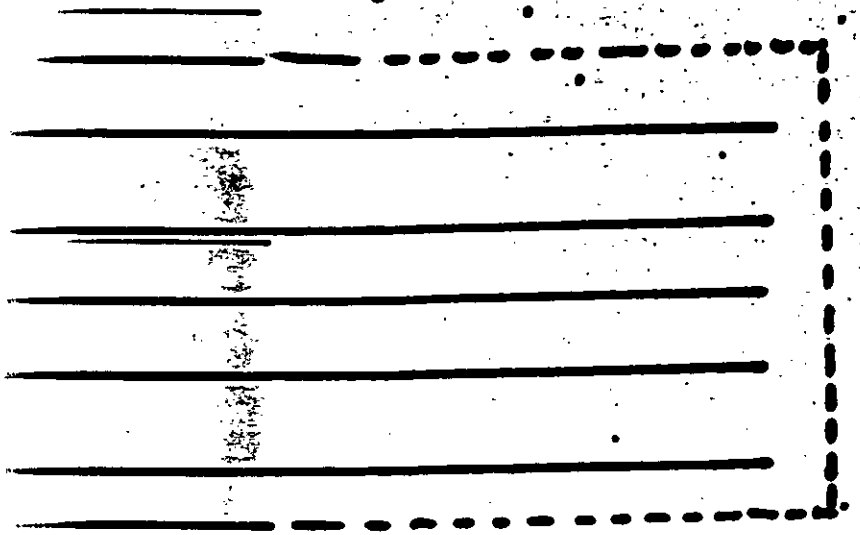
(31) PLOT PLAN (ACCURATELY DIMENSIONED)



(3) NAME OF OWNER Wilson (LAST) Fred (FIRST) W (MIDDLE) JR

(4) ADDRESS OF OWNER [illegible]

15956



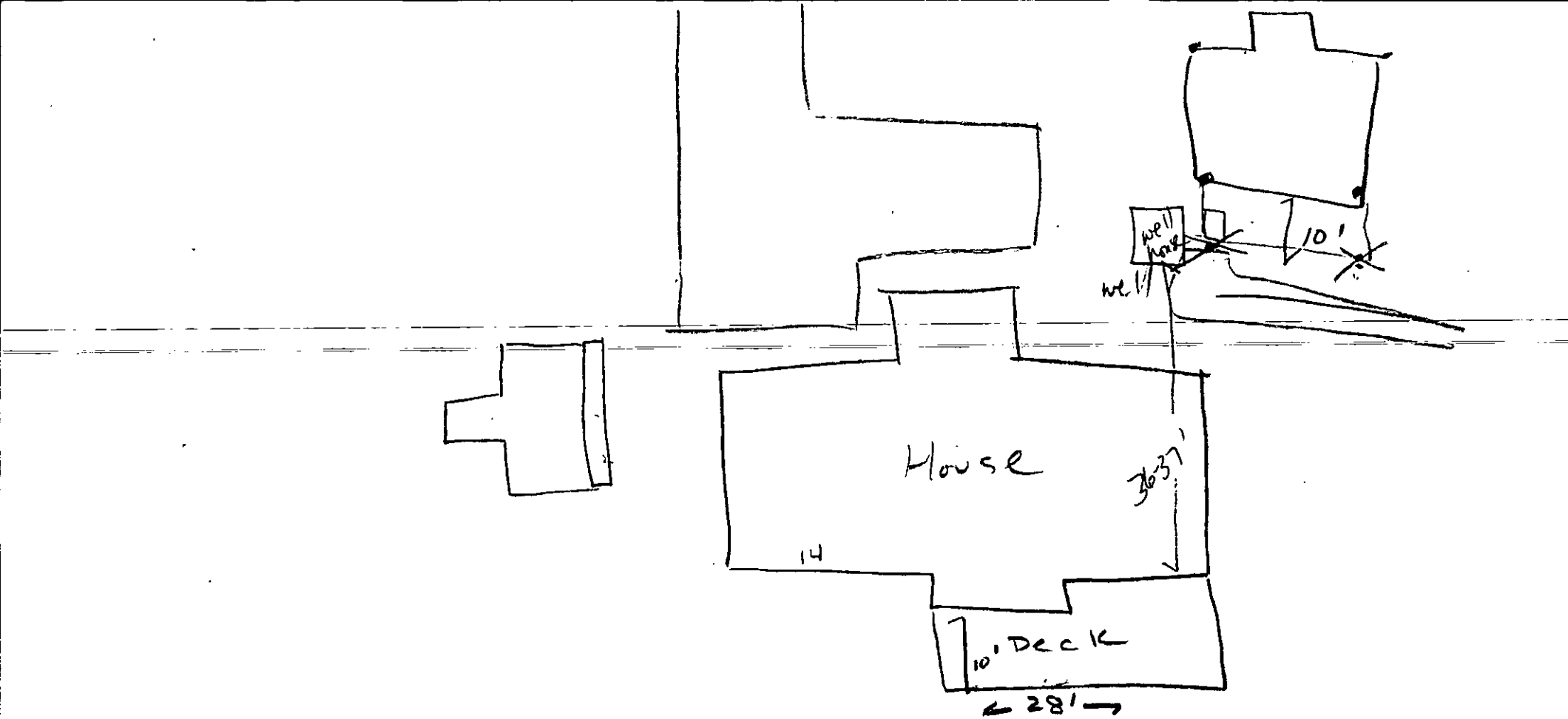
4 drain pipe 22'
long 3' on center
660 sq foot
bottom area.

Submitted for consideration
and approval:

Johnson Lewis Road
Property Location

Fred W. Wilson
Owner's Signature

Bed System


well house
10'
well
House
36'3"
14
10' Deck
28'