

20408 DEEP COVE CT

00149173

8/14/08

marliwr

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

INSPECTION STATEMENT

MECKLENBURG COUNTY HEALTH DEPARTMENT

Thomas and Sharol Muma
20408 Deep Cove Ct.
Cornelius, NC 28031

Please Make Check Payable To:

Mecklenburg County Health Department
700 N. Tryon Street, Ste 211
Charlotte, NC 28202

Note: THIS COMPLETED FORM MUST ACCOMPANY PAYMENT!

DESCRIPTION OF PROPERTY

Name	Site Address	Tax Parcel	File Number	System Type
Thomas and Sharol Muma	20408 Deep Cove Ct.	001-491-73	17948	IIIB

Total Amount Due: $85.00

Please use the space below, to make any corrections to property information.

Name _____

Site Address _____

_____

# of Bedrooms _____

We are having sewer service being put in. We should be on line within 60 days. Therefore we do not need septic inspection.

BILL INFORMATION

Billing Date	Payment Due Date
3/8/00	4/6/00

Direct Questions Concerning This Bill To ..... (704) 336-5102

☐ *Please check if you have a well.*

Verified w/CMUD 3-15-00

Make Check Payable To Mecklenburg County Health Department
Your Canceled Check Is Your Receipt

DO NOT SEND CASH

Mecklenburg County
Health Department

March 8, 2000

Thomas and Sharol Muma
20408 Deep Cove Ct.
Cornelius, NC 28031

Dear Mr. and Mrs. Muma:

This letter is being sent to all home/business owners in Mecklenburg County with septic tank systems that utilize pumps. In 1990 the North Carolina Administrative Code governing septic tank systems was amended to require routine maintenance and inspection of certain septic tank systems. Research conducted on septic tank systems has shown that properly maintained systems perform better and protect the home/business owner's investment. These State rule changes required local health departments to perform additional inspections without additional resources. During the 1998-99 budget hearings, the Mecklenburg County Board of County Commissioners (BOCC) approved user fees to offset costs and to allow the local health department to comply with mandatory enforcement requirements in the State regulations.

Since you have a pump system, these new rules and fee requirements affect you. The fee is $85.00 and is due upon receipt of this notice. We will visit your property and make assessments and recommendations for the continued efficient operation of your septic tank system. In addition, if you have a well, bacterial and inorganic samples will be collected to help assess the quality of your water supply source. The process, including fee assessment, will be repeated every five (5) years. The fee amount may change in the future.

We are excited about the interest and support demonstrated by the BOCC. Past performance in this area was more enforcement oriented rather than supportive. One of our goals is to establish our department as a resource to you to aid and assist you with this and related public health concerns. The inspection program and the water analysis are important to the health of you and your family. This is a very important initiative intended to protect the public's health while improving and preserving our groundwater resources.

Your prompt fee payment will activate our inspection process. Your comments and questions regarding this matter are encouraged and welcomed.

Sincerely,

L.B. Thompson, Jr., R.S.

Larry B. Thompson, Jr., R.S., Coordinator
Managed Systems Program
Individual Water and Wastewater Systems

Enclosure

cc: Fiscal Services Manager, HMHCS

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front file copy

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CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 17948 DATE: 7/22/94

TC: ~~001/31/23~~ 001-491-93 ☐ L ☒ CRT

SERIAL Nº 14224

Name of Owner Thomas Muma Juris.:

Address of Property 20408 Deep Cove Ct

Inspection Data:

Tank Material PCC

Total Length of Drainfield 532

Number of Lines 7 @ 76'

Cover Depth 24"

Water Supply Source well

Distance to Water Source 80'

Excavation Inspected

Tank(s) Inspected 7/14/94

Wash Line Inspected –

High Water Alarm Inspected 7/22/94

Thomas & Sharol Muma
20408 Deep Cove Ct
Cornelius, NC 28031
4
III b

PLOT

Design: 1994, 1500ST, 1000DT, PI, 1596SFT, Cecil, 12"gravel CTR# Richard Abernathy

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system 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. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Septic system designed for 4 bedroom residence

Type III

Nitrification lines checked 7/13/94 KJ

No installation layout was issued - Contractor used Plot plan for system installation KJ

Phillip S. Walker R.S.
Environmentalist

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

Applied 50 for 9/17/93 D400

17948 ~~D400~~ for transfer

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

150.00 CK 1258 9/23/93 DJK 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: Muma (last) Thomas (first) (W)523 (mi) 9137

ADDRESS: _____ PHONE: (704) 892-3009

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00113123

STREET ADDRESS: 20408 Deep Cove Ct

ZONING:

PROPERTY OWNER:

NAME: McKinnie Linda (last) (first) (mi)

ADDRESS: 5015 Campton Ct PHONE: (__) _____

CITY: Charlotte STATE: NC ZIPCODE: 28226

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 4 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):
[] 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):
[X] 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: Karen Zufan Date: Sept 23 1993

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.

... Lift pump required

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

Theodore S. Walker 9/24/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

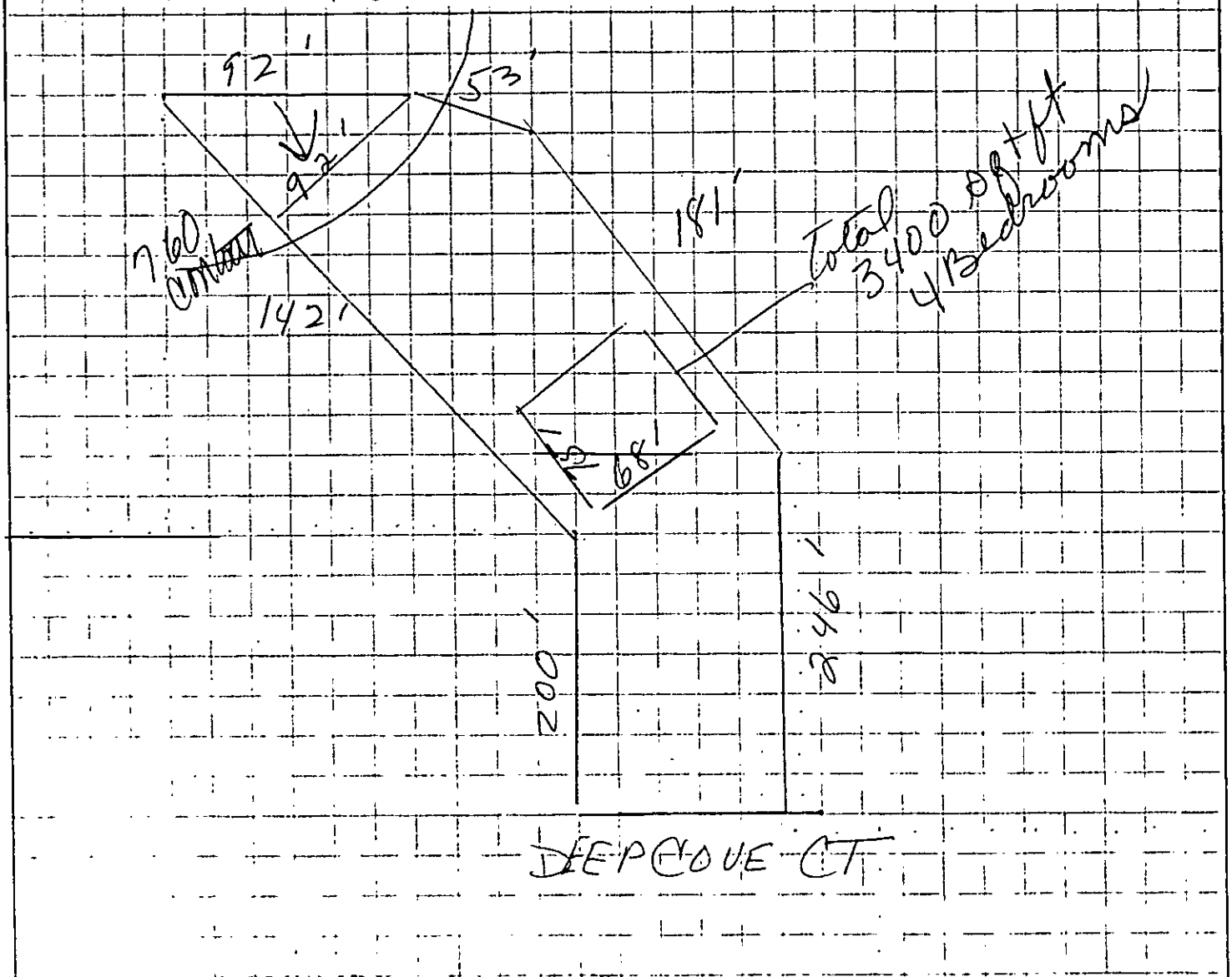
COPY

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

FILE: 17948

TC: 001-13/-23

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 _____

File 17948

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 9/23/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Corn

PARCEL NUMBER 001-131-23

ASSIGNED ADDRESS 20408 Deep Cove Ct

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/	*
2. FLOODWAY REGULATIONS	/	*
3. EROSION CONTROL REGULATIONS	/	*
4. PUBLIC UTILITY EASEMENT	/	*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	*	/
6. PROPERTY FRONTS ON THOROUGHFARE	*	/
7. DRIVEWAY PERMIT REQUIRED	*	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Rule

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

July 19, 1994

Mr. Thomas Muma
18809 Nautical Drive, Unit 104
Huntersville, North Carolina 28078

Re: 20408 Deep Cove Court
File: 17948 (Tax Parcel No. 001-131-23)

Dear Mr. Muma:

At your request an inspection was made at the above referenced property to facilitate the issuance of an Operation Permit for the On-Site Sanitary System of Sewage Treatment and Disposal. During the inspection it was found that the following items did not meet the regulations set fourth in the " Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal 15A NCAC 18A .1900; .1952 Septic Tank, Dosing Tank and Lift Station Design." Our Comments follow:

1). (6) Pump and control circuits shall be provided with manual circuit disconnects within a watertight, corrosion-resistant, outside enclosure (NEMA 4x or equivalent) adjacent to the pump(s) shall be manually operable without requiring the use of special tools or entrance into the tank for testing purposes. Conductors shall be conveyed to the disconnect enclosure through waterproof, gasproof, and corrosion-resistant conduits, with no splices or junction boxes provided inside the tank. Wire grips, duct seal, or other suitable material shall be used to seal around wire and wire conduit openings inside the pump tank and disconnect enclosure.

2). (9) The pump tank shall have a properly functioning high-water alarm. The alarm circuit shall be supplied ahead of any pump overload and short circuit protective devices. The alarm shall be audible and visible by system users and weatherproof if installed outdoors in an enclosure (NEMA 4x or equivalent)

The above mentioned items must be installed and inspected prior to the Operation Permit being issued. The Operation Permit is required for the Certificate of Occupancy and the permanent electric hook-ups. Please schedule the inspections at least five (5) working days in advance to ensure no delays in the Operation Permit issuance.

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

Please call me at 336-5570 to discuss any question you may have concerning this matter.

Sincerely,

Philo S. Walker R.S.

Philo S. Walker, R.S.
Individual Water and Wastewater Systems

PW:lw

FILE # 17948 DRAWN BY Thomas E. Muma

BK: 07645 PG: 0631/0631 #:0218 -8.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 01/27/94 14:06

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM "UNSUITABLE" TO "PROVISIONALLY SUITABLE" UNDER 15A NCAC 18A .1956, .1957, OR .1969 OF THIS SECTION.

The undersigned, Thomas E. Muma + Sharol D. Muma owner of property located at 20408 Deep Cove Court, ("the site") and described in an instrument recorded in Book 6112 at Page 0357, Mecklenburg Public Registry, hereby acknowledges that he applied to the Mecklenburg County Health Department (the Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested pursuant to 15A NCAC 18A .1948(d) that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned can reasonably be expected to function satisfactorily and thus that the findings specified in 15A NCAC 18A .1958(d)(1), (2), and (3) can be made; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

This 24th day of JANUARY, 1994.

Thomas E. Muma (SEAL)

Sharol D. Muma (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ Iredell

I, Glenda M. Slater, a Notary Public for said County and State, do hereby certify that Thomas E. Muma and Sharol D. Muma personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 24 day of January, 1994.

Glenda M. Slater
Notary Public

My Commission Expires My Commission Expires April 18, 1995.

State of North Carolina, County of Mecklenburg

The foregoing certificate(s) of Glenda M. Slater State, do hereby certify that

wledged that he is

Notary(ies) Public is/are certified to be correct. authority duly given and as the act and deed of , sealed with its

This 27th day of January, 19 94.

JUDITH A. GIBSON, REGISTER OF DEEDS

By: Robin M. Jamerson Deputy Register of Deeds , 199 .

Notary Public

My Commission Expires

Amended 07/93

MAIL TO: IWWS
700 N. TRYON Street
CHARLOTTE, NC 28202
ATTN: Phil WALKER

mm

ORIGINAL DOCUMENT IS OF POOR QUALITY



ATTN:
Tom

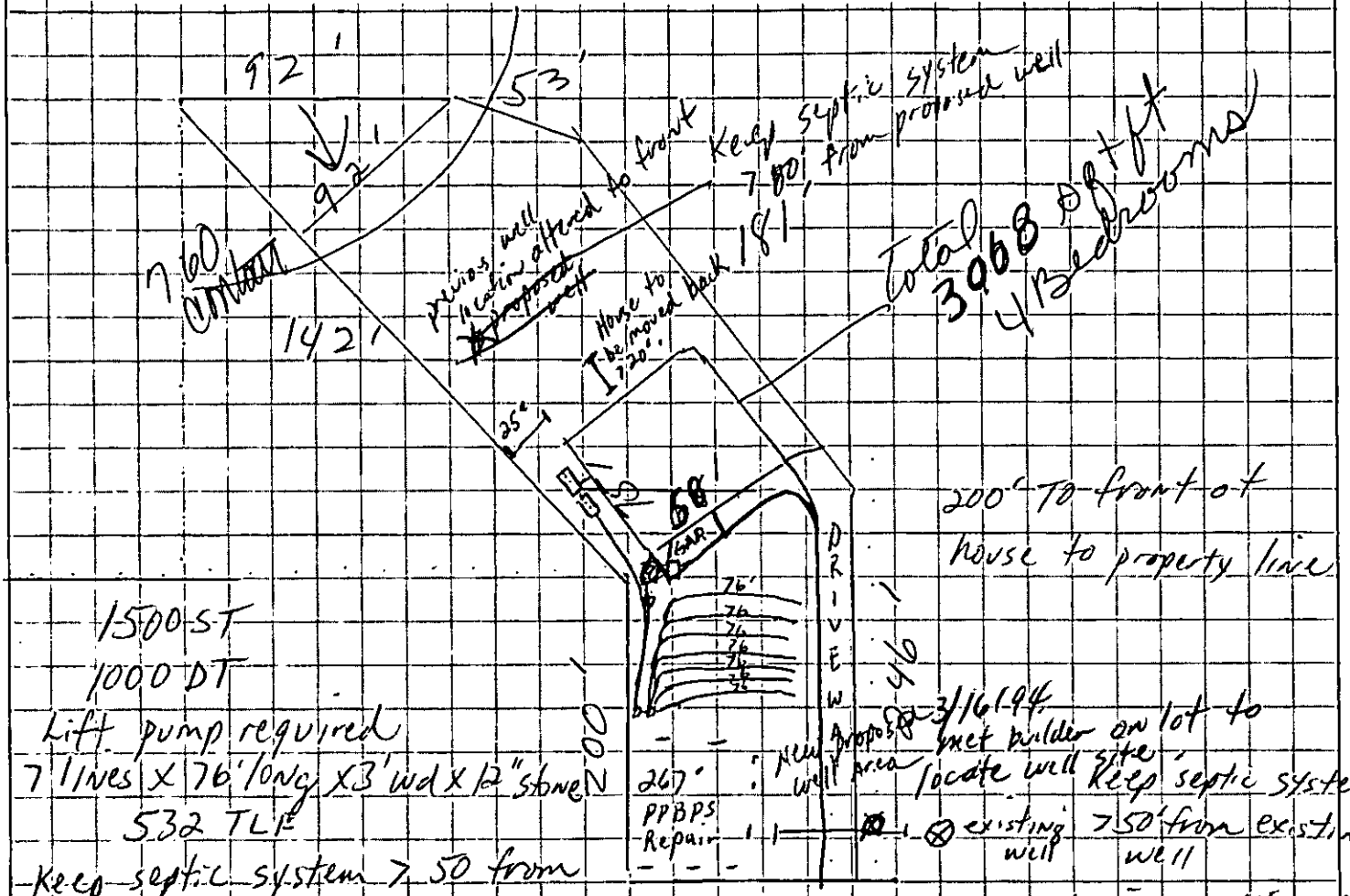
PROPOSED PLOT PLAN

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

FILE: 17948

TC: 001-13/-23

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.



1500 ST
1000 DT
Lift pump required
7 lines x 76' long x 3' wd x 12" stone
532 TLF
Keep septic system >50 from any well.
Keep septic system 750' from high water mark

Repair Area
267' PPBPS

House to be moved back 20' from existing area (190')
Driveway to hug Right property line
25' from left side of house to property line.

Thomas E Mure 1/25/94

APPROVAL DATE 9/24/93

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

FILE # 17948 DRAWN BY Thomas E. Muma

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COUNTY OF MECKLENBURG

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BK: 07645 PG: 0631/0631 #:0218 8.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 01/27/94 14:06

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The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

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This 24th day of JANUARY, 1994.

Thomas E. Muma (SEAL)

Sharon D. Muma (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ Iredell

I, Glenda M. Slater, a Notary Public for said County and State, do hereby certify that Thomas E. Muma and Sharon D. Muma personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 24th day of January, 1994.

Glenda M. Slater
Notary Public

My Commission Expires My Commission Expires April 18, 1995.

STATE OF NORTH CAROLINA
COUNTY OF ~~MECKLENBURG~~ Iredell

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally came before me this day and acknowledged that he is

_____ of _____, and that by authority duly given and as the act and deed of said corporation, the foregoing instrument was signed in its name by its _____, sealed with its corporate seal and attested by _____.

WITNESS my hand and notarial seal, this _____ day of _____, 199_____.

_____
Notary Public

My Commission Expires _____

Amended 07/93

MAIL TO: IWWS
700 N. TRYON Street
CHARLOTTE, NC 28202
ATTN: Phil WALKER

MP



Imaging Solutions and Services, Inc

The following is a

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ISSI Operations Center Staff

NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
RALEIGH, NORTH CAROLINA

APPENDIX II
SITE EVALUATION

NO. PL CC 131 C

(Ground Absorption Sewage Disposal)

OWNER: Russell B. Thrash
ADDRESS: PO Box 4
COUNTY: Davidson, NC 27036
LOCATION OF SITE: Deep Creek

DATE REQUESTED:
PLAT NO: Lot #1
LOT SIZE: Approx 39 Acres

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	(S) PS U 2-8%	S Complex PS Slopes U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2:1 Clay)	S (PS) Clay U	S (PS) Clay U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) Blocky U	S (PS) Blocky U	S PS U	S PS U
4. SOIL DEPTH (inches)	(S) PS 40" U	S PS Depth Varied (U)	S PS U	S PS U
5. RESTRICTIVE HORIZONS (inches) (Impervious strata, Rock)	(S) PS None U	(S) PS None U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	(S) 36-72 PS ground U water	S Eroded PS Areas (U) Channel Wash	S PS U	S PS U
7. SOIL PERMEABILITY (percolation rate)	S (PS) Moderate U	S PS Slow (U)	S PS U	S PS U
8. OTHER (specify)	S PS U	S PS U	S PS U	S PS U
9. SITE CLASSIFICATION	Provisionally Suitable	Unsuitable		
10. SOIL SERIES	Cecil	Eroded Area		

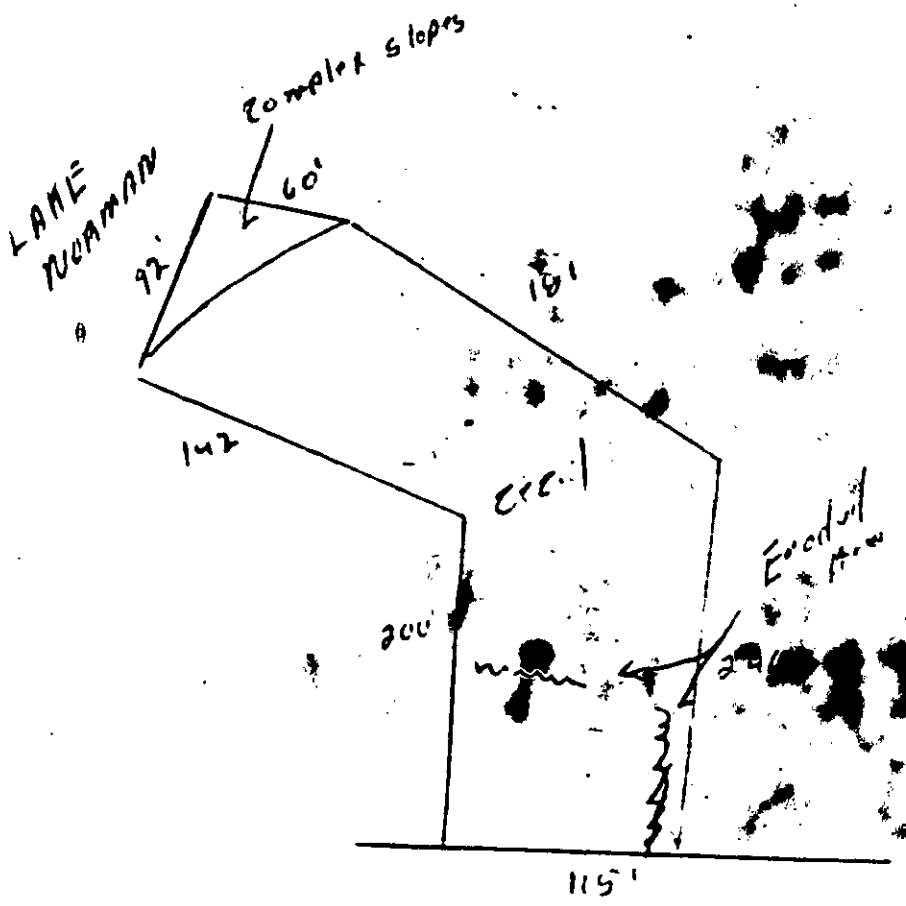
S - Suitable PS - Provisionally Suitable U - Unsuitable

** See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

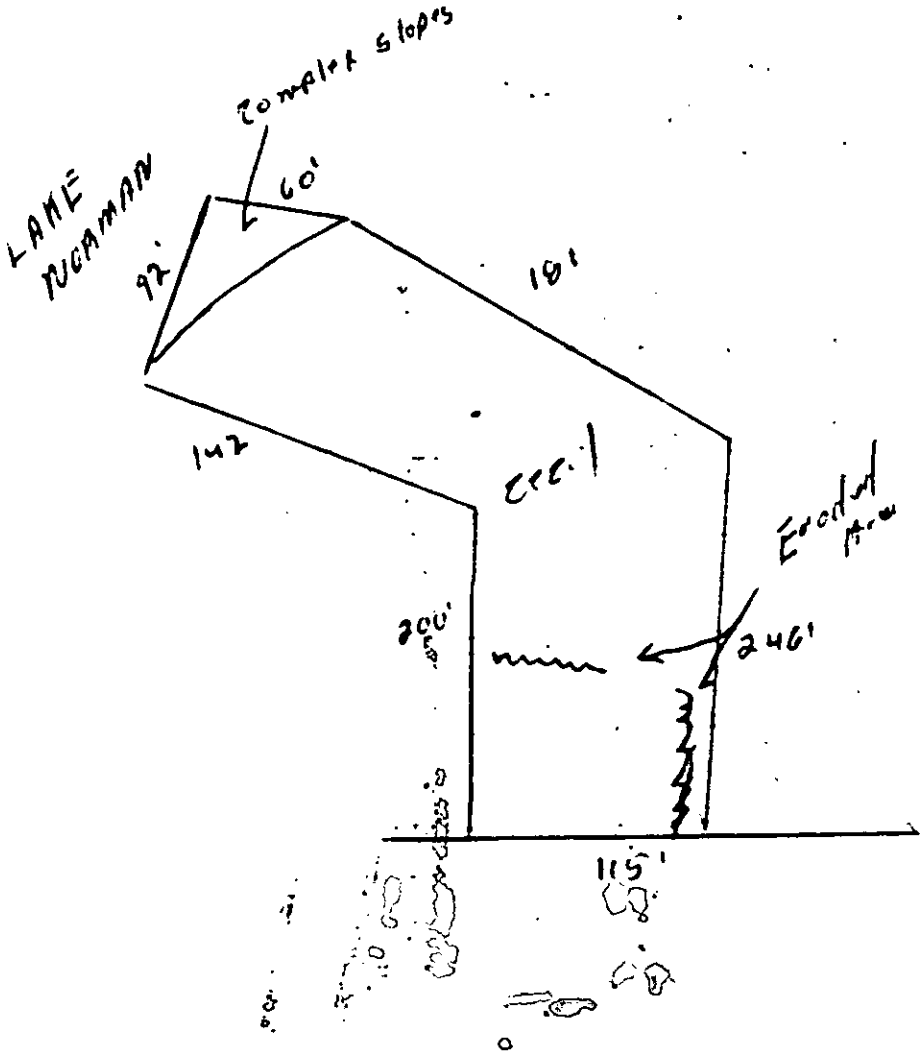
Recommendations/Comments:

Described By: William B. Martin
Title: Soil Scientist
Date: 6-8-81

DHS Form 2601
Sanitation
(Revised 2/80)


Complex slopes
LAME
NUCAMAN
60'
92'
181
142
200'
115'

17948


Complete slopes
LAKE
TUCAMAN
60'
92'
181'
142'
Excavated area
200'
246'
115'
DEEP COVE CT.

~~H80B/9161A~~ 17948

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P/L 50' 9/14/93
CM 253 [ ] 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: 9/12/93

PERSON FILING APPLICATION:

NAME: MUMA (last) Thomas (first) E (mi)

ADDRESS: 12600 BRADFORD HILL LN PHONE: (704) 875-0733

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-131-23 001

STREET ADDRESS: 20408 Deep Cove Court

ZONING: Residential ~~R80~~ R2

PROPERTY OWNER:

NAME: McWhinnie (last) LINDA (first) D (mi) ✓

ADDRESS: 5015 GAMTON CT. ✓ PHONE: (__) _____ ✓

CITY: Charlotte STATE: NC ZIPCODE: 28226

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: 23 LOT SIZE (in acres): .8

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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION: Septic

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
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[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] 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: Karen Zafuss Date: 9-16-93

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:

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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 : 122791

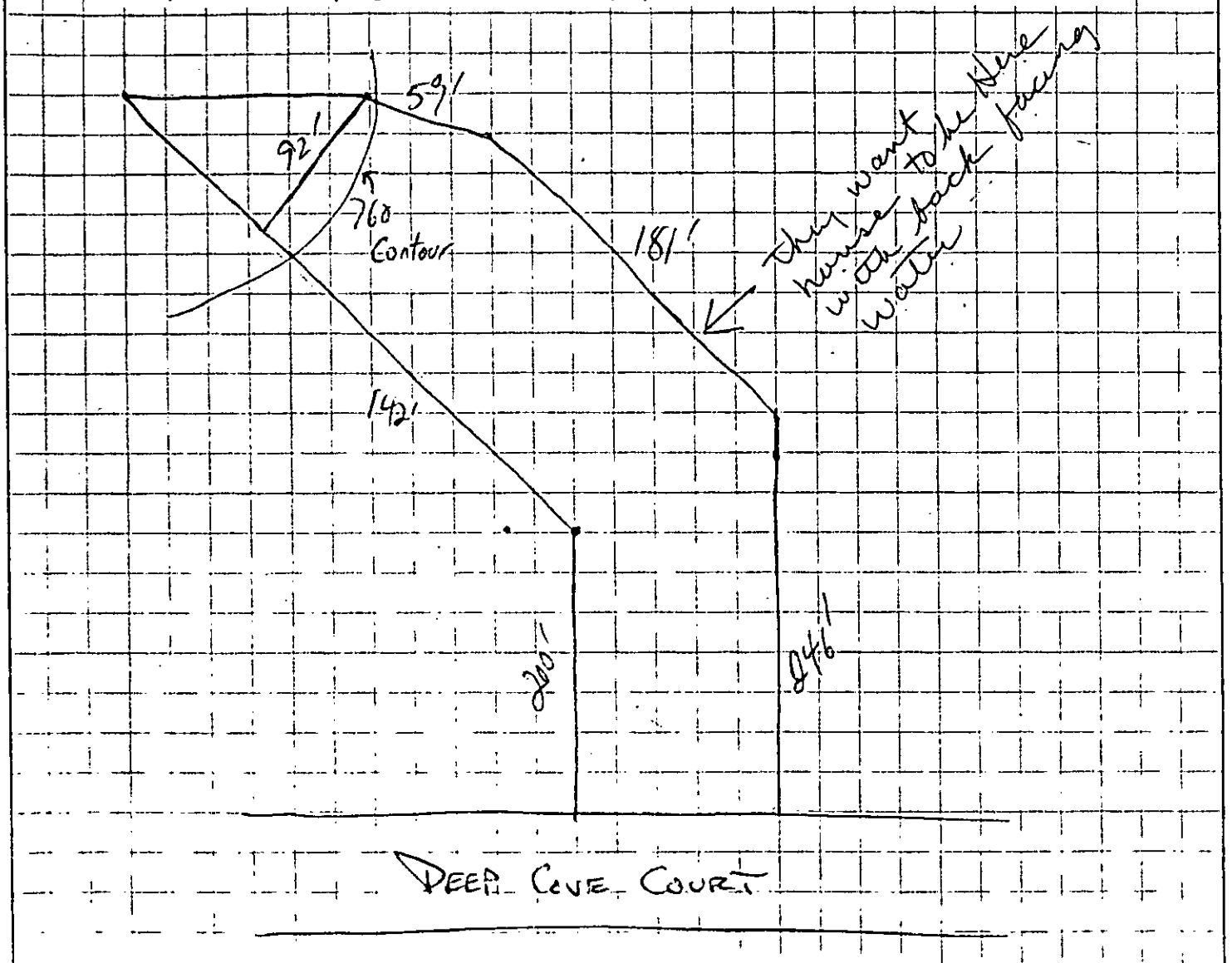
PROPOSED PLOT PLAN

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

FILE: 1180A/91S1A

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.



APPROVAL DATE _____

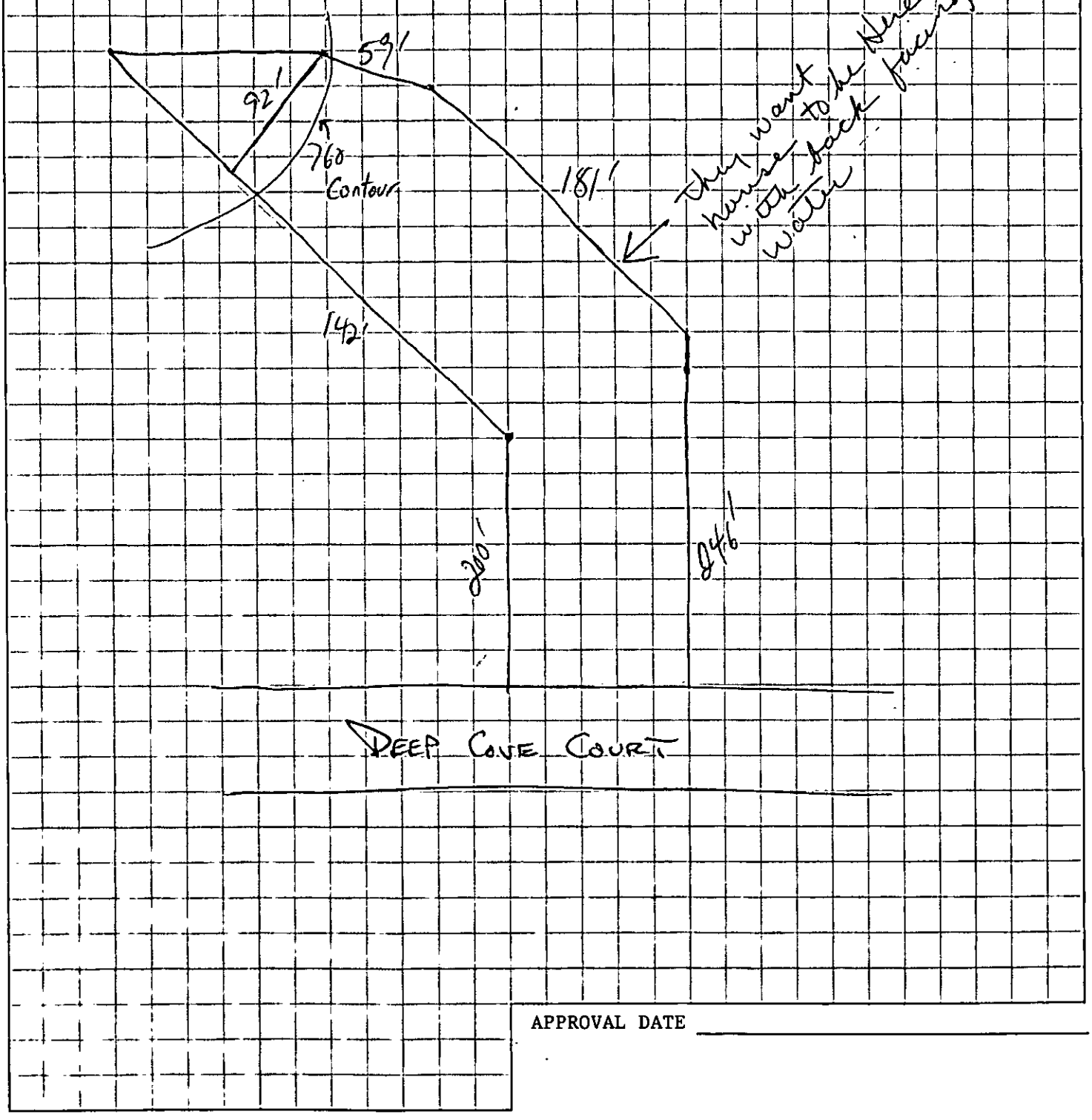
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2180A191S1A

TC: _____

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APPROVAL DATE _____

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

400 1794 8

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P.D. 50.00 9/14/93 ck 253 [ ] 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

Date: 9/12/93

PERSON FILING APPLICATION:

NAME: MUMA (last) Thomas (first) E (mi)

ADDRESS: 12600 BRADFORD HILL LN PHONE: (704) 875-0733

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

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STREET ADDRESS: 20408 Deep Cove Court

ZONING: Residential ~~R80~~ R2

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ADDRESS: 5015 GAMTON CT. ✓ PHONE: (___) _____ ✓

CITY: Charlotte STATE: NC ZIPCODE: 28226

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Signed: Karen Zufass Date: 9-11-93

NOTICE:

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[ ] 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

(Received 9/20)

17948

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P/L 50' 9/14/93
chk 253 [ ] 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

Date: 9/12/93

PERSON FILING APPLICATION:

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ADDRESS: 12600 BRADFORD HILL LN PHONE: (704) 875-0733 892

CITY: Huntersville STATE: NC ZIPCODE: 28078

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ADDRESS: 5015 GAMTON CT. ✓ PHONE: (__) _____ ✓

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WATER : 122791

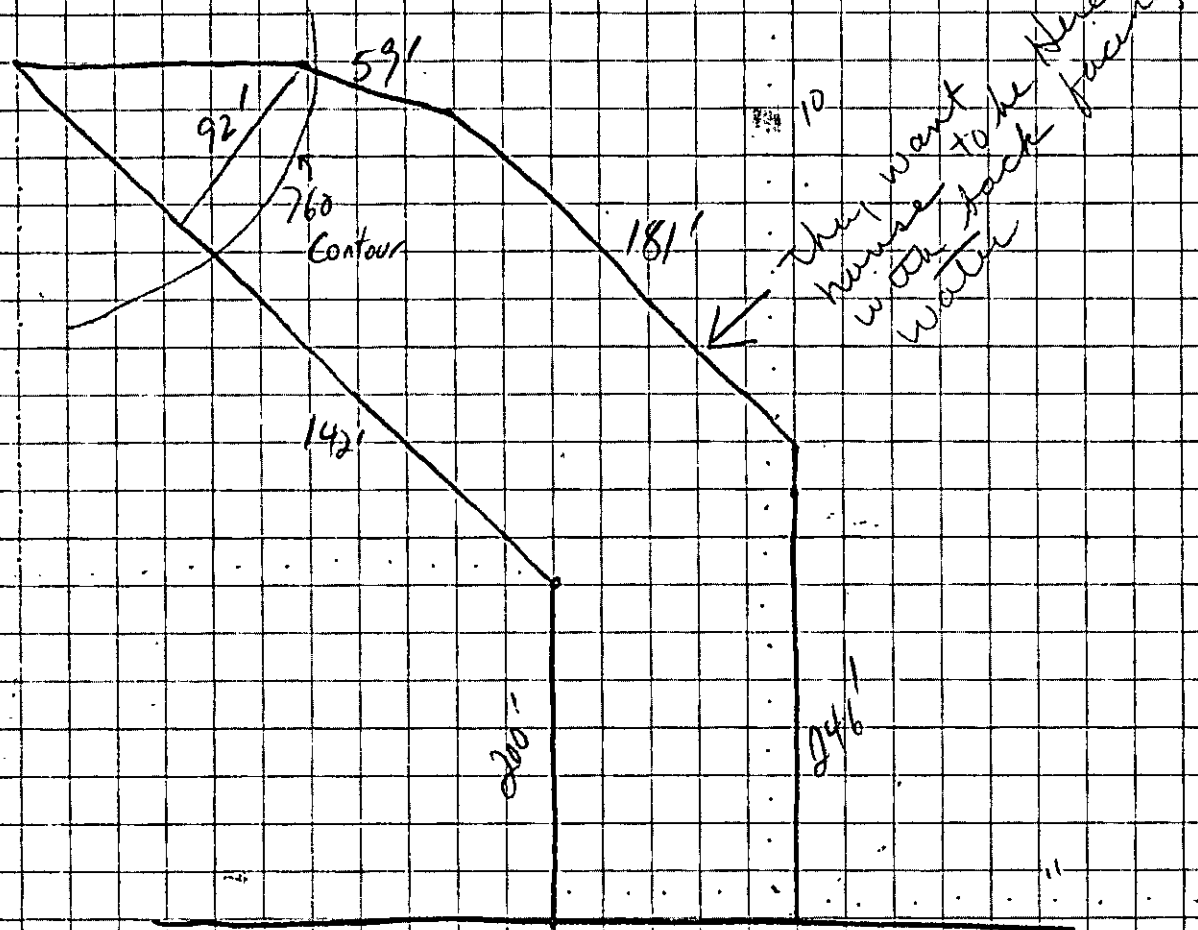
PROPOSED PLOT PLAN

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

FILE: ~~H80A1915 1A~~

TC: _____

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