

19633 STOUGH FARM RD

00141205

7/7/08

marliwr

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

FEE: 100.00 ck#855
DATE: 5/27/03

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

Note w/ Ltr Attachments 9 NCS

COPY

(1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 13146

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-412-05

STREET ADDRESS: 19633 Stough Farms Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4 BA 1977

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
✓ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE

O.K. to use existing system for house remodel and the addition of a bedroom and bathroom addition.

Jenny Mechler R.S. 6/3/02

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

Adding approximately 600 sq. ft to the footprint and 1 bedroom and 1½ baths

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
✓ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
___ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ✓ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: Katon (LAST) Terrance (FIRST) S (MI)

ADDRESS: 19633 Stough Farm Rd

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: (704) 388 - 6704

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2/78

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Terry Katon DATE: 5-21-03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

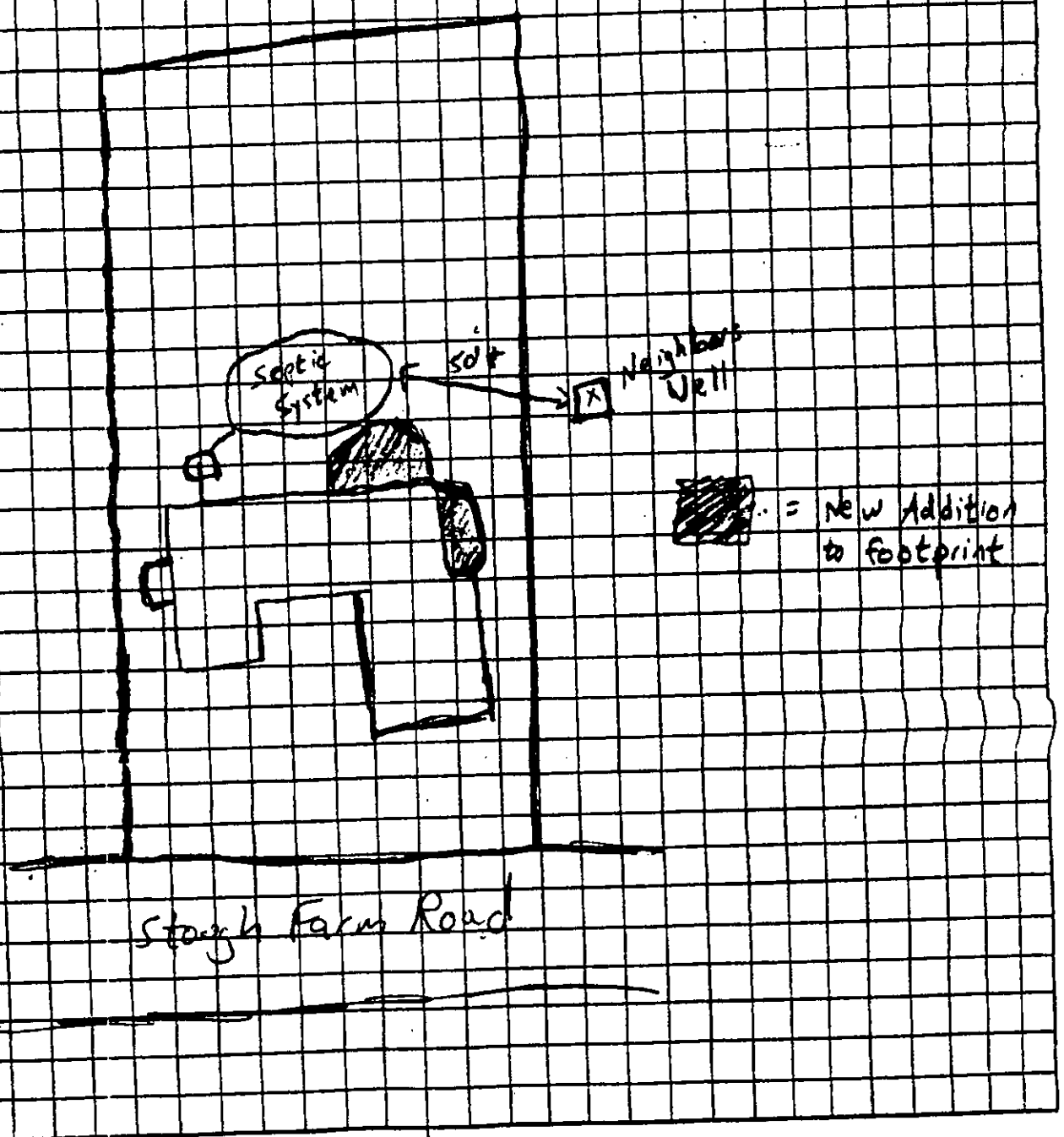
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 13146

TC: D01-4/12-05

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 _____

OWNER/AGENT SIGNATURE

DATE

Canary - E.H.S. Copy

Pink - Owner's Copy

FEE: 100.00 CK #553
DATE: 5/27/03

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 13146

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-412-05

STREET ADDRESS: 19633 Stough Farms Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4 BA 1977

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___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
✓ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

NUMBER OF OCCUPANTS: 4

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
Adding approximately 600 sq. ft to the footprint and 1 bedroom and 1½ baths

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
✓ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ✓ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL, SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

PROPERTY OWNER:

NAME: Katon (LAST) Terrence (FIRST) S (MI)

ADDRESS: 19633 Stough Farm Rd

CITY: Cornelius STATE: NC ZIP: 28031

DAYTIME PHONE: (704) 388 - 6704

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2/78

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SIGNED: Terry Katon DATE: 5-21-03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

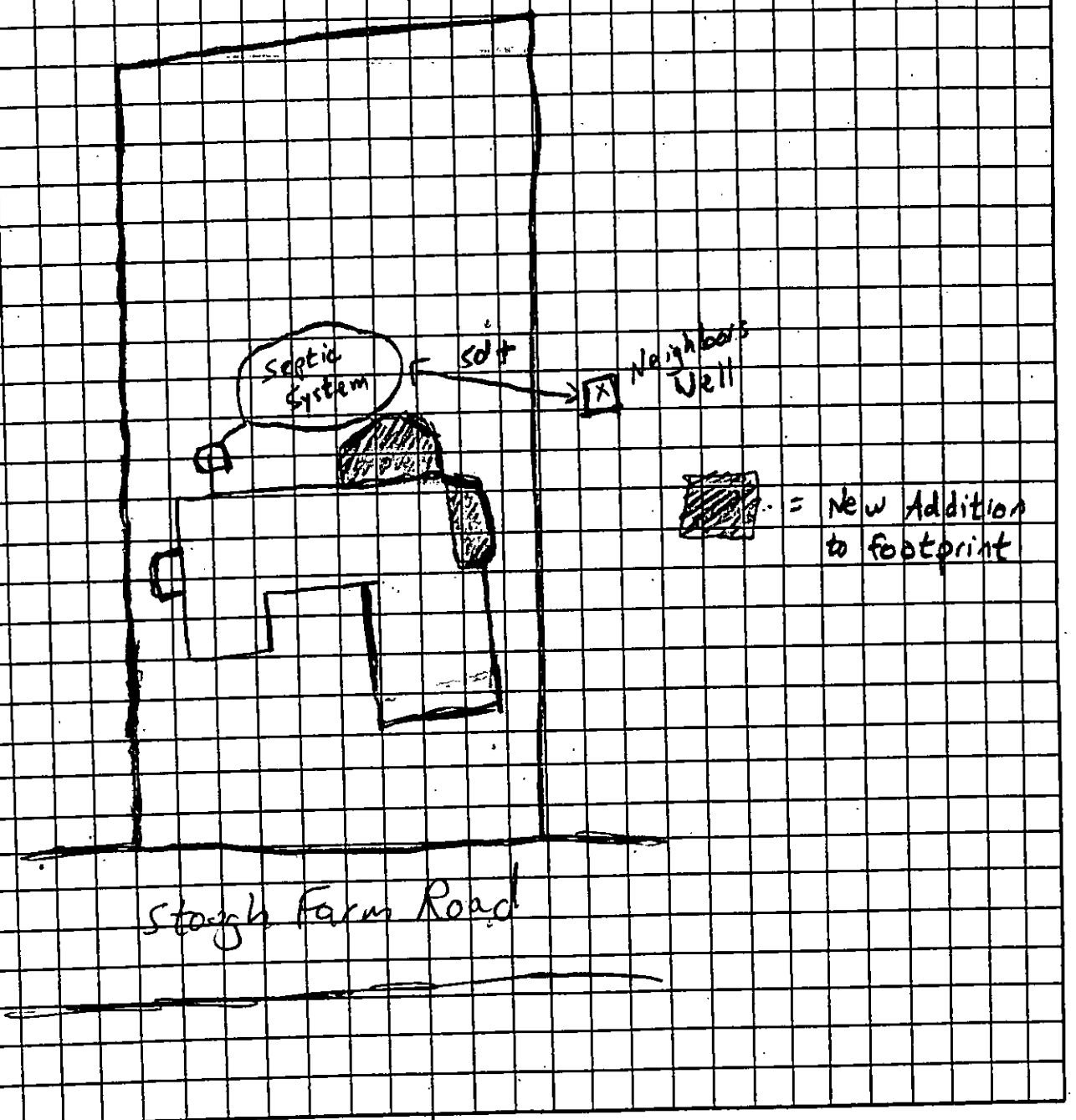
PROPOSED PLOT PLAN

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

FILE: 13146

TC: D01-412-05

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 _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/27/03	**Amount:**	100.00
Receipt #:	16567	**Tendered:**	100.00
Check / Auth #:	CHECK 859	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	KATON TERRENCE S
Attn:	
Address:	19633 STOUGH FRM ROAD
Address:	
City/State/Zip:	CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 19633 STOUGH FARM ROAD		1	100.00	100.00

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

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

Jeremy-

We spoke early on Wednesday the 21st of May about my house project in Patrick's Purchase. The property address is 19633 Stough Farm Road in Cornelius. Last summer we began an addition and renovation project on our house. We currently have a septic system but before the project started I applied for both water and sewer service through CMUD. The water service has been installed already but because low-pressure sewer systems need approval at the state level the process has been stalled. Unfortunately, I have gotten no assurances and no confidence from CMUD about when approval from the state will be received. CMUD has told me it has been taking as long as six to twelve months at the state level. Meantime we have moved out of our house and would like to be back in the house later this year.

As I mentioned on Wednesday, our house addition project entails the addition of a fifth bedroom so I am assuming we would need some modifications to our existing septic system. I have enclosed an Application for Improvement Permit along with a $100 check. I would like to schedule a time during the first week in June when we could meet at the house location to take a look at what needs to be done.

If you have any questions please feel free to call me at (704) 904-1881. If I don't hear from you then I'll plan to give you a call sometime next week to schedule a time to get together. Thank you very much.

Sincerely,

Terry Katon

Terry Katon

Date Issued 7 Feb 78 Serial No. 1302 C of A (s) No. 13146

T. C. No. 001-099-00/03 34

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Kline (LAST) Richard J. (FIRST) (MIDDLE)

Location of Property 19733 Stough Farm Rd

Application Number 13146 Permit Number 13146

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material Precast Concrete

Total Length of Drain Tile 620ft Number of Lines 5

Depth of Filter Material 52" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 7 Feb 78 (DATE) Tank Inspected 7 Feb 78 (DATE)

Nitrification Field Inspected 7 Feb 78 (DATE)

Washing Machine Line Inspected, If Applicable 7 Feb 78 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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: _____

J M Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy

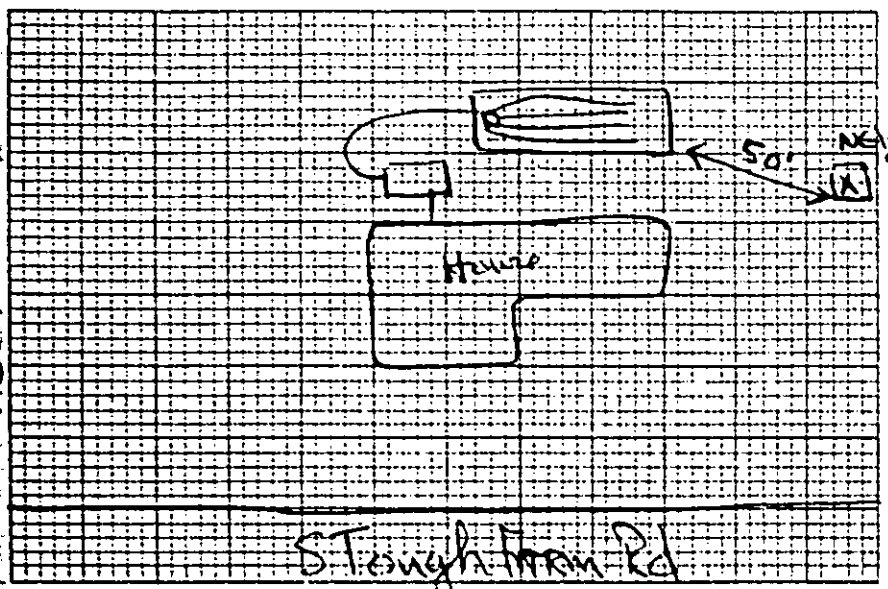
Date Issued 3 Feb 78 Serial No. 1376 ICAR(S) Permit No. 13146

T. C. No. 001-~~049-06-03~~

Map Date 091-34

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 13146 dated ✓ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 3 Mar 78, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 620 ft

Number of Lines 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50 ft +

NAME OF OWNER KLINE, Richard J.

LOCATION OF PROPERTY 19733 S Tough Farm Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person Comments: ~~now or hereafter owning, controlling or using such system from any liability~~ resulting from the failure of the system to operate properly.

Division or Section Head

G. M. Reynolds
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Pd. 50 00

CK # 2000

VW

3-9-99

400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 13/146

Date: 3-9-99

PERSON FILING APPLICATION:
NAME: White (last) Steven (first) R (mi)
ADDRESS: 274 Yacht Rd PHONE: (704) 660-6575
CITY: Mooresville STATE: NC ZIPCODE: 28117

PROPERTY OWNER:
NAME: Katon (last) Terry + Kimberly (first) (mi)
ADDRESS: 19633 Stough Fm Rd PHONE: 704 895-5190
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-412-05
STREET ADDRESS: 19633 Stough Farm Rd Cornelius N.C. 28031
ZONING:

Township (check one):
[ ] 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):

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

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

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:

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 [X] Other Extension to Existing Bathroom

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: Steven R. White Date: 3/9/99

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.

... OK. to use existing system

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

Jeff A. Knight 3/10/99
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

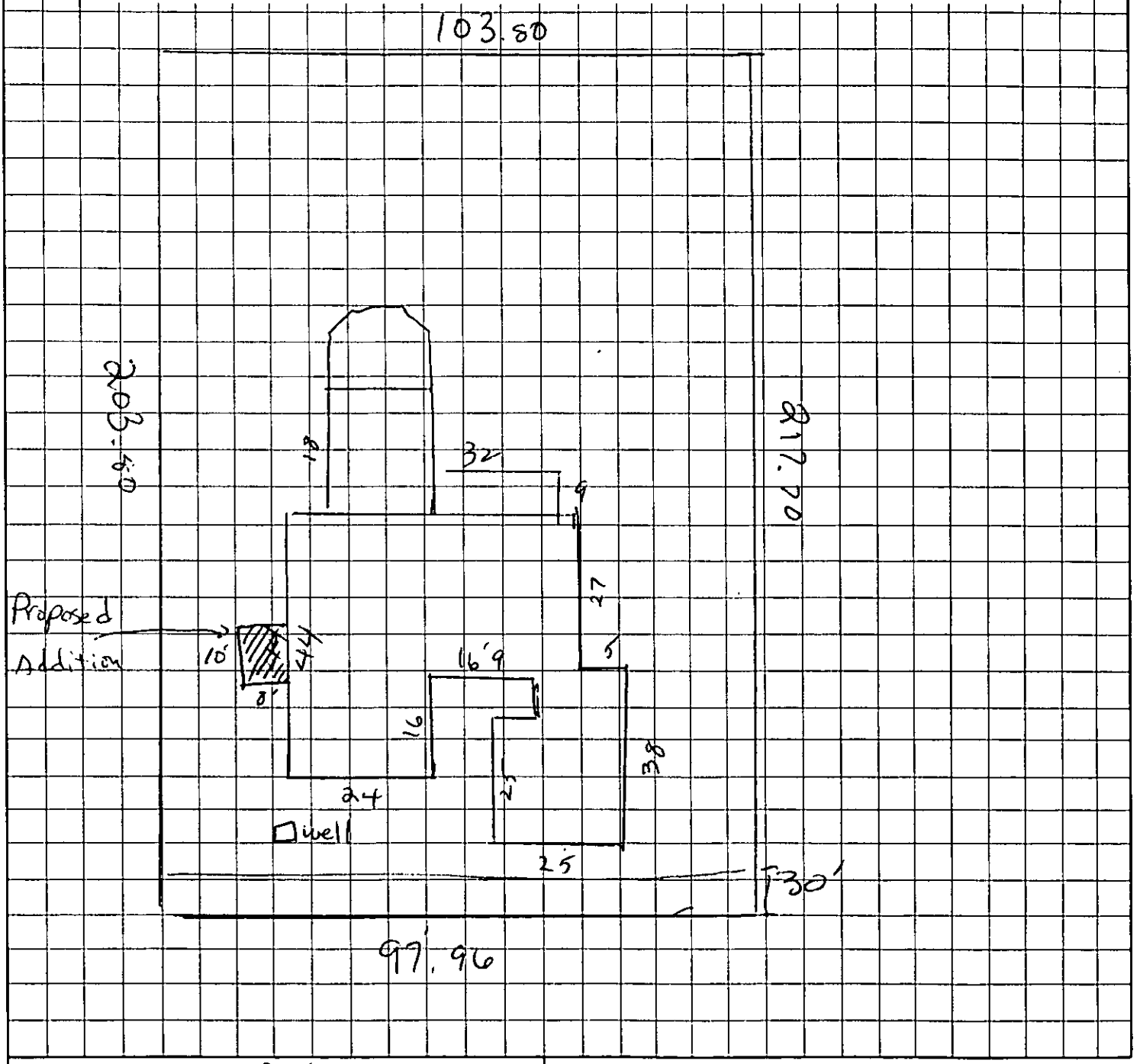
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 13146

TC: 001-412-05

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.



Steven R. White
OWNER/AGENT SIGNATURE

DATE 3/9/99

APPROVAL DATE _____

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

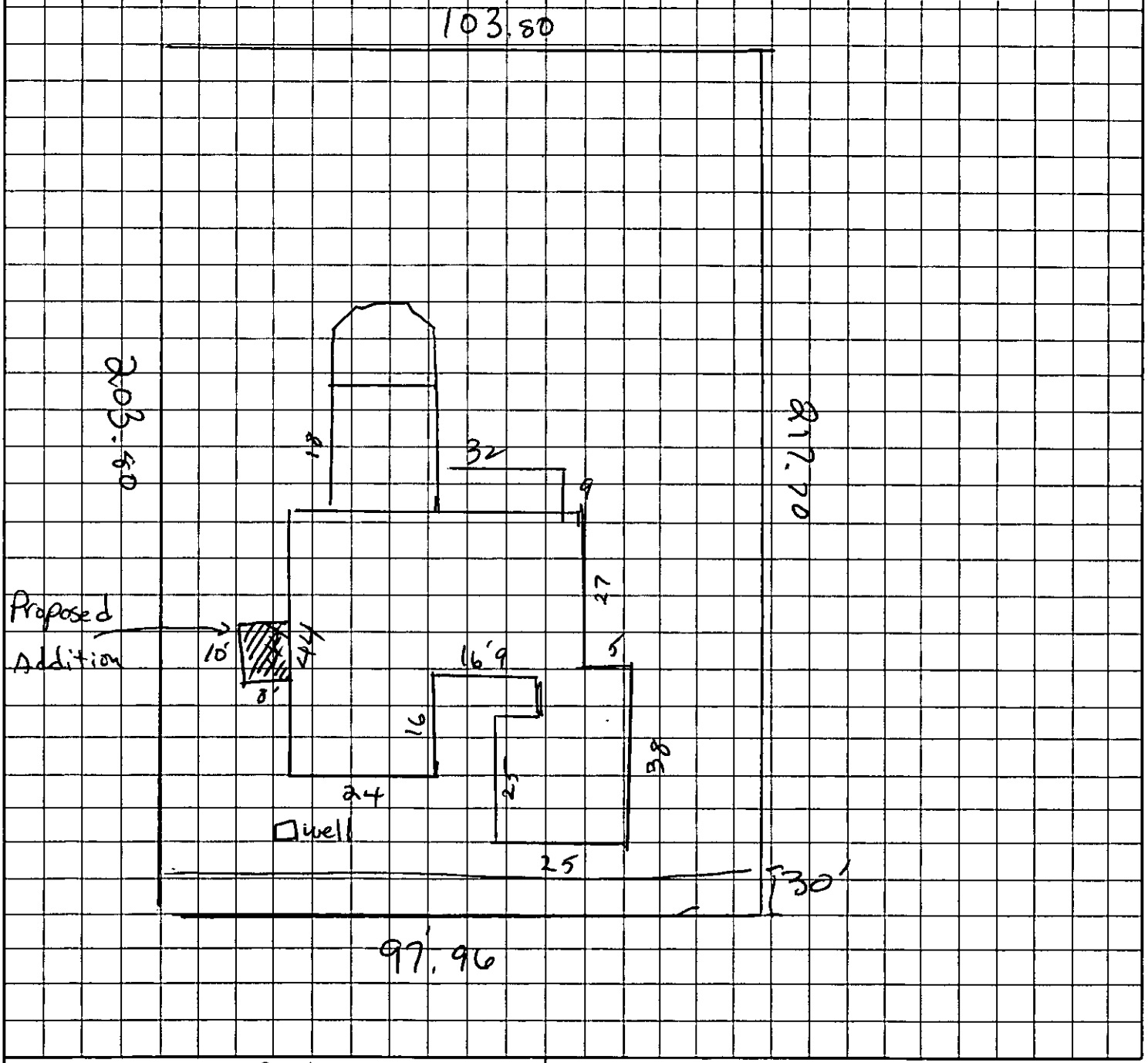
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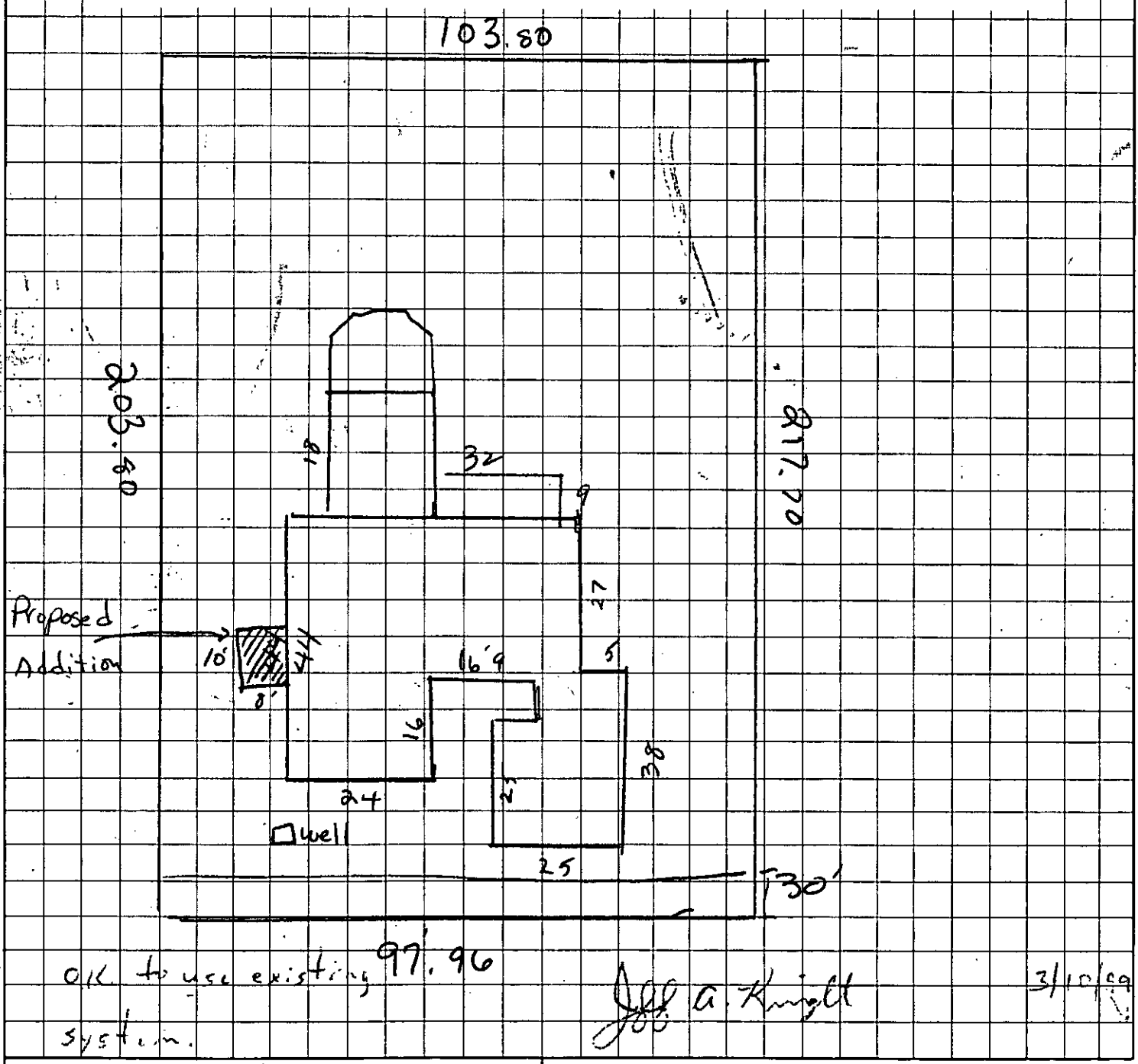
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O.K. to use existing septic sys.

Jeff A. Knight 3/10/99

Steven R. White
OWNER/AGENT SIGNATURE

DATE 3/9/99

APPROVAL DATE

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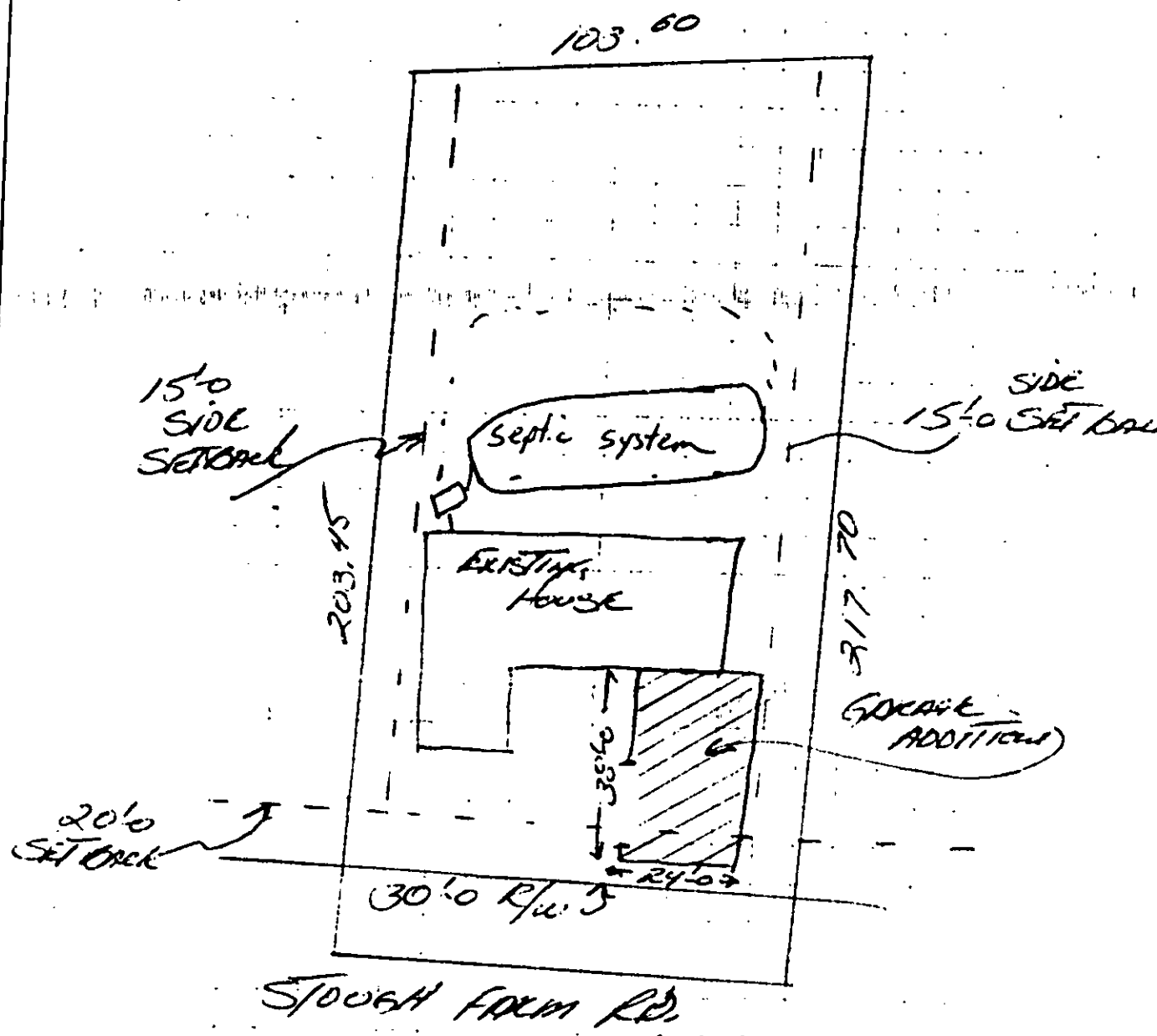
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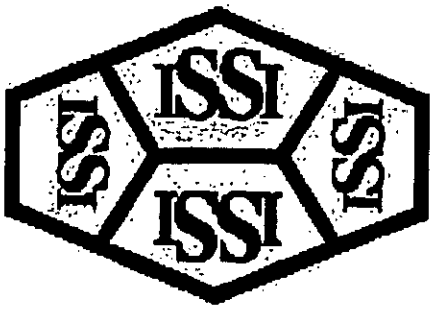
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APPROVAL DATE 7/16 & 7/19/93 apps

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



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ISSI Operations Center Staff

Serial No. 1376

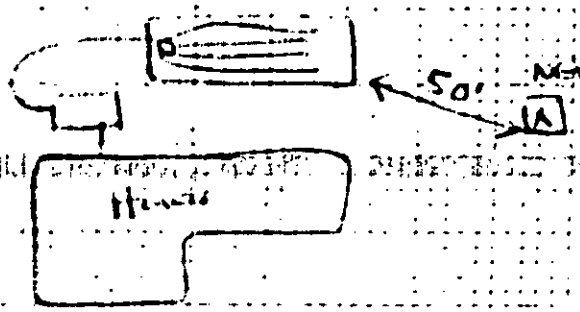
ICAP - Permit #: [illegible]

Map #: [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

Septic Tank System with Subsurface Soil Absorption, Effluent Discharge

Application is hereby made for a septic tank system as supplied and approved on 12-21-92 and subject to the conditions noted in the application and on the attached sheet(s). This permit must be picked up on or before 3-Mar-93, after which date it will be void.



Tank Size: 1500 gal
Trench Length: 620 ft
Trench Width: 5
Trench Depth: 10'
Distance from Property Line: 10'
Distance to Well: 50ft +

S Tuckertown Rd
(LOCATION OF SYSTEM)

NAME OF OWNER: Klice, Richard J.

LOCATION OF PROPERTY: 19755 S Tuckertown Rd

This permit is issued pursuant to the Regulations of the Mecklenburg County Board of Health governing the granting of permits. A certificate of satisfactory completion will be issued by the Department after the system has been covered up and rendered unavailable for inspection. This permit does not guarantee that the system will operate properly, or relieve the owner from the necessity of repairing or replacing such system if it does not operate properly.

Comments: [illegible]

Environmentalist

[illegible] a new system, it must be signed by the [illegible] in order to be valid. Only the signature of the [illegible] being altered or repaired

Department's Copy

Post-it® Fax Note 7671 | Date 7/15/02 | # of pages ▶ 2

To Terry Katon | From Gwen

Co./Dept. | Co.

Phone # 704 386-6704 | Phone # 704 3365103

Fax # 704 387-3624 | Fax # 704 3366894