

5337 QUAIL RIDGE DR

13535732

6/13/08

marliwr

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

pd 100.00
CK # 1685
VIW
7-8-99

AC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] 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 10349

Date: 7-8-99

PERSON FILING APPLICATION:
NAME: RADZICKI (last) THOMAS (first) A. (mi)
ADDRESS: 5337 QUAIL RIDGE DR PHONE: (__) 573-7063
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-357-32
STREET ADDRESS: 5337 Quail Ridge Dr.
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)
Gazebo

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: 5 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):
[X] 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):
[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.

X Signed: T Radzicki Date: 7-8-99

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.

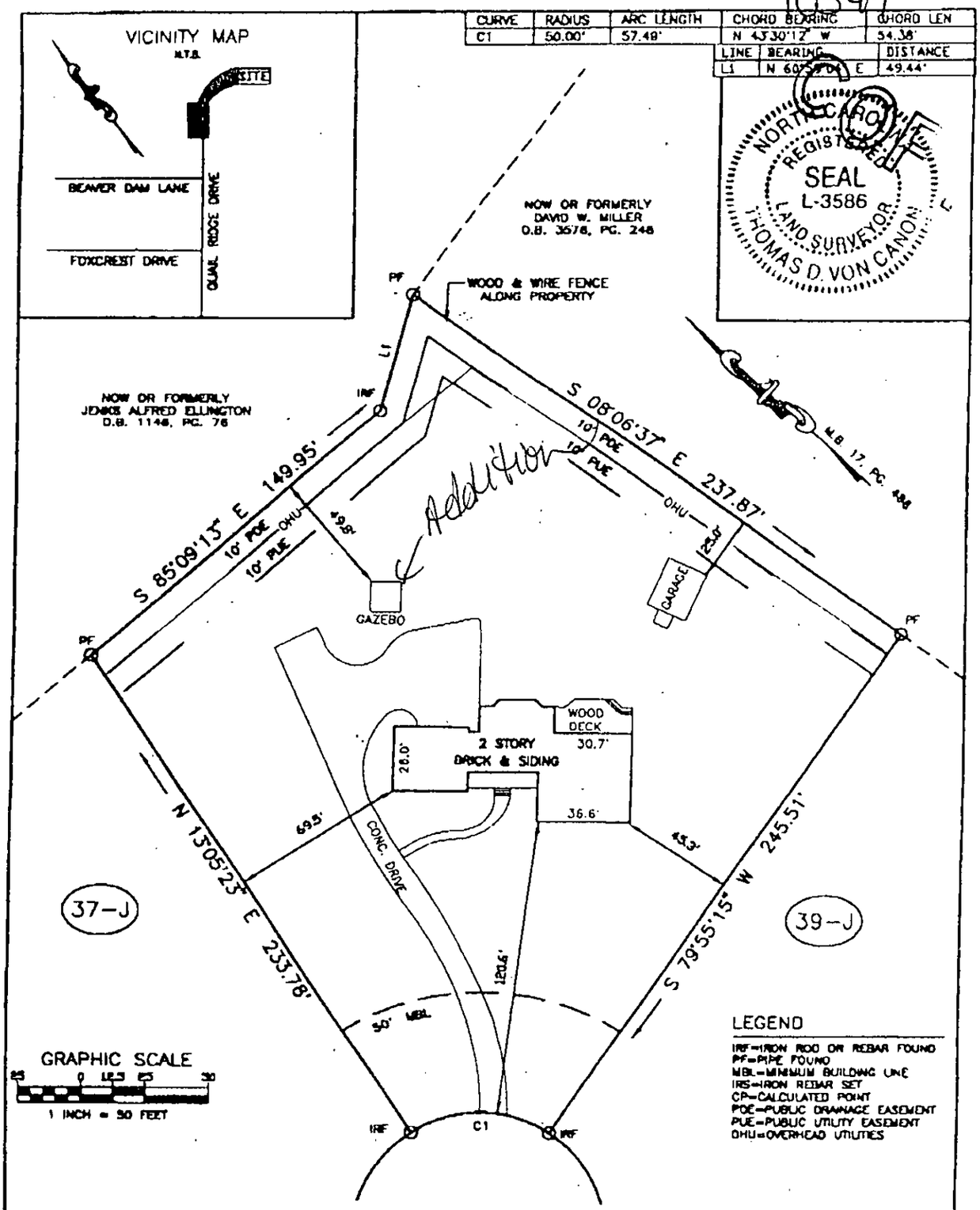
... OK to Use Existing System to Rebuild Gazebo.

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

Joshua R. Sellers R.S. 07-13-99
Environmentalist Date

WATER : 122791

10349



5337 QUAIL RIDGE DRIVE

60' PUBLIC RIGHT OF WAY

FLOOD CERTIFICATION:
1. THIS PROPERTY DOES NOT LIE WITHIN A F.E.M.A. SPECIAL FLOOD HAZARD AREA.

GENERAL NOTES:
1. MEASUREMENTS ON THIS MAP ARE IN FEET AND DECIMALS THEREOF.
2. ALL SET CORNERS ARE 1/2" IRON REBAR UNLESS OTHERWISE NOTED.

REFERENCES:
1. DEED BOOK 3818, PAGE 290, RECORDED IN MECKLENBURG CO., N.C. REGISTER OF DEEDS.
2. PLAT OF FARMWOOD, SECTION #8-A, DATED DECEMBER 22, 1975, RECORDED IN MAP BOOK 17, PAGE 486, MECKLENBURG CO, N.C. REGISTER OF DEEDS.

THIS IS TO CERTIFY THAT ON JULY 31, 1998, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS, IF ANY, ARE SHOWN HEREON. THE AREA OF THIS PROPERTY IS 1.328 ACRES AS CALCULATED BY COORDINATE COMPUTATION METHOD AND THAT THE ERROR OF CLOSURE IS 1:10,000.

SIGNED _____
THOMAS D. VON CANON L-3586

C:\SC13\von\07288BOR : JUL 31 1998

PHYSICAL SURVEY

FOR: THOMAS & JANET RODZICKI

LOT 38-J, FARMWOOD, SECTION #8-A
MINT HILL
MECKLENBURG COUNTY, NORTH CAROLINA

V.C.S.
8238 MOORES CHAPEL ROAD
CHARLOTTE, N.C. 28214
TELE. (704) 393-8040
FAX. (704) 391-0450