

18050 MOLLYPOP LN

00131261

6/23/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Phillip

AS P&C 109 10/26/00 eRecCall [ ] 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 11800

Date: 10/26/00

PERSON FILING APPLICATION:

NAME: Thompson (last) Glen (first) R (mi)

ADDRESS: P.O. Box 2114 PHONE: (704) 634-6482

CITY: Cornelius STATE: N.C. ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001.312.61

STREET ADDRESS: 18050 Mollypop Ln. Cornelius, N.C. 28031

ZONING:

PROPERTY OWNER:

NAME: Harben (last) Doug (first) (mi)

ADDRESS: 18050 Mollypop Ln. PHONE: (704) 892-9855

CITY: Cornelius, N.C. STATE: NC ZIPCODE: 28031

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 69 Sec 2 LOT SIZE (in acres): .84

1978

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)
Heated addition to home

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: 3 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: [signature] Date: 10/26/00

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.

... Approval granted for for a Kitchen & Deck expansion

Use existing system

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

Phyllis L. Walker RS 11/6/00
Environmentalist Date

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): Advance Builders Phone #: Date Requested: 10/26/00 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	

Payment received by: J. Mc Date: 10/26/00 Total: 100

18050 Mollypop Ln!

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

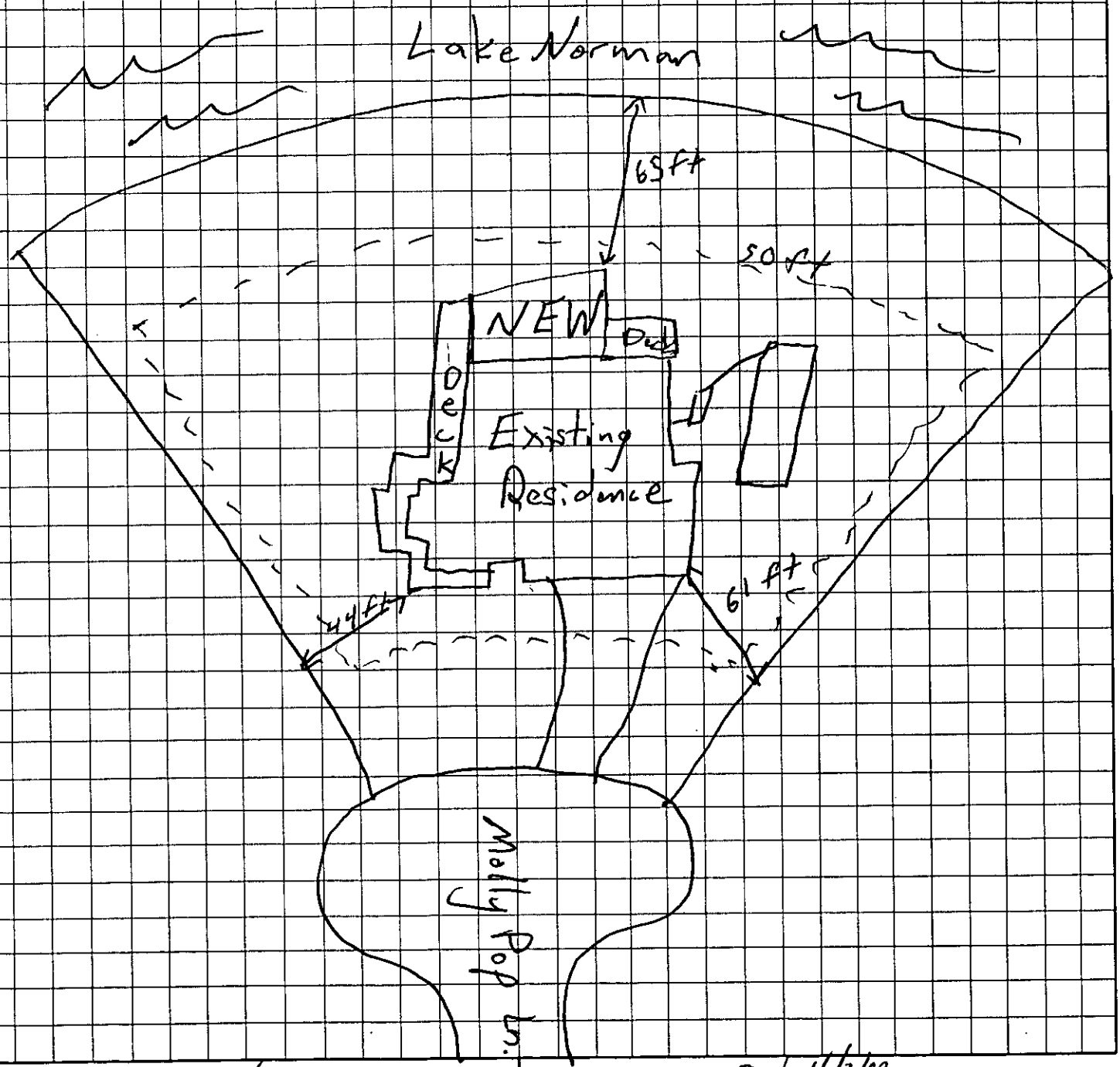
PROPOSED PLOT PLAN

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

FILE: 11800

TC: 001-312-61

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.



OWNER/AGENT SIGNATURE

DATE 10/26/00

APPROVAL DATE Thru 11/3/00

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Date Received Apt No (S) Application No. (W)

T. C. No.

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
APPLICATION FOR ~~WELL~~ WATER SUPPLY PERMIT

NAME OF OWNER PUCELLA (LAST) PETER (FIRST) ANTHONY (MIDDLE)

ADDRESS OF OWNER 5115 NATHANAEL GREENE LN ZIP 28212

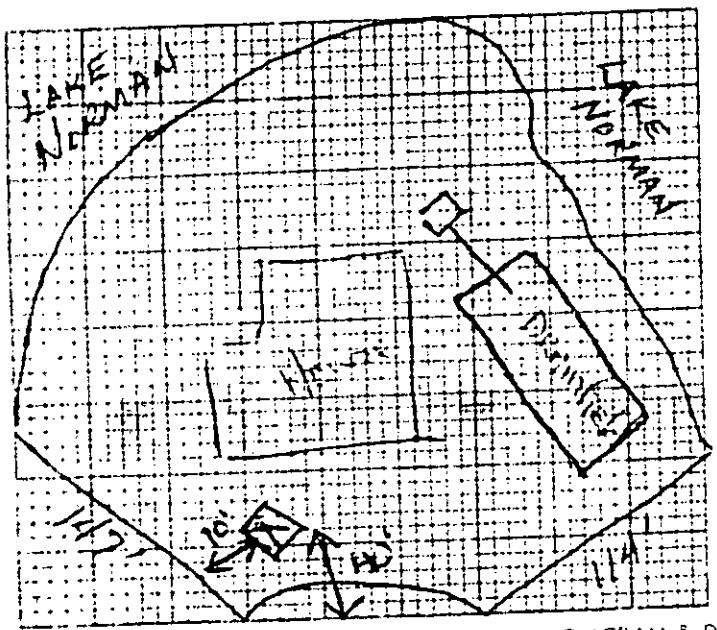
PHONE NO Home 537-2775 Office 525-1110

LOCATION OF PROPERTY SECTION 2 LOT 69 / 18050 MCALPINE
(STREET OR COUNTY ROAD)

WELL CONTRACTOR ____ LICENSE NO ____

Application is hereby made to the Mecklenburg County Department of Environmental Health for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, semi public, or public water supply.

TUNE 26, 1980 PETER A PUCELLA
DATE OF APPLICATION OWNER



ACCURATELY DIAGRAM & DIMENSION LOT

Remark

Application approved and permit hereby granted

Permit No.

ENVIRONMENTALIST

Environmental Health Department's Copy

Serial No. [illegible]

ICAR:SI Permit No. 11866

T C No. CC [illegible]

Date Issued 21 Mar 77

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 [illegible] water treatment system with subsurface, soil absorption, effluent discharge [illegible] scribed location. This permit is granted based upon the information supplied [illegible] dated ✓ and this permit shall be void and at no effect if the information [illegible] plication is not true or is erroneous. All work shall be completed on or before 21 Mar 77 [illegible] date this permit shall be null and void.

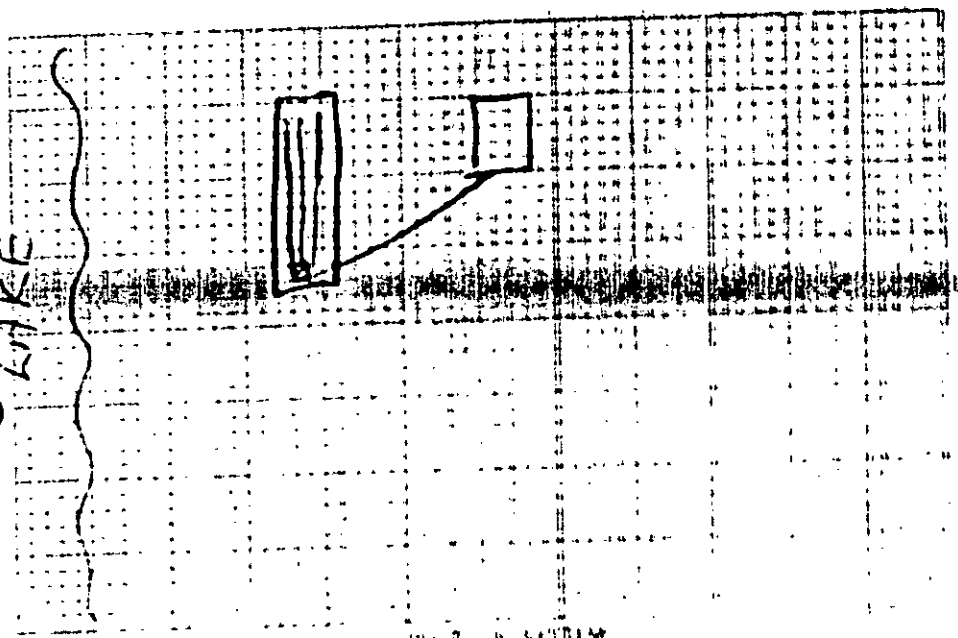
11866

Planned Use of Units ✓

Type 1500 Gal Precast Conc

Tank Capacity 1500 gal

Lake



Reelin, P H.

Neely Pl

LOCATION OF PROPERTY [illegible]

Comments:

R M Reynolds

[illegible]

[illegible] of this permit is [illegible] installation or [illegible] system. [illegible] section head of the Department of Environmental Health or [illegible] vironmental is required where an existing system is being altered or repaired.

[illegible]

C of A 1st No 11800

Serial No. 0593

T C No 001-221-11

Date Issued 25 Mar 77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Rucella, P.A. (LAST) (FIRST)

Location of Property Molly Pop Lane

Application Number 11800

Permit Number 11800

Inspection Data:

Liquid Capacity of Tank 1500gal

Total Length of Drain Tile 750ft

Depth of Filter Material 34"

Water Supply Source well

Excavation Inspected 25 Mar 77 (DATE)

Nitrification Field Inspected 25 Mar 77 (DATE)

Washing Machine Line Inspected, If Applicable ____ (DATE)

Tank Material Precast Concrete

Number of Lines 6

Cover Depth 24" on low side

Distance from Water Source 70

Tank Inspected 25 Mar 77 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed / 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 [illegible] and the undersigned does hereby release and forever discharge Mecklenburg County from any and all claims, demands, actions, causes of action, damages, costs, expenses, and compensation of any nature whatsoever, which the undersigned now has or may hereafter acquire against Mecklenburg County on account of or in any way growing out of the issuance of this Certificate of Approval or the operation of the system for which this Certificate of Approval is issued. If any provision of this Certificate of Approval is held to be invalid, such invalidity shall not affect the other provisions of this Certificate of Approval which can be given effect without the invalid provision, and to this end the provisions of this Certificate of Approval are declared to be severable. This Certificate of Approval shall be null and void if any information contained in the application for this permit is found to be false in any respect. Any change to the property which would increase the requirements for said system

Comments ____

A M Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy