

16325 CAPPS RD

21724123

6/6/08

marliwr

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

9688

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

PERSON FILING APPLICATION:
NAME: Cox (last) Douglas (first) L (mi)
ADDRESS: 16325 Capps Rd PHONE: (704) 588-1582
CITY: Charlotte STATE: N.C ZIPCODE: 28278

Date:

PROPERTY OWNER:
NAME: Cox (last) Douglas (first) L (mi)
ADDRESS: 16325 Capps Rd PHONE: 704, 588-1582
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-021-29
STREET ADDRESS: 16325 Capps Rd
ZONING:

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):
[redacted]
[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[redacted] Replace old structure
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Hobby Shop/Storage
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [X] 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: Douglas L Cox Date: 9-5-96

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.

[] 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

Jane Heggie Burney, RS 9-16-96
Environmentalist Date

S Bateman for S Daniel Program Chief 9-24-96
Director or Authorized Section Head Date

WATER : 12279

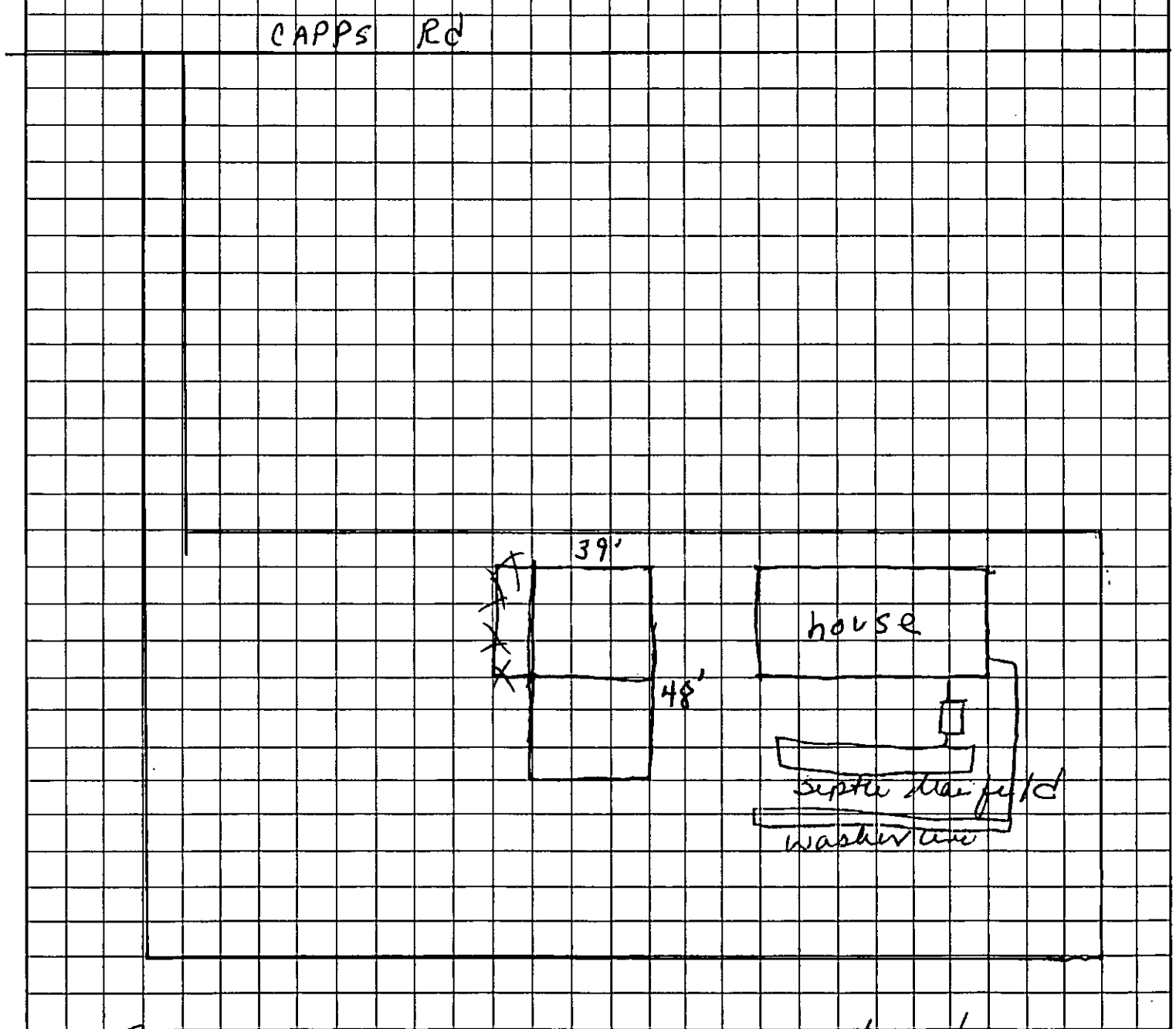
PROPOSED PLOT PLAN

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

FILE: 9688

TC: 217-02-29

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 Douglas L Cox

DATE 9-5-96

APPROVAL DATE 9/16/96

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

Serial No. [illegible]

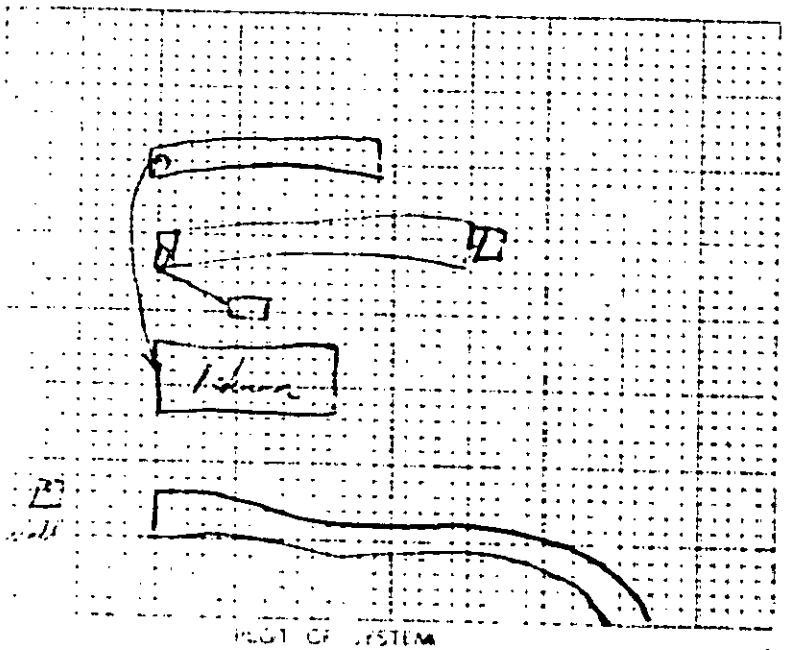
ICAR-SI Permit No. [illegible]

T C No [illegible]

Map Date [illegible]

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

is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank waste [illegible] system with subsurface, soil absorption, effluent discharge as specified herein at the de[illegible]n. This permit is granted based upon the information supplied in application [illegible] and this permit shall be void and of no effect if the information provided in the ap[illegible] not true or is erroneous. All work shall be completed on or before ___ after which [illegible] shall be null and void.



PLOT OF SYSTEM

Permit Issued, Type

Legal Description of Lot [illegible]

Tank Size and Construction [illegible]

Absorption Area or Number of Lines [illegible]

Trench or Bed Length [illegible]

Number of Lines [illegible]

Bottom Area per Square Foot [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

[illegible]

[illegible] Department [illegible] in the Regulations of the Mecklen[illegible] [illegible] effect at the date of the granting of this permit. A certificate of ap[illegible] [illegible] Environmental Health Department before the system is covered up or otherwise [illegible]

Environmentalist

[illegible] the installation or construction of a new system, it must be signed by the division or a [illegible] partment of Environmental Health in order to be valid. Only the signature of the En[illegible] required where an existing system is being altered or repaired.

[illegible] Health Department's Copy