

9313 ITHACA LN

01729206

5/19/08

marliwr

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

LM 1020

~~36808~~ [redacted] INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 8/9/95 DX Initial

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: Craig (last) Lonnie (first) Ray (mi)
ADDRESS: 12204 Mascot L PHONE: (704) 875-8892
CITY: Huntersville STATE: N.C ZIPCODE: 28078

PROPERTY OWNER:
NAME: Craig (last) Lonnie (first) Ray (mi)
ADDRESS: 9313 Ithaca LN. PHONE: (704) 875-8892
CITY: Huntersville STATE: N.C ZIPCODE: 28075

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-292-06
STREET ADDRESS: 9313 Ithaca LN.
Huntersville N.C 28075
ZONING: For Double W.d L

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: Wild Wood Green

LOT NUMBER: 270 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ 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 N)
☐ 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) ☐ 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)
☐ 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: Lonnie R Craig Date: 8-9-95

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.

...Use existing system for 3 bedroom single-wide mobile home. (See approved plot plan)

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

Lisa B. Mialik 10/23/95
Environmentalist Date

[signature] 10-24-95
Director or Authorized Section Head Date

WATER : 2270

LM 1020

36808 JBM

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50' CP 8/9/95 PX ☐ 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:

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NAME: Craig (last) Lonnie (first) Ray (mi)
ADDRESS: 12204 Mascot L PHONE: (704) 892-4841 875-8892
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STREET ADDRESS: 9313 Ithaca LN. Huntersville N.C 28078
ZONING: For Double Wide

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☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
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Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
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☒ Community (C) ☐ Shared Well (S)
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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

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Signed: Lonnie R Craig Date: 8-9-95

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☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...8/11 PC from Mr. Craig. To stake n.h. site this weekend.
Replacing 3 bedroom SW w/ 3 bedroom DW.
9/14 OSV. Exist. n.h. over S.T.?
Drainline atleast adj. to proposed site.

Michelle Taylor
10/12/95 Rec pc from Lonnie Craig's fiancee - n.h. moved off. Sch appt for 10:30 10/16.
Environmentalist Date
10/12/95 pm OSV. Unable to locate ST.
Director or Authorized Section Head Date
10/12/95 PC w/ Ms Taylor - advised to have ST located/uncovered prior to pumping ST

WATER .22 91

8/16 PC w/ Mr Craig. Advised - Need old n.h. off to locate tank; double wide may not be possible.
8/15 Fax copy of install. approval 5/9/72
8/15 PC w/ John Edds - zoning - Zoned RMX - 20' from St. R-of-way (60') ⇒ 30' from centerline ; 30' to rear ; 6' on one side ; 9' other side (n.h. setbacks)
X 3528

OVER →

8/13/95 m mess from Mr Craig
PC w/Mr Craig - cannot find 12x? Singlewide m.h. -
now make 14' width - advised O.K. JSR
To remove Exist. m.h. to locate tank before approval.
can be given

8/22/95 PC w/Rita COX re accent m.h. - advised ST appears
to be under Exist. m.h. need m.h. moved off.

~~10/12/95~~

10/13/95 PC w/Connie Craig Sched appt for 12:00 10/16
10/14/95 OSV. Lonnie Craig + friends present. Located ST.
Discussed requirements
10/17/95 PC w/J. Kiser
10/17/95 PC to Mr Craig. NC. OSV scheduled for 10/18 w/J. Kiser. JSR
10/18/95 OSV w/ Judy Kiser. Michelle Taylor present. O.K. for S.W.
10/20/95 PC w/Mr Craig. Advised to stake S.W. & contact me
for appt. (for approval of OSV)
10/23/95 OSV. Lonnie Craig present. S.W. staked. Approved plot
plan prepared. JSR

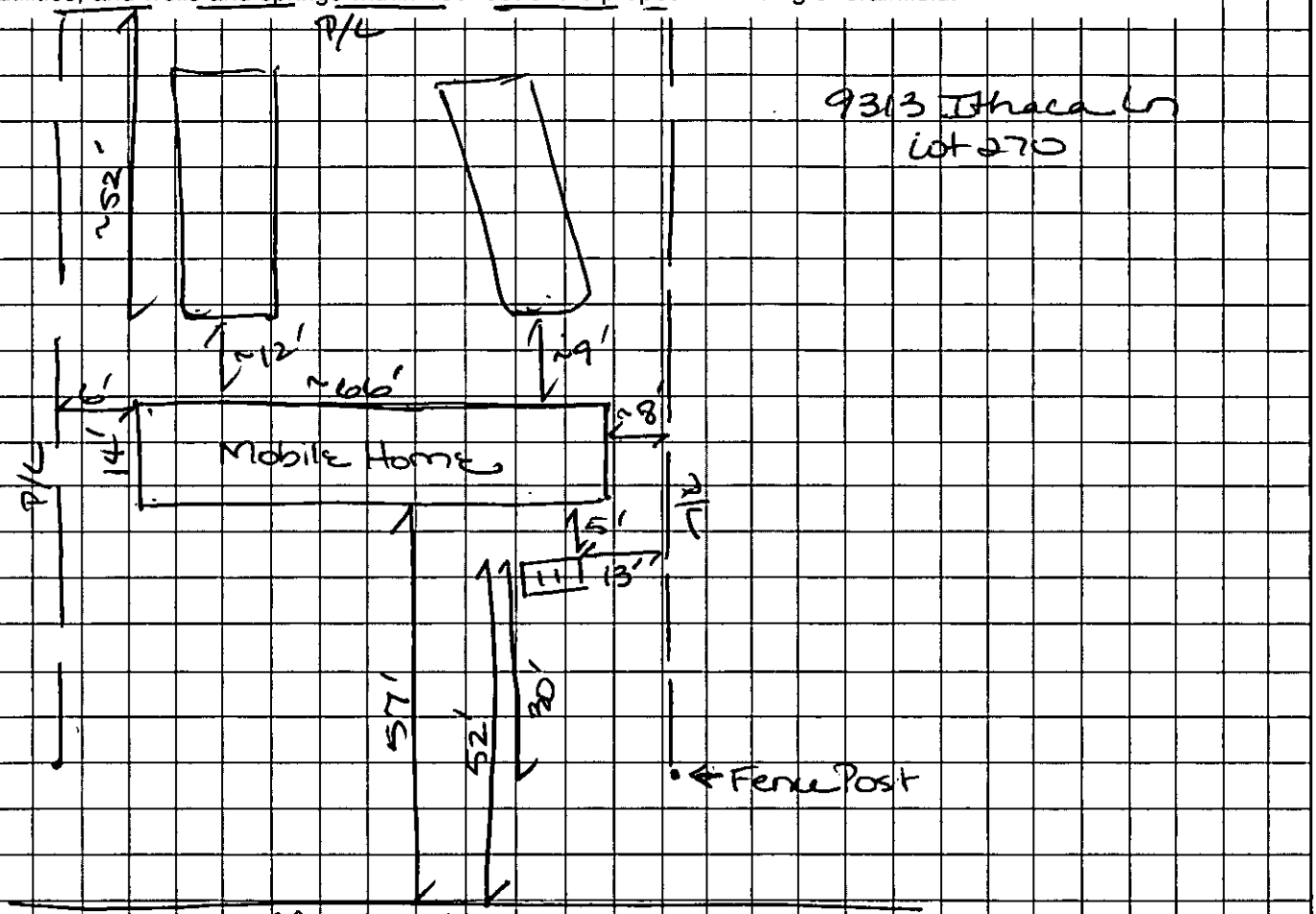
PROPOSED PLOT PLAN

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

FILE: ~~368013~~ / 1020

TC: 017-292-06

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.



* Do not drive or park over septic tank or drainfield.

See records on file for septic system

Lonnie Craig
OWNER/AGENT SIGNATURE
DATE 10/23/95

APPROVAL DATE 10/23/95 Jhoe B. Mialik

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

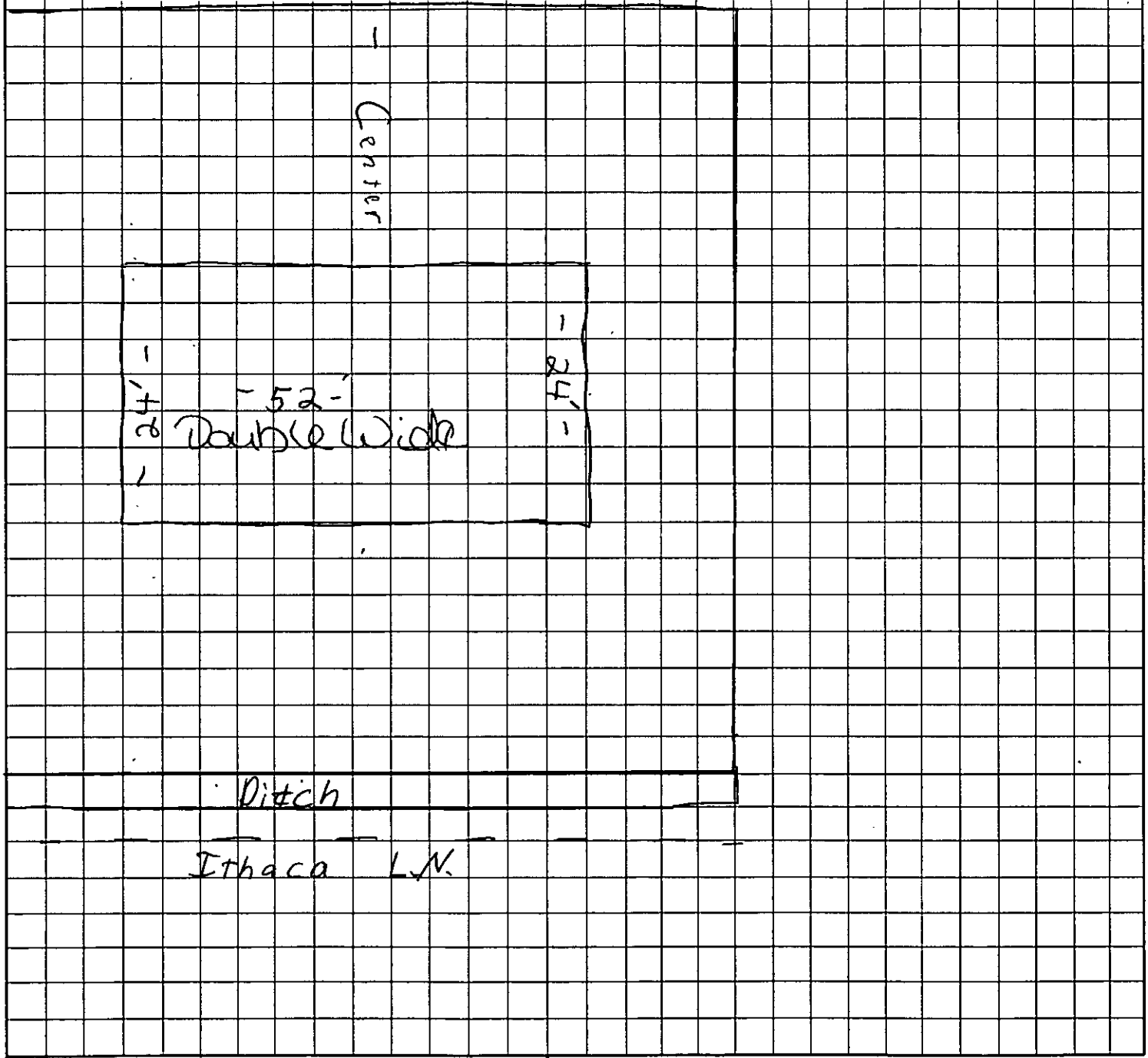
PROPOSED PLOT PLAN

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

FILE: ~~368088~~/1020

TC: 017-282-06

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.



Lonnie R Cain
OWNER/AGENT SIGNATURE

DATE 9-9-95

APPROVAL DATE _____

Disapproved jpr

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

LA No. 1020

Serial No. 3538

T. C. No. 017-292-06

Date Issued Sept. 19, 1979

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Cammer, (LAST) Theodore (FIRST) Leroy (MIDDLE)

ADDRESS OF OWNER 4415 #3, Oak Drive, Charlotte ZIP _____

LOCATION OF LOT Ithica Lane (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood Green Mobile Homes LOT NO #270 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 1020. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

******MAY USE EXISTING SYSTEM*****MOBILE HOME***USE EXISTING SYSTEM***

Michael A. Sexton
Environmentalist

John R. Adkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

MOBILE HOME

Environmental Health Department's Copy

Date Received 9/18/79

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 1020

T. C. No. C17-273-C1

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to: 1) ~~Install or Construct~~ use existing system 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home Yes ___ No
Residence Yes ___ No
4) No. of Bedrooms 3
5) Business Use — Max. ___
Employees ___
6) Washing Machine Yes ___ No
7) Garbage Disposal Yes ___ No
8) Dishwasher Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System
1. Well source ___
2. Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER CAMMER (LAST) THEODORE (FIRST) LEROY (MIDDLE)

14) ADDRESS OF OWNER 4415 #3 OAK DR.

15) PHONE NO. Home 537-9702 Office ___

16) LOCATION OF SYSTEM #270 ITHICA LANE (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Green Lot No. 270 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN ___

20) FTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

DATE OF APPLICATION ___

OWNER Theodore Leroy Cammer

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 28 Jun 72 Serial No. 2193 C of A (s) No. 1020

T. C. No. 017-292-06

Map Date 2 Oct 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Investment Land Sales (LAST, FIRST, MIDDLE)

Location of Property Wildwood Shores MHP (Lot 270)

Application Number 1020 Permit Number 1020

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 825' Number of Lines 4+4 3 (10'x52x34")

Depth of Filter Material 34" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 28 Jun 72 (DATE) Tank Inspected 28 Jun 72 (DATE)

Nitrification Field Inspected 28 Jun 72 (DATE)

Washing Machine Line Inspected, If Applicable — (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 Board of Health 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: James Stewart (Cont-)

M. L. Sisk
Environmentalist

FORM NO. E-6-4-1-73

Serial No. 2404

Date Issued 9 Jun 72

ICAR(S) Permit No. 1020

T. C. No. 017-292-06

Map Date 2 Oct 70

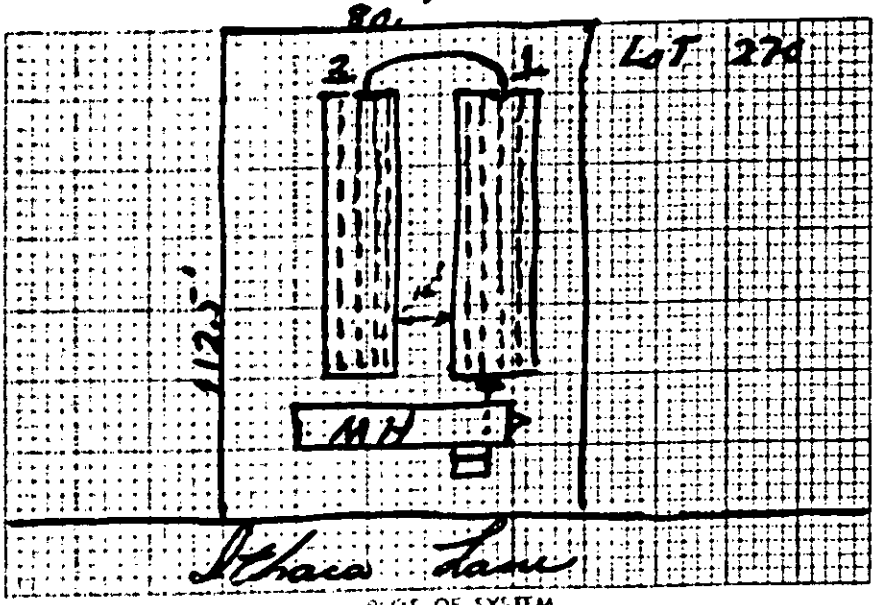
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ✓ Install or Construct, ____ Alter or Repair the individual septic tank waste-water 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 1020 dated 8 Jun 71 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 15 July 72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 71

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 825' → 10/04/95

Number of Lines 4+4 (10'x52'x30")

Distance from House 10'

Distance from Property Line 10'

Distance from Well Community

NAME OF OWNER Investment Land Sales

LOCATION OF PROPERTY Hillwood [redacted] MHP [redacted] (Lot 270)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered unrespectable or can be used

Comments: Jason Stewart (Contr.)

Note: The No. 2 drain field will be separated by 10' and stepped down

Division or Section Head

M. A. Eudy
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-8-71

ICAR(S) Application No. 1020

T. C. No.

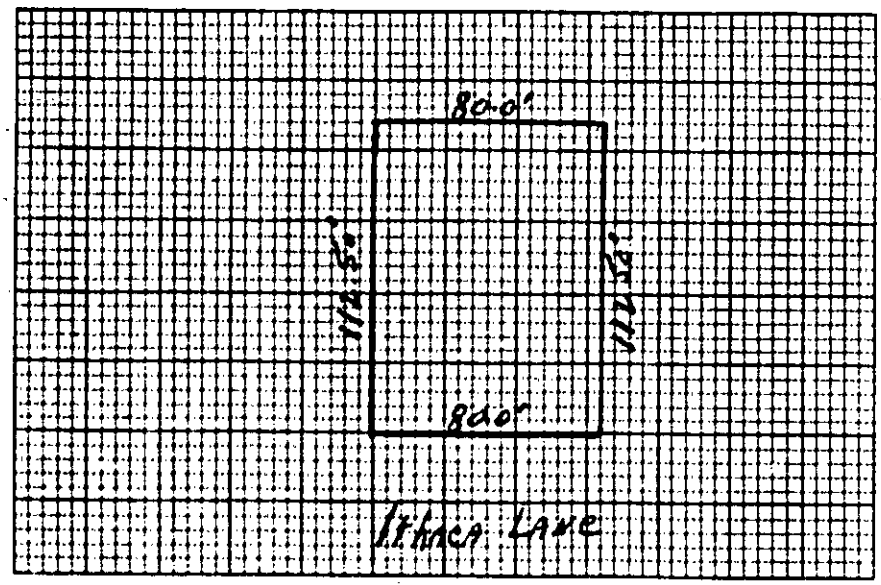
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ✓ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No Employees

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply:
   A) Individual Well ___
   B) Governmental System ___
   C) Community System:
      1. Well source ✓
      2. Governmental source ___

10) Sewage System:
   House located within 200 feet of public sewer ___ Yes ✓ No
   House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Hambright-McCoy, Inc.
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 1710 E. Independence Blvd., Charlotte, N. C. 28205

15) PHONE NO. Home ___ Office 333-5492

16) LOCATION OF SYSTEM Lot 270, Ithaca Lane
(STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Green Lot No. 270 Block No. -

Map Book No. 15 Page No. 55

18) DEED REFERENCE — DEED BOOK 2851 AT PAGE 334

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 1970

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

January 6, 1971
DATE OF APPLICATION

Hambright-McCoy, Inc.
Julian Snipes
OWNER Ass't. Secretary

FORM NO. E-4-7-1-70 HEALTH DEPARTMENT'S COPY

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Connie Craig TELECOPIER # 892-5231

FROM: Lisa Mialik DATE 8/15/95

Meck. County Health Dept.

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[✓] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Serial No. 2404

ICAR(S) Permit No. 1020

Date Issued 9 Jan 72

T. C. No. 017-292-06

Map Date 2 Oct 70

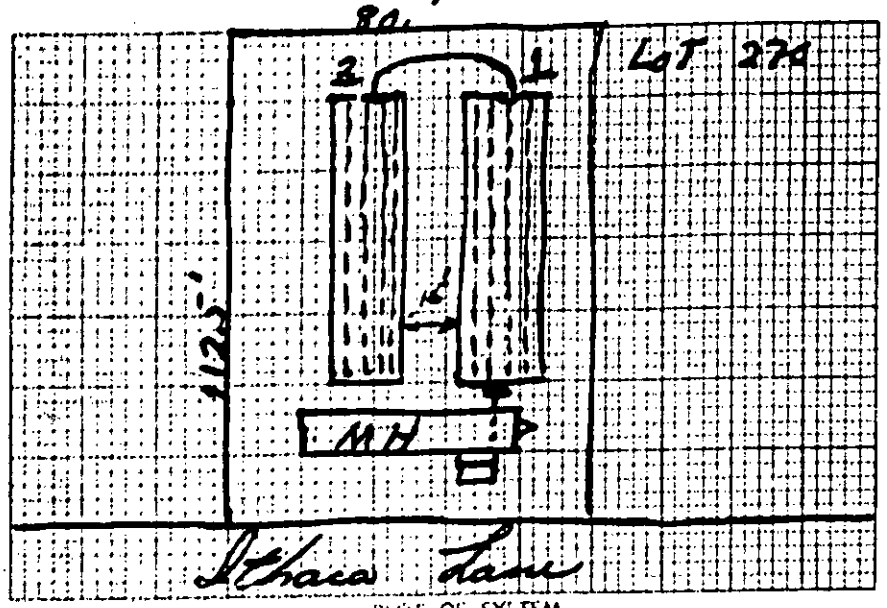
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 1020, dated 8 Jan 71 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 15 July 72, after which date this permit shall be null and void.



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Percolation Rate 71

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

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Number of Lines 4+4 (10'x52'x3

Distance from House 10'

Distance from Property Line 10'

Distance from Well Community

NAME OF OWNER Investment Land Sales

LOCATION OF PROPERTY Hillwood Town MHP (Lot 270)

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Comments: Jason Stewart (Contr)

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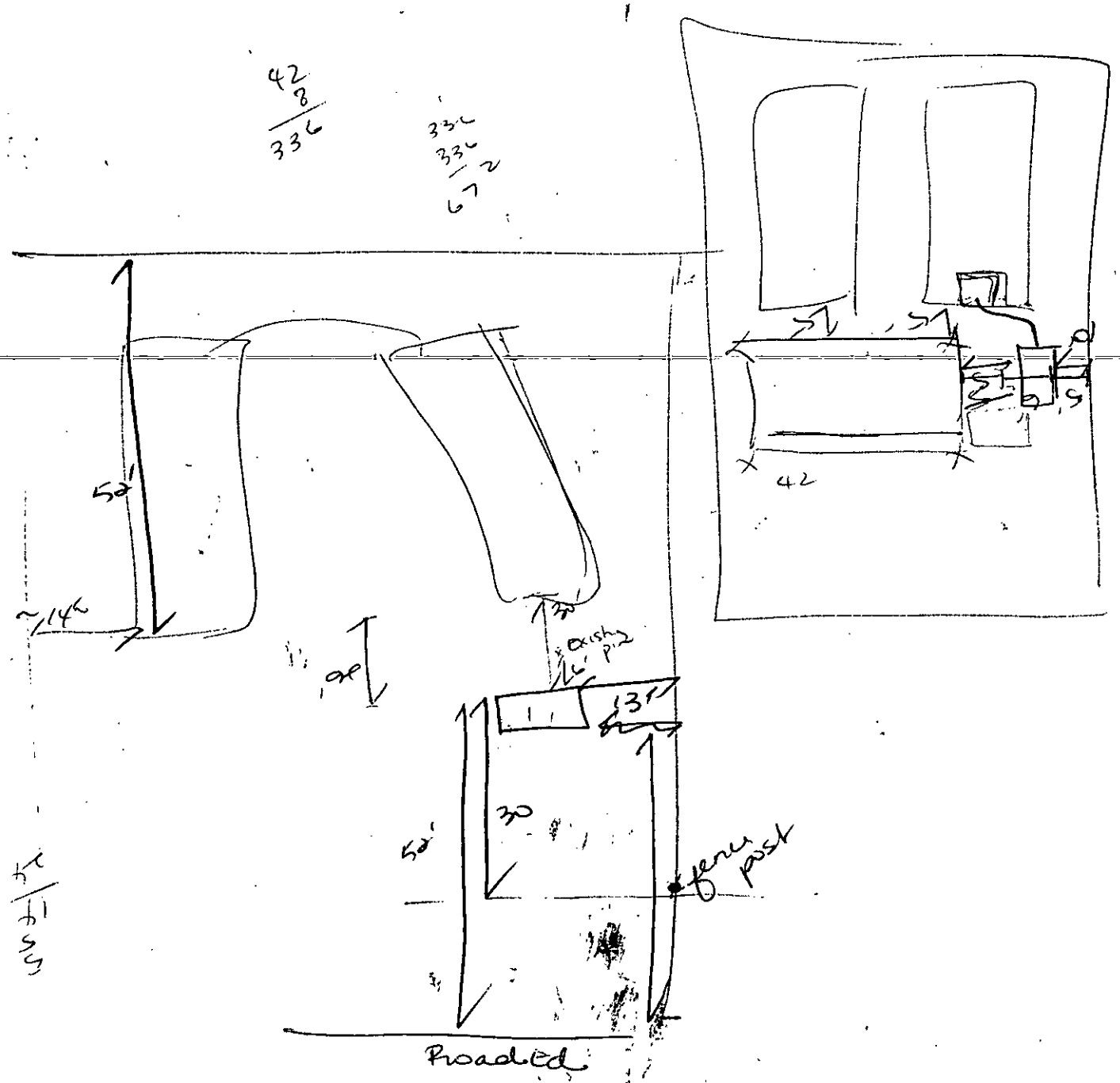
_____ Division or Section Head

M. A. Beaty Environmentalist

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FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY


42
8
336
336
336
672
52'
~14'
30'
existing p.2
13'
30
50'
fence post
Proadied
42