

16409 COTTAGE GROVE LANE
001-382-26

5/30/2007

duponbj

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

4400

5127A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 ck 8220 2/22/94 D.T. ~~CASH~~

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: LAXTON JR (last) FRANK (first) C (mi)

ADDRESS: 16409 COTTAGE GROVE LANE PHONE: (__) 7046647113

CITY: MOORESVILLE STATE: NC ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-382-26

STREET ADDRESS: 16409 Cottage Grove Lane

ZONING:

PROPERTY OWNER:

NAME: SAME AS ABOVE (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Study Rec Room
[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

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 Rec Room

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: 2.24.94

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
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phila S. Walker R.S. 2/25/94
Environmentalist Date

P. Walker R.S. for S. Daniel 2/25/94
Director or Authorized Section Head Date

WWATER : 122791

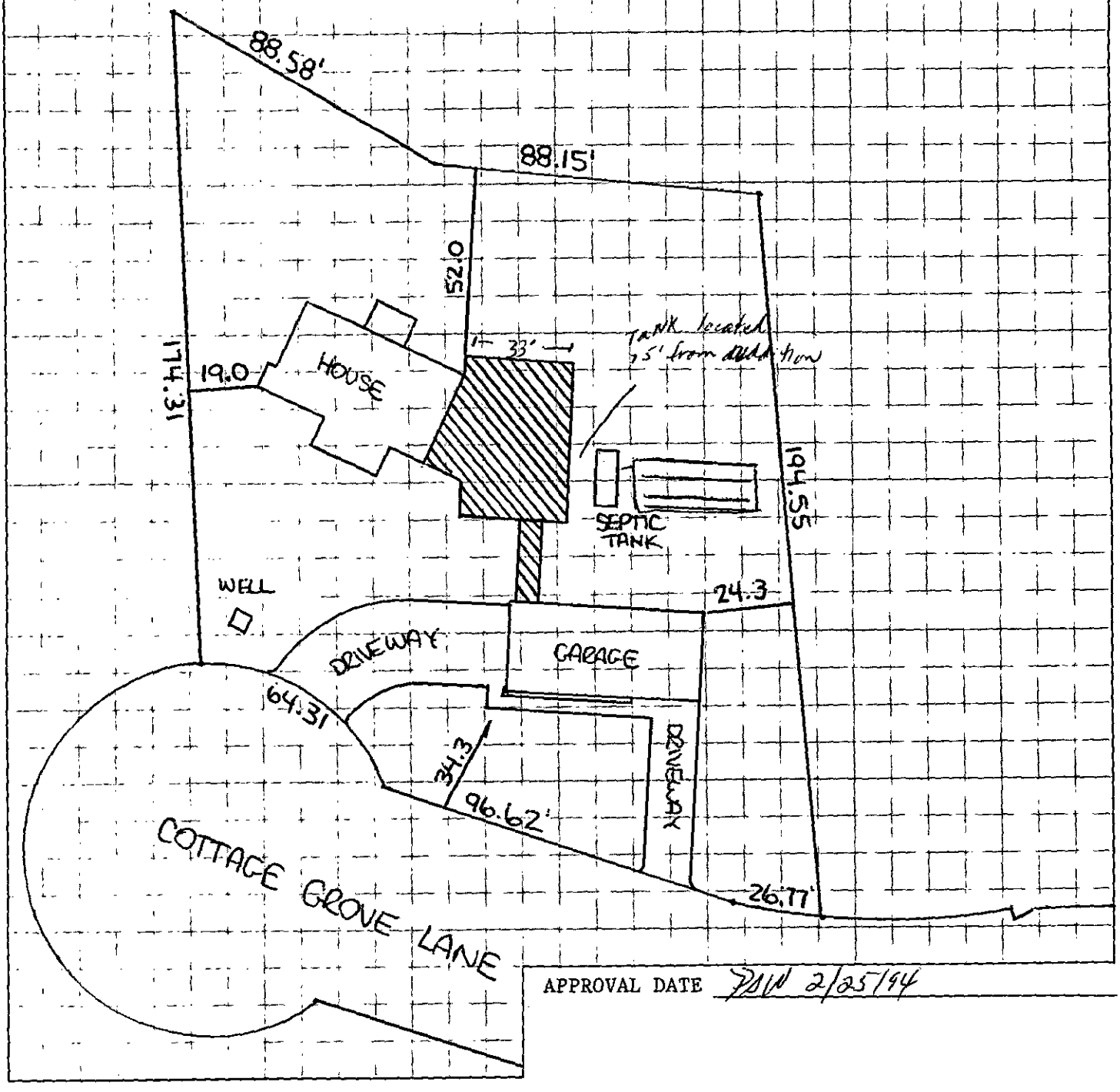
PROPOSED PLOT PLAN

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

FILE: 5127A

TC: 001-382-26

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 DAN 2/25/94

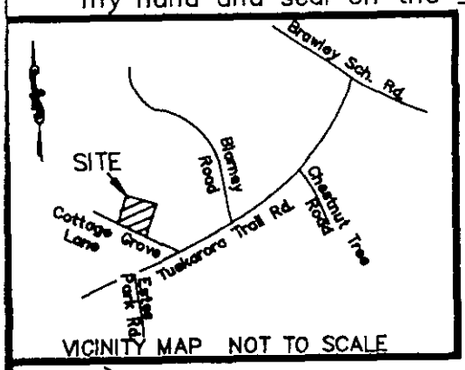
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DAS DON ALLEN SURVEYORS, INC.
Rt 7 BOX 293 • MOORESVILLE, N.C. 28115 • (704) 664-7029

I, Donald Ray Allen, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 5542, page 360, and/or plat book 17, page 623, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 8, day of JANUARY, A.D. 19 92.

Donald Ray Allen L-1131

SEAL L-1131 REGISTERED LAND SURVEYOR



Lake Norman

Existing #4 Rebar

761 Contour Per Actual Field Survey

S29°23'24"E 81.58'

760 Contour Per Actual Field Survey

S53°18'00"E 88.15'

Existing #4 Rebar

Dated: Dec. 1975 Plat Bk: 17 Pg: 623

Lot 210
Stephen H. Burleyson
5992/279

N28°15'59"E 174.31'

39.6'

17.4' 12.1'

19.4'

47.3'
1 Story Frame
Comp. Roof
FF. Elev. 775.62

Wood Deck

19.0' 7.7' 2.6' 20.2'

12.2' 8.0' 19.0' 10.7' 28.3'

Wood Deck

Lot 209
0.66 Ac.

(Base Bearing) S25°51'00"W

Lot 208
Ronald C. Gaddy
3954/200

9.5' 7.2'

13.0' Metal Bldg. 24.8'

52.0'

Frame Bldg. Tin Roof 24.1'

194.55'

Power Line

Well House 5' 5'

59.6'

Existing Iron pin

L=64.31'
R=50.00'

Gravel Drive

34.3'

Existing Iron pin

96.62'
N41°11'00"W

Chord: S47°02'11"E 26.72'
L=26.77'
R=131.23'

Existing Iron pin

R/W

S77°38'07"E 369.05'

Existing Iron Pin
N 646,487.99
E 1,421,596.54

S43°25'08"E 118.73'

COTTAGE GROVE LN.

TUSKARORA TRAIL RD.

P/K Nail Set

R/W

NOTES:
1) This property may be subject to any easements and/or Rights-of-way of record.
2) Area computed by the coordinate method.
3) 760 & 761 Contour based on Lake Norman lake level at Cowan's Ford Dam. "Reading on Jan. 7, 1992 Elev: 757.00"
4) Grid coordinates based on information from Plat Bk: 17 Page: 623, Dated Dec. 22, 1975

PHYSICAL SURVEY

OF

LOT 209 SECTION 6 CRESCENT LAND & TIMBER CORP.

SCALE 1" = 40' LEMLEY TWSP., MECKLENBURG CO., N.C. FILE: PHY\LAXTON

ACQUIRED BY: FRANK C. LAXTON, JR. & LINDA L. LAXTON TAX MAP NO: 001-382-26

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 5127A
TC: 001-382.26
SERIAL: № 17127
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 16409 COTTAGE GROVE LANE (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: 209 ⑦ ~~BLOCK~~ SECTION: 6

OWNER

⑧ NAME: FRANK & LINDA LAMARCHE CHARLES LAXTON (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: RT 6 BOX 609-T
⑩ CITY: MOORESVILLE ⑪ STATE: NC ⑫ ZIP: 28115
⑬ PHONE: (WORK) ⑭ (HOME) 664-7113

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) ADDING BEDROOM BATHROOM & GARAGE

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, *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:
Date: 10·21·88

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

THIS IS TO CERTIFY THAT THE ACTUAL SURVEY MADE ON THE GROUND OF PROPERTY SHOWN ON THIS PLAT AND THE POSITION OF THE BUILDINGS THEREON AS SHOWN HEREON. Dec. 19 85 I SURVEYED THE PROPERTY AND THE WALLS OF THE BUILDINGS IF ANY ARE

SIGNED _____ REGISTERED SURVEYOR

NORTH CAROLINA SEAL L-1131 LAND SURVEYOR DONALD RAY ALLEN

LAKE NORMAN

700 Contour

S 29-14 E 97.7

S 22-19 E 88.15

LOT 209
0.66 ACRES.

BATH
BED Room
CLOSET
GARAGE

N 29-14 W

S 22-19 E

Curve Data: R=1550

S 31-11 E

N 22-19 W 155.55

N 26-32 W R=131.23

COTTAGE GROVE LANE (Stone Rd)

Physical Survey

Lot 209, Section 6, Class A Level Terrain

SCALE 1" = 30' Lemly Twp., Mecklenburg County, N.C.

THE PROPERTY OF Jones, Deborah Tower

MAP RECORDED IN BOOK 17 AT PAGE 121 DEED RECORDED IN BOOK P 91