

2600 CONNEMARA DR

21513216

5/30/08

marliwr

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

January 12, 1994

Ms. Carolyn M. Peniston
2600 Connemara Drive
Matthews, NC 28105

Dear Ms. Peniston:

This is in reference to the inspection I made of your septic tank system on December 29, 1993 for the addition of a storage building. During my inspection, I became aware that your lot has severe limitations to any additional repair space in case your septic system or washer line should malfunction. The only available area that would be available to repair your septic system was a small area adjacent to the upper fence line and the proposed location of your building. At that time, adjustments will need to be made in order to facilitate this lot and address the possibility of moving the building for enough area depending on the size of the repair that would be necessary.

I wanted to bring this situation to your attention for future reference. If I can be of any further assistance, please feel to contact me at 336-5572.

Sincerely,

Toni H. Newell, R.S.

Toni H. Newell, R.S.
Individual Wastewater and Wells Section

/tn

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

12/21/93 Cash $50.00

[] CRT

M396

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

PERSON FILING APPLICATION:

NAME: Peniston, Carolyn M.
(last) (first) (mi)

ADDRESS: 2600 Connemara Dr. PHONE: (704) 847-0584

CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 12-21-93

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-132-16

STREET ADDRESS: 2600 Connemara Dr. Matthews, NC 28105

ZONING: R15CD

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 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 M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Building
[] 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: 1

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 [X] 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: Carolyn M. Peniston Date: 12-21-93

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.

...

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WWATER : 122791

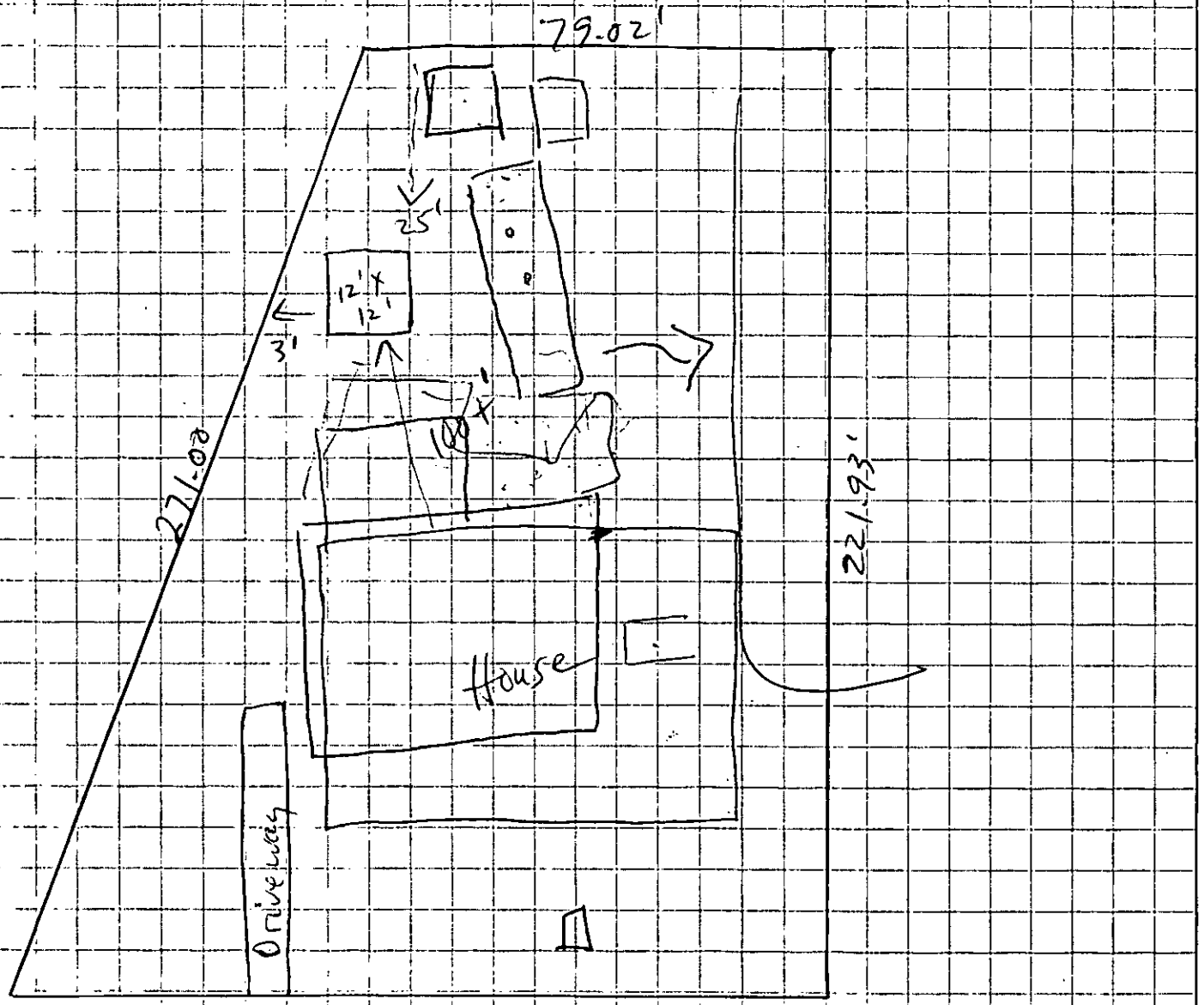
PROPOSED PLOT PLAN

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

FILE: 7376

TC: _____

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 _____

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

D400

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APPLICATION FOR SERVICES

7376 cash #50.00 CRT

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c/o Hal Marshall Ctr., Suite 211
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ADDRESS: 2600 Conemara Dr. PHONE: (704) 847-0584
CITY: Matthews STATE: NC ZIPCODE: 28105

Date: 12-21-93

PROPERTY OWNER:
NAME: Same Register of Deeds 336-2443 (last) (first) (mi)
ADDRESS: _____ PHONE: (__) ____-4241
CITY: STATE: ZIPCODE:

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

...Addition for storage

Tom A Newell, RS 12-31-93
Environmentalist Date

Well-built above ground. Will send letter to verify the limitations to repair to property owner.

_____
Director or Authorized Section Head Date

and this building will have to possibly to be moved at a later date for repair!

WATER : 122791

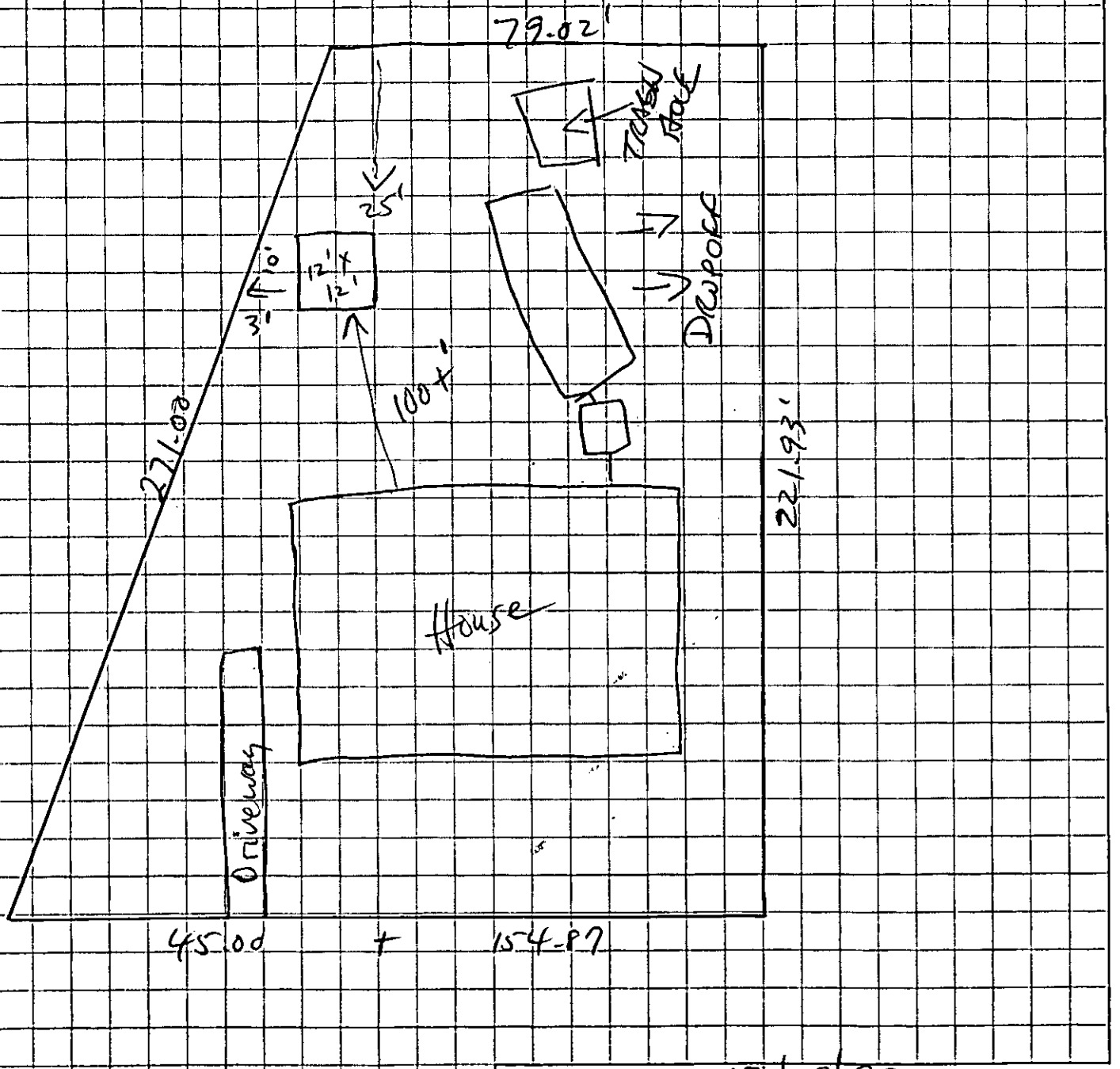
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PHONE (704) 336-5102

FILE: 7376

TC: _____

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APPROVAL DATE 12/29/93

FOR AN ABOVE GROUND STORAGE BLDG. NO FOUNDATION. JNewell

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

PROPOSED PLOT PLAN

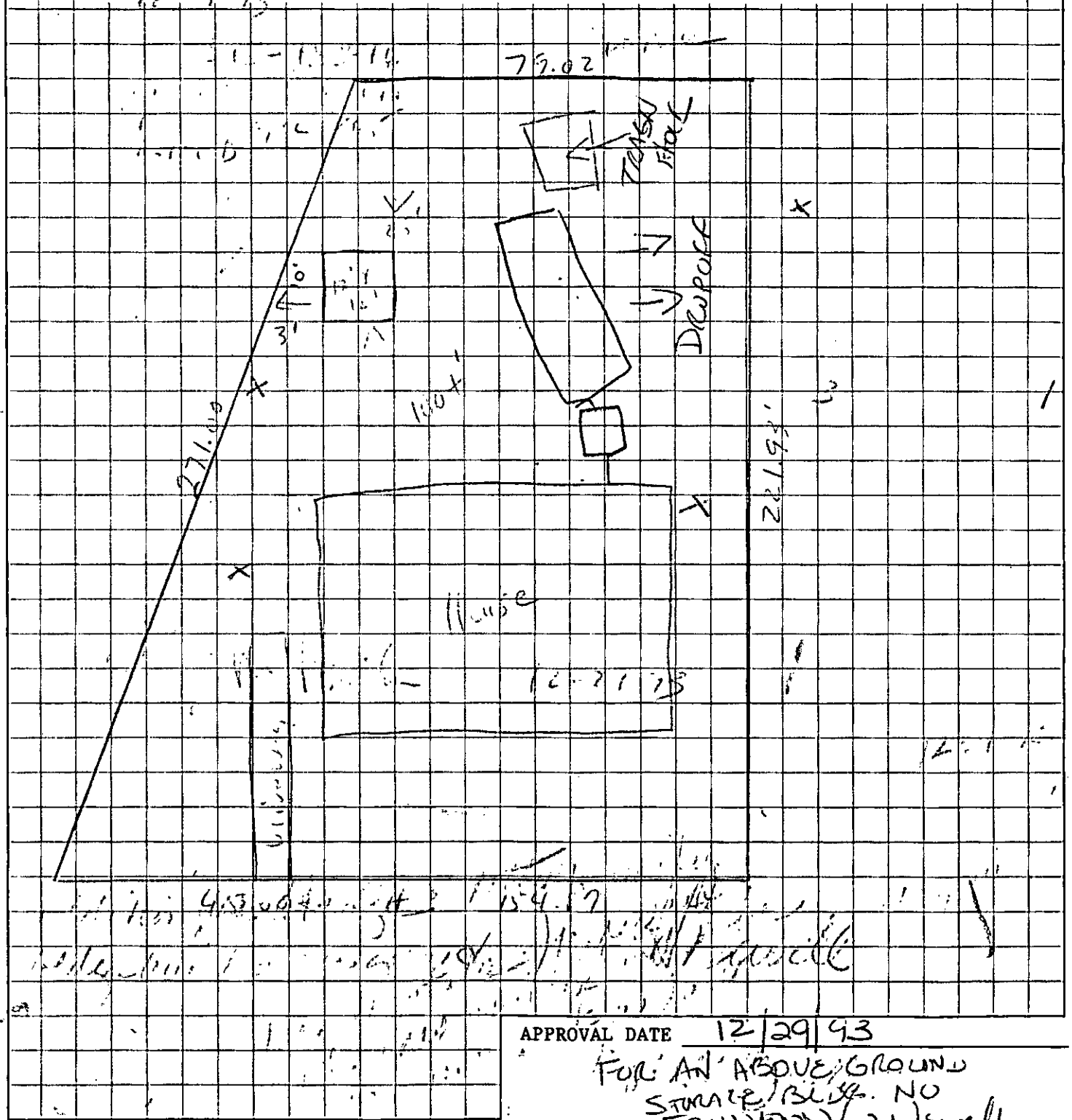
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

12/21/93

FILE: 93761

TC: _____

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 12/29/93

FOR AN ABOVE GROUND STRUCTURE/BLDG. NO FOUNDATION J Newell

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

PROPOSED PLOT PLAN

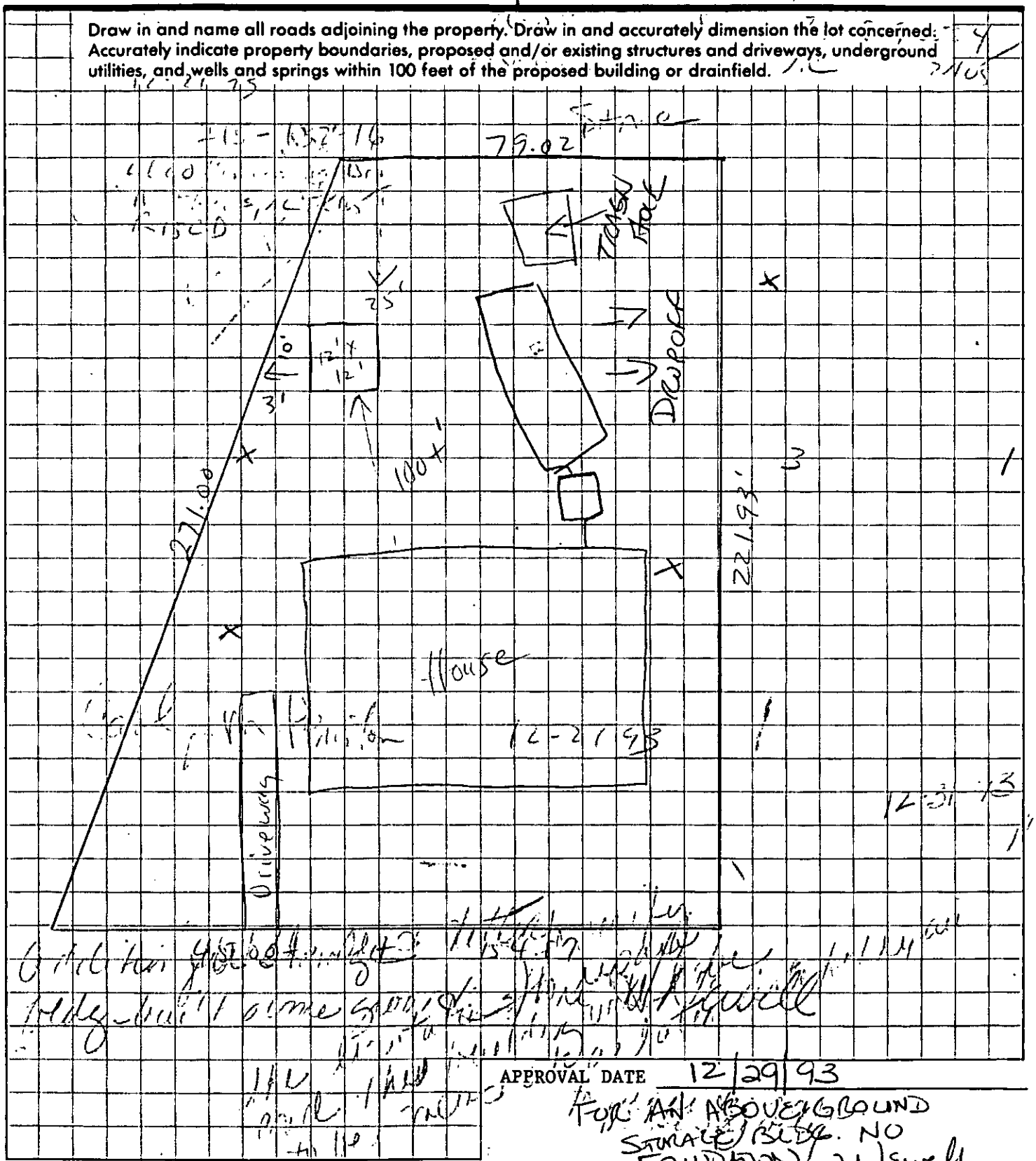
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

12/21/93

FILE: A3961.50 X

TC: Penelope, Carolyn M.

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APPROVAL DATE 12/29/93

FOR AN ABOVEGROUND STORAGE BLDG. NO FOUNDATION JNewell

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