

2900 CROSS COUNTRY RD

22713429

8/20/08

marliwr

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

THE INFILTRATOR® Chamber System



11-8-96

Left message for Mr. Wyman
Told him we could go with
a system alteration to the
front yard. It would consist
of 1500 gal tank & chambered
system — need $100.00
more on fees. ask him
to contact me.

CC

INFILTRATOR SYSTEMS INC

Leading the way in septic and stormwater chamber systems

4 Business Park Road • P.O. Box 768 • Old Saybrook, CT 06475
800-221-4436

ENT PERMIT
ITE
STEWATER
M

1 1 CRT ✓

N OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

#: 19058

PERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB
ATION:

/PARCEL NUMBER: 227-134-29

EET ADDRESS: 2900 Cross Country Rd

DIVISION OR MOBILE HOME PARK NAME:

T NUMBER:

WNSHIP (CHECK ONE):

0 MECKLENBURG	4 PINEVILLE
1 CHARLOTTE	5 MATTHEWS
2 DAVIDSON	6 HUNTERSVILLE
3 CORNELIUS	7 MINT HILL

CLOSING DATE

addition - B Rm/ Bath

COPY

PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER: ✓ Wm. C. Wyman, Jr	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Wyman (FIRST) William (MI) C Jr	NAME: (LAST) (FIRST) (MI)
ADDRESS: 2900 Cross Country	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28270	
DAYTIME PHONE: (846 - 1319	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SEPT 5 1996

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Wm C Wyman, Jr DATE: 10/4/96

Bus 8193

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

FEE: 510.00
DATE: 10/25/96
Ck # 2633

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM X EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 9058

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 227-134-29

STREET ADDRESS: 2900 Cross Country Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

CLOSING DATE _____

Addition - BRm/Bath

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
✓ HOUSE (H) ___ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ___ WITH BASEMENT /PLUMBING
___ ON SLAB ___ WITH BASEMENT /NO PLUMBING
___ CRAWL SPACE

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER: ✓ Wm. C. Wyman, JR

NAME: (LAST) Wyman (FIRST) William (MI) C JR

ADDRESS: 2900 Cross Country

CITY: Charlotte STATE: NC ZIP: 28270

DAYTIME PHONE: ( ) 846-1319

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

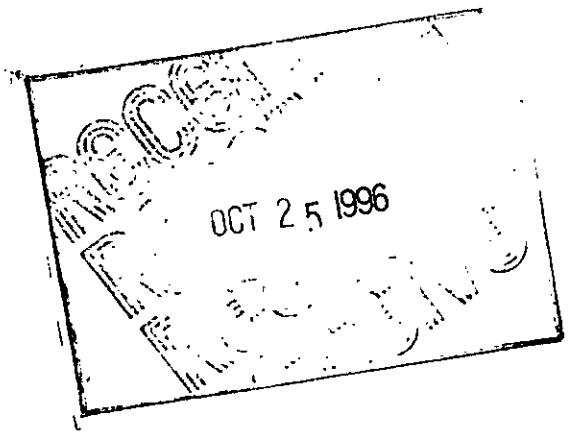
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? SEPT 5, 1996

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SIGNED: Wm C Wyman Jr DATE: 10/24/96

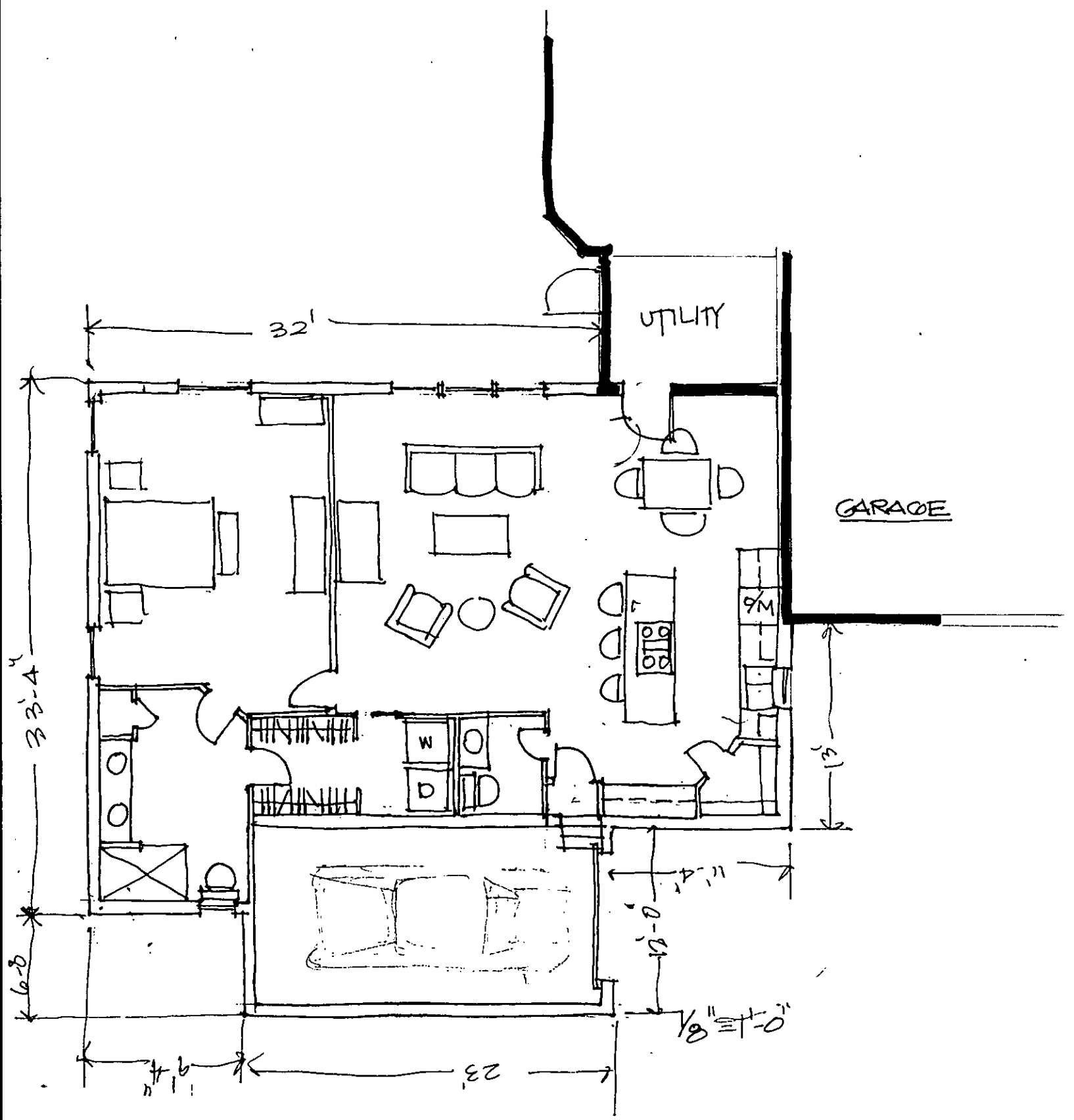
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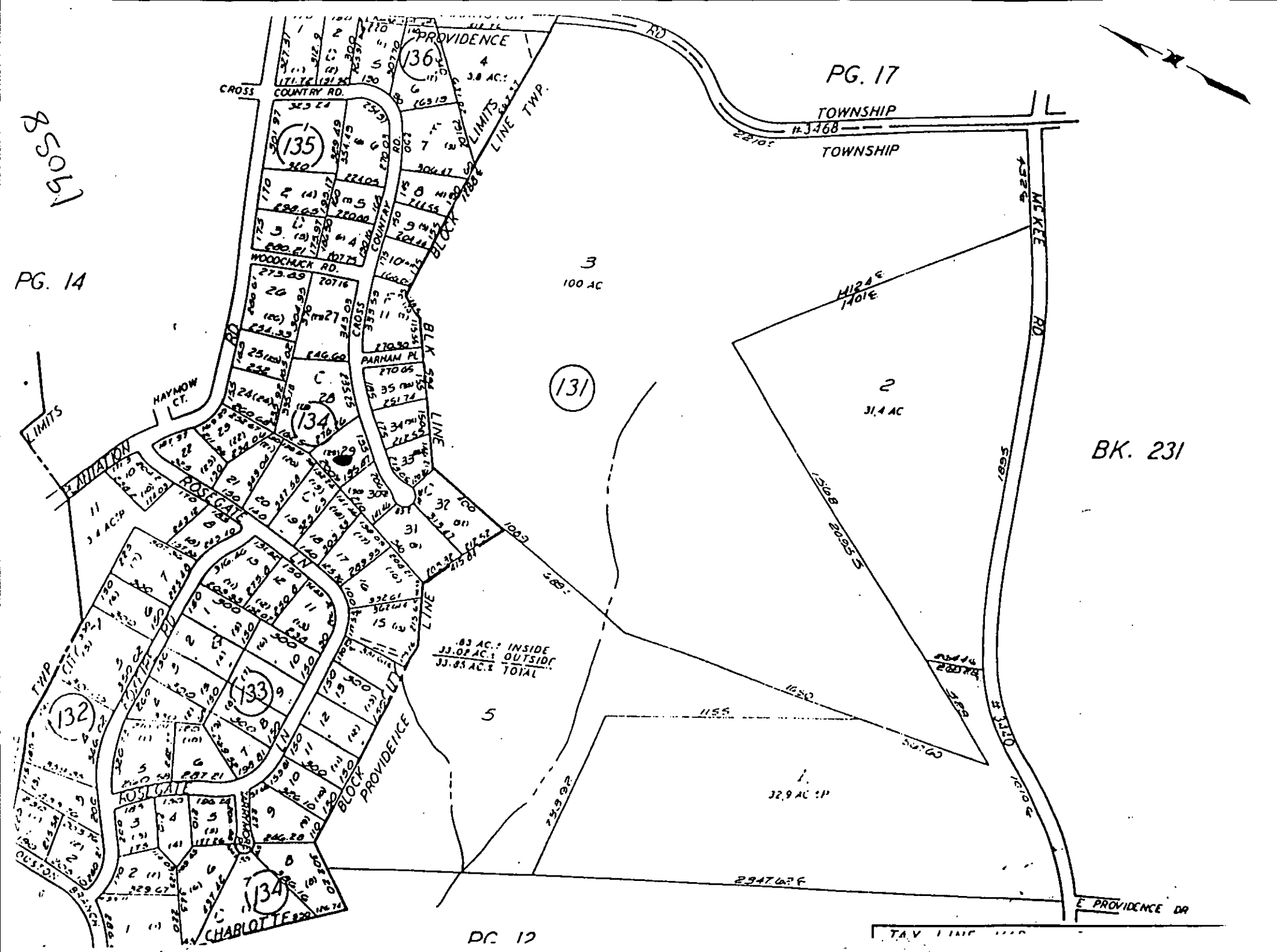
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102


OCT 25 1996

14058

1/8" scale



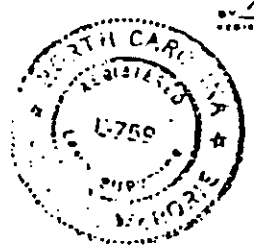

PG. 17
PG. 14
PG. 12
BK. 231
PROVIDENCE
CROSS COUNTRY RD.
WOODCHUCK RD.
PARHAM PL
HAYMOW CT.
ROSEGATE
CHABLOTTE
E PROVIDENCE DR
TOWNSHIP
TOWNSHIP
BLOCK PROVIDENCE
BLOCK LINE TWP.
BLK 594 LINE
CITY LIMITS
TWP LIMITS
136
135
134
133
132
131
3
100 AC
2
31.4 AC
1
32.9 AC ±
5
.83 AC.± INSIDE
33.08 AC.± OUTSIDE
33.91 AC.± TOTAL
11
3.4 AC.±
32
31
1895
1308
2095
1155
1150
1124
1401
2947.62
1319.92
1319.92
1319.92

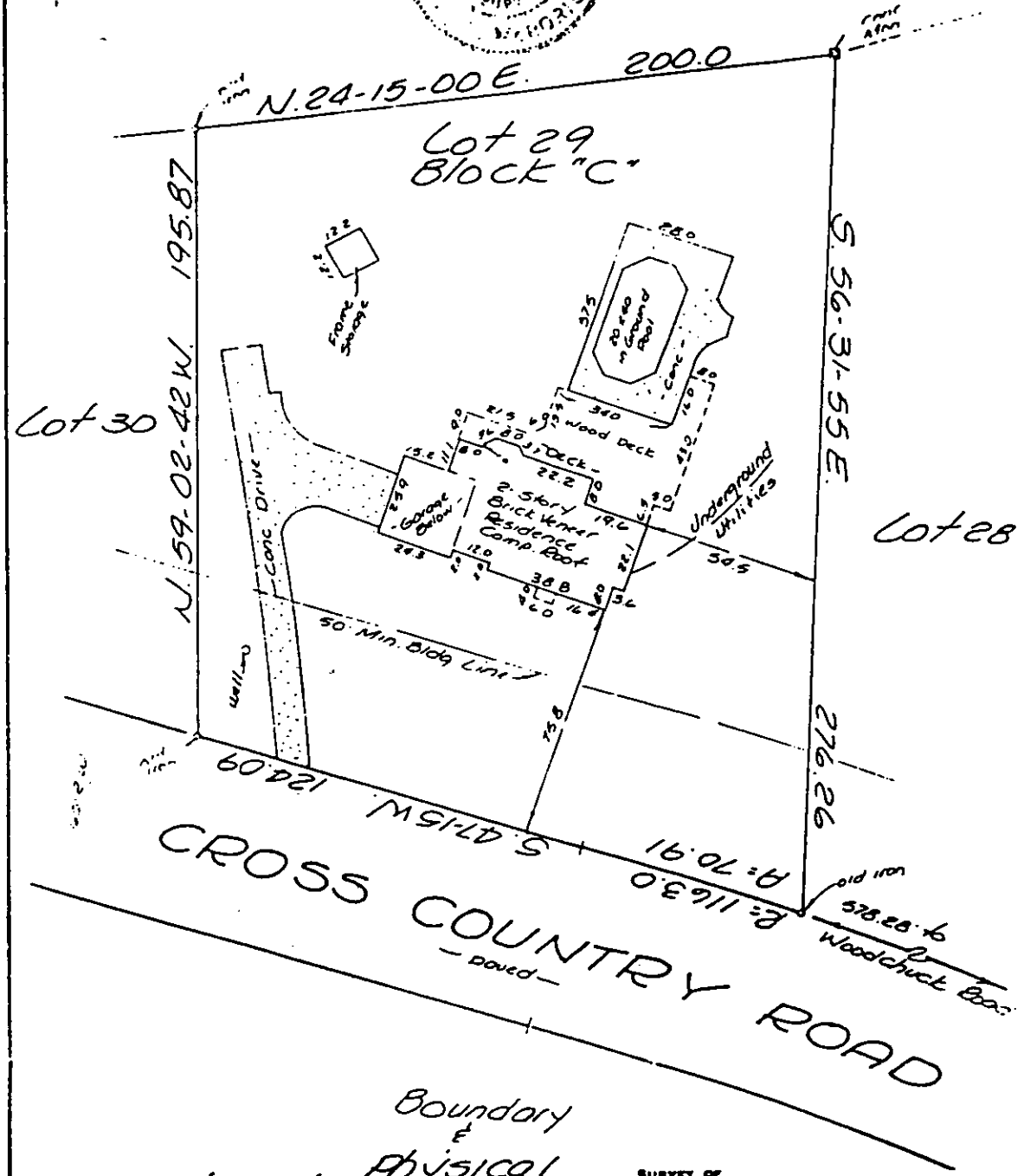
19058

This is to Certify that on the 16th Day of May 19 91 I Surveyed the Property Shown on this Plat and that the Title Lines and the Walls of the Buildings if any, are as Shown Hereon

Reece t McBrie

By Registered Surveyor State of North Carolina





Boundary & Physical Survey of

Lot in Charlotte Township, Mecklenburg County, North Carolina, in the City of Charlotte on Cross Country Rd. House No. 2900 Shown as Lot No. 29 in Block No. "C" on Map of Plantation Road, Sec 1 & II Map Recorded in Book 19 Page 585

Deed Recorded in Book _____ Page _____ Office of the Register of Deeds for Mecklenburg County N C the Property of Joseph A Starella and wife Margaret M. Starella

Scale 1" = 40' Ft Date 5-16 19 91 Reece McBrie Surveyor Charlotte, N C

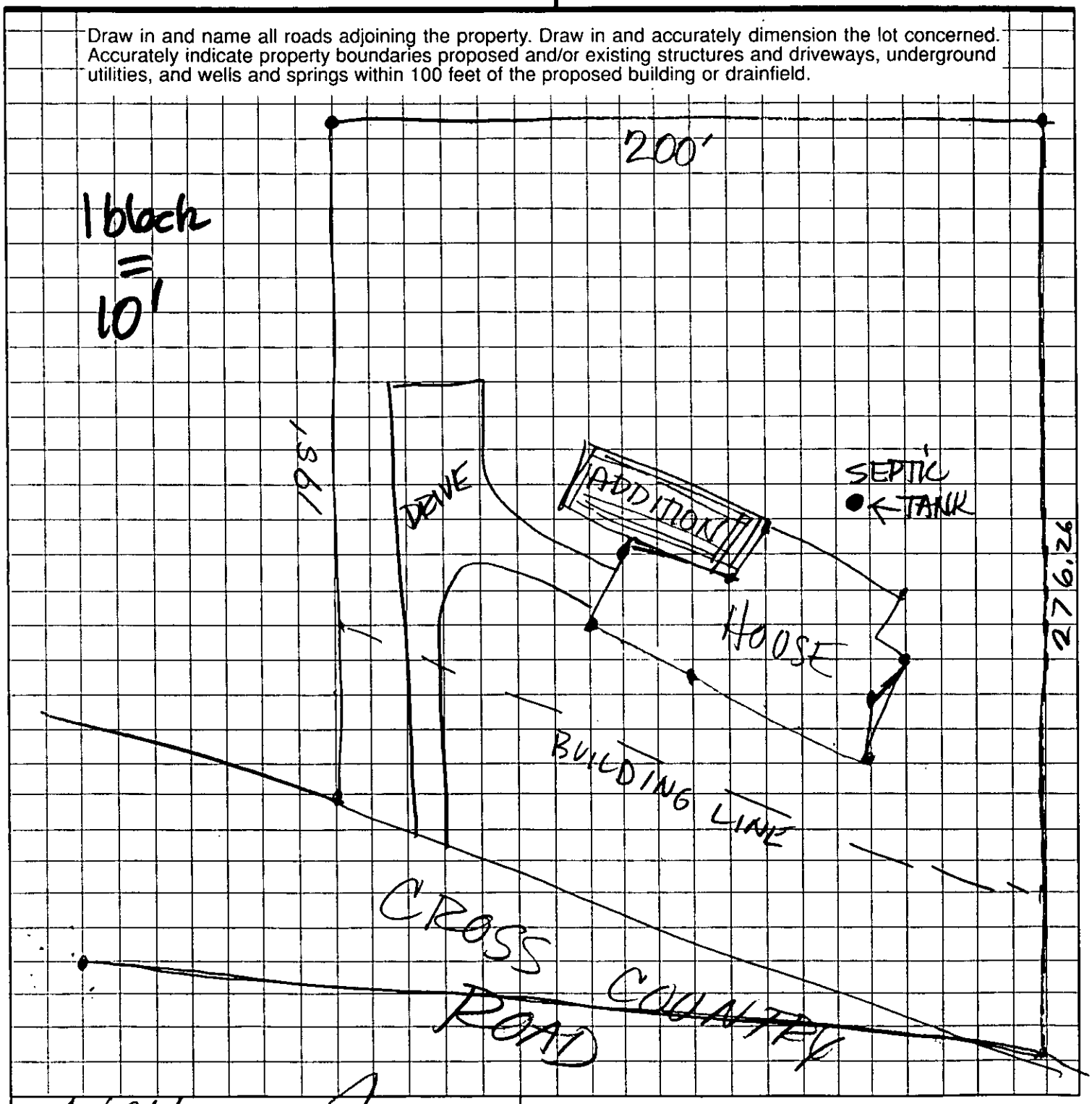
PROPOSED PLOT PLAN

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

FILE: 19058

TC: 227-134-29

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.



W Allyman Jr
OWNER/AGENT SIGNATURE

DATE 10/21/96

APPROVAL DATE _____

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

Needed by or before 8/23/96 please.

Pd $85 chk # 2822 8/13/96 gc

August 13, 1996

Department of Environmental Health
700 North Tryon, Suite 211
Charlotte, NC 28202

Re: Tax Parcel **#22713429**

Please find attached a check in the amount of $85 for :

1) Well inspections and
2) Septic inspection

on the above property at address 2900 Cross Country in Providence Plantation, Charlotte, North Carolina.

We are purchasing the house and are scheduled to close on or about September 6, 1996. In order to facilitate that closing date we need the inspections completed as soon as possible.

If you have any question please call me at 365-4809.

Thank you,

Jacqueline Turner Wyman

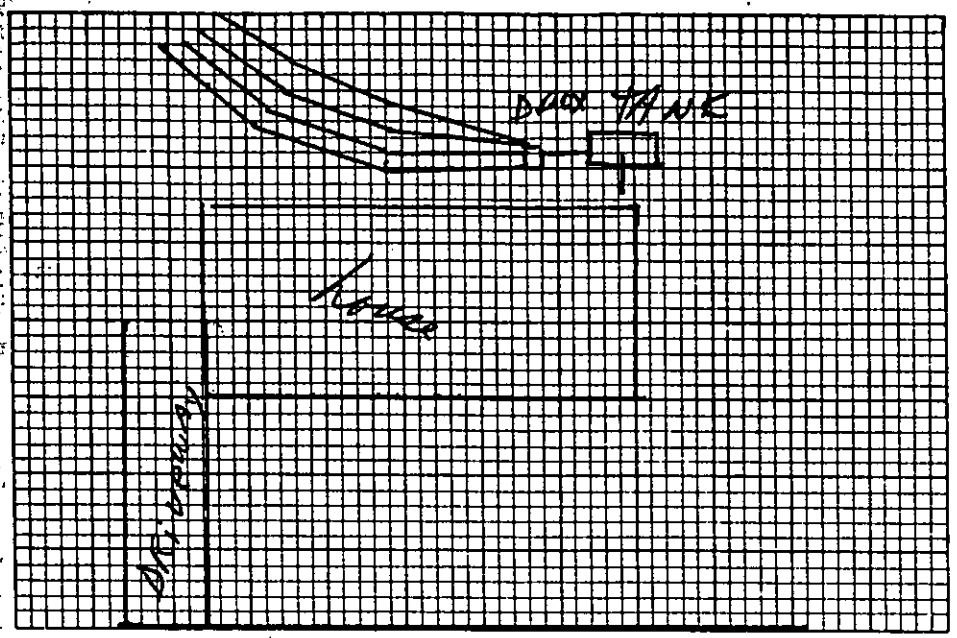
Jacqueline Turner Wyman
William C. Wyman, Jr.

WCWymanJr

Mail repts to:

718 Peranna Place
Charlotte, NC 28211

dated 10-10-82 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 Dec 10, 1982 after which date this permit shall be null and void. 19058



Cross country Rd PLOT OF SYSTEM

Permeability Rate 9.5

Liquid Capacity of Tank 1500 gal

Tank Construction P/c concrete

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines 4

Distance from House 710'

Distance from Property Line 710'

Distance from Well 750' not in yet

NAME OF OWNER Gene L Poore

LOCATION OF PROPERTY 2900 Cross Country Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

4 – 100' long x 3' wide x 12" stone

Comments:

Division or Section Head

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

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

THE ORIGINAL MICROFILM RECORD FOR THIS PROPERTY LOCATED AT: 2900 Cross Country Lane HAS BEEN MISPLACED..THIS SHOULD BE MICROFILMED FOR THE RECORDS.

THIS IS A COPY OF THE RECORD PROVIDED AT THE TIME OF THE SWIMMING POOL PERMIT REQUEST.

Mecklenburg County
Health Department

August 22, 1996

Jacqueline Turner Wyman
718 Peranna Place
Charlotte, NC 28211

Dear Mrs. Wyman:

At your request, an investigation was made of the septic tank system and a well water sample was collected on the property located at 2900 Cross Country Lane, Charlotte, North Carolina on August 16, 1996.

At the time of the investigation there was no effluent apparent on the surface of the ground.

The septic tank and a portion of the nitrification field appears to be located underneath the rear deck. The following is offered for your information.

Routine maintenance of the septic tank may be difficult. Enclosed is a copy of 15A, NCAC 18A, .1900 .1961 (a) (2) concerning maintenance of a septic system. Also, approximately forty percent (40%) of the effluent in a sewage disposal system is dissipated through evapotranspiration from the drain lines. This treatment may be affected due to the location of the deck over a portion of the drainfield.

The laboratory anaylsis of the well water sample was reported to be negative for coliform bacteria.

If you have any questions concerning this report or if you wish to review the records on file in this office, please contact met at 336-5571.

Sincerely,

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Enclosure (1)