

3024 NANCE COVE RD

02315139

12/31/2007

duponbj

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

Pd. 100@
Ck # 3675
VTW
7-2-99

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2700B DATE: 5/6/99

TC: 023-151-39 ☒ L ☒ CRT

SERIAL Nº 18044

Name of Owner Ronald V. Shoaf Juris.: Mecklenburg

Address of Property 3024 Nance Cove Rd

Inspection Data:

Tank Material P.C.C.

Total Length of Drainfield 300 ft

Number of Lines 3 @ 100ft

Cover Depth 12 inches

Water Supply Source Well

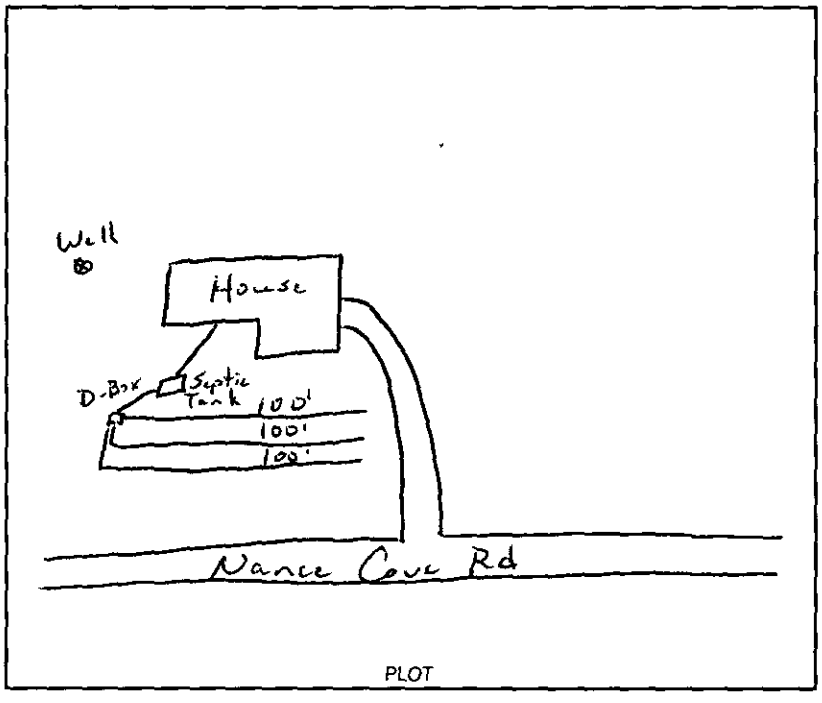
Distance to Water Source 52 ft

Excavation Inspected 5/6/99

Tank(s) Inspected 5/6/99

Wash Line Inspected N/A

High Water Alarm Inspected N/A



PLOT

Design 1500 S.T. Inv. 900 S.F.T. CTR# B.W. Christenbury

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☒ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type IIIg Designed for a 3 bedroom residence.

Jeff A. Knight / Jerry Mulder
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

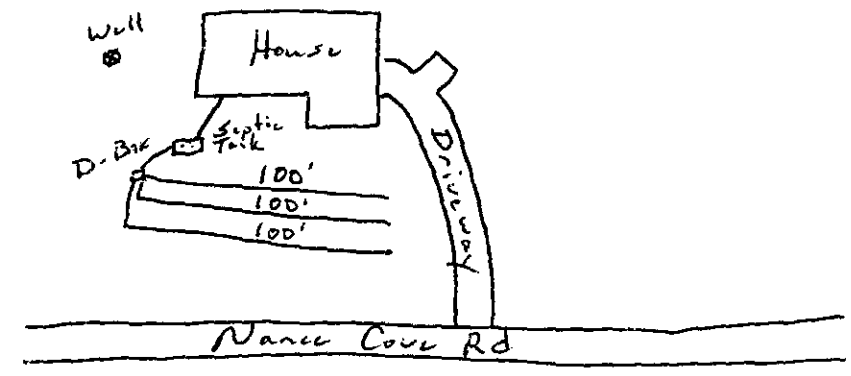
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 2700 B DATE: 4/29/99

TC: 023-151-39 ☐X

SERIAL Nº 18070

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 the application dated 10/9/98. All work shall be completed on or before May 29, 1999, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction P.C.C.

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 3

Depth of Stone N/A inches

Distance from House 5ft+ feet

Distance from Property Line 10ft+ feet

Distance from Well _____ feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Ronald V. Shoaf

LOCATION OF PROPERTY 3024 Nance Cove Rd

Comments: 1) Keep lins level 2) Keep trenches shallow-
24" maximum.

Jeff a. Knight
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

LK# 1046

FEE: 100 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 11/13/98 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 11-12-98 **PERMIT NO:** 2700-B
PARCEL NO: 023-151-39

JOB LOCATION ADDRESS: 3024 Nance Cove Road
PROPERTY OWNER: ~~John Bru~~ Ronald Shaut
BUILDING CONTRACTOR: John Brunner
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: _____ **DATE:** 11-12-98
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2700-3, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

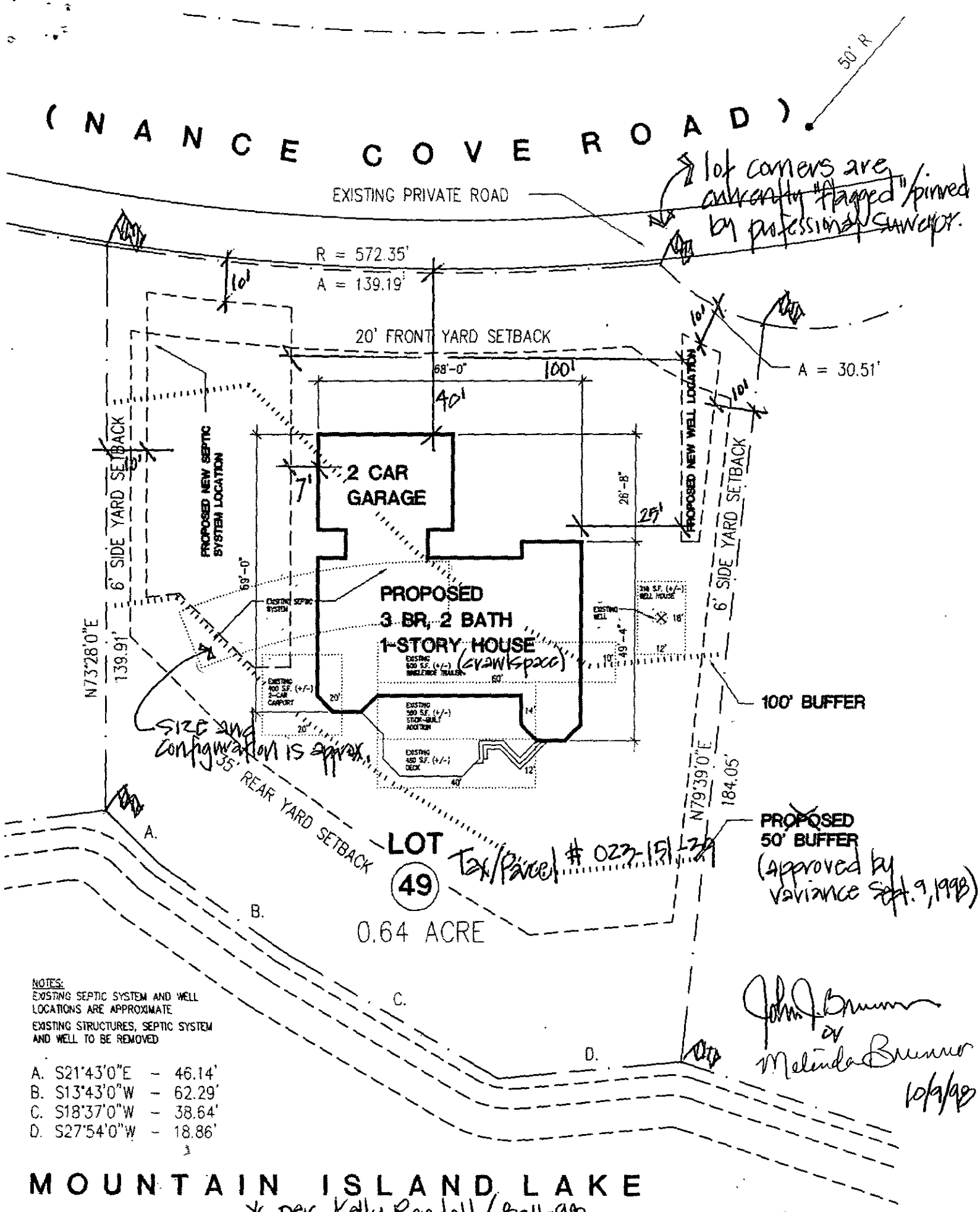
3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Use innovative system
lift station may be required
well must be properly abandoned prior to installation approval
New well must be at least 50' from septic system

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

X _____ 11/13/98
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE **DATE**



NOTES:
EXISTING SEPTIC SYSTEM AND WELL LOCATIONS ARE APPROXIMATE
EXISTING STRUCTURES, SEPTIC SYSTEM AND WELL TO BE REMOVED

A. S21°43'0"E – 46.14'
B. S13°43'0"W – 62.29'
C. S18°37'0"W – 38.64'
D. S27°54'0"W – 18.86'

John J. Brunner
or
Melinda Brunner
10/9/98

MOUNTAIN ISLAND LAKE

SITE PLAN

SCALE: 1" = 30'-0"

* per Kelly Randall / 8-11-98
- consider "innovative" system, 300' drain line / 9' ±
- no required "repair" area

Attn: Mecklenburg County Health Department

Ronald V. Shoaf and Barbara H. Shoaf authorize any officer of J. Brunner Homes, LLC (John Brunner or Melinda Brunner) to act on their behalf with regards to the application for a septic system permit.

Ronald V. Shoaf

Signature

Permit Number: 2700-B

Tax Number: 023151-39

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	900 Absorption Area (sq ft)	9 Trench spacing (min. on centers)	
yes Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	24" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
3 Bedrooms in residence	✓ Gallon pump tank	N/A Depth of stone		
Any surface waters present: yes Type: Mtn Island Minimum separation distance: 54' see variance				
Site modifications required:				
Additional Conditions: use innovative systems 1, fa station may be required well must be properly abandoned prior to installation approval new well must be at least 50' from septic system				
Repair Area System Type Type (circle one): I II III IV V VI N/A	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date 11-12-98

X Owner/Agent Signature — Date 11/13/98

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

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

IWWS-100195

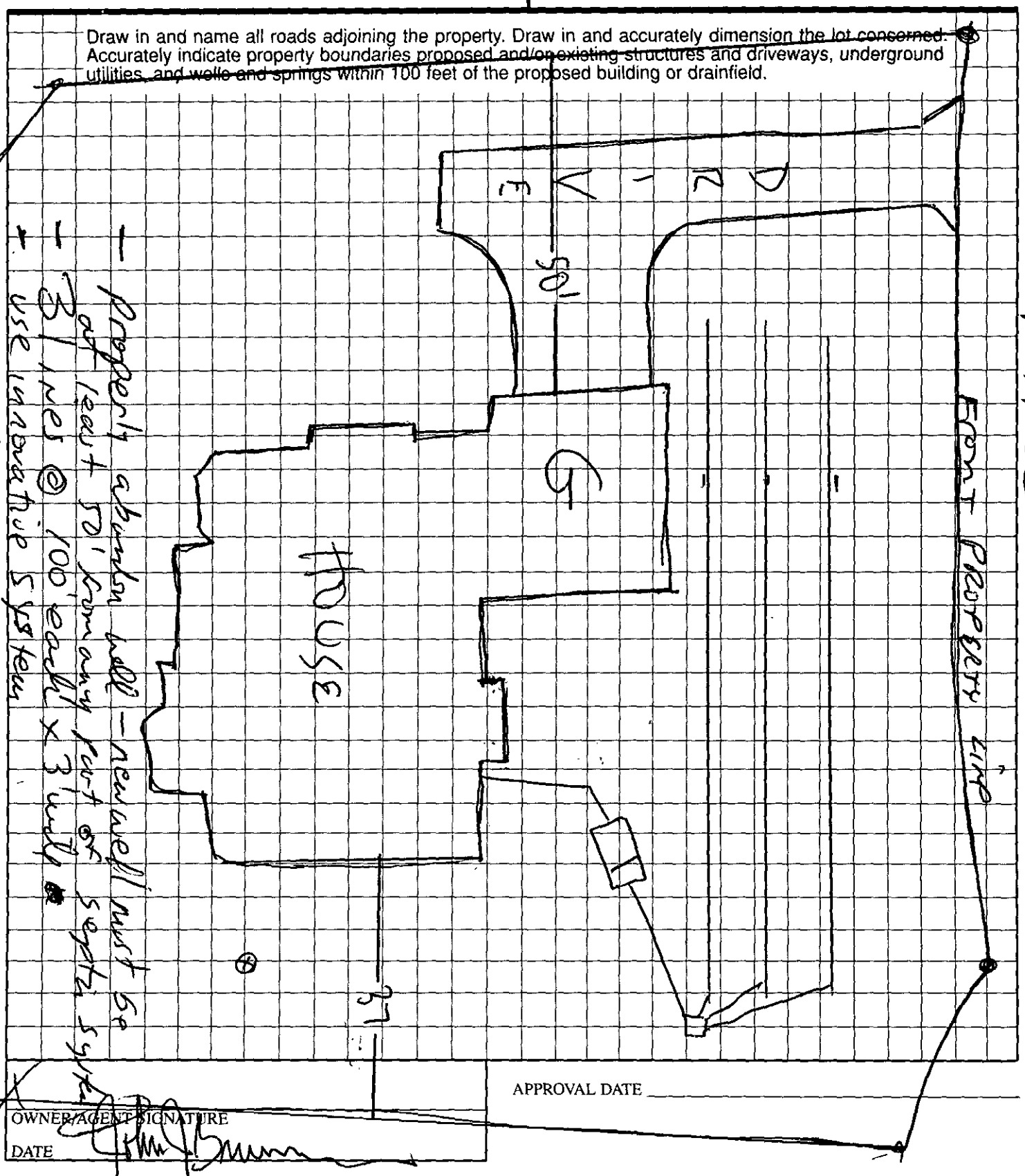
PROPOSED PLOT PLAN

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

FILE: 2700-B

TC: 027-151-34

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 _____

OWNER/AGENT SIGNATURE

DATE

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

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

#2

Sheet ___

PROPERTY ID #: 023-151-39
Lot # : 49
File # : 2700B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ronald & Barbara Shook
APPLICANT: John Brunner
DATE EVALUATED: 10-28-99
ADDRESS: 3024 Nurse Cove Rd Charlotte
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .64
PROPOSED FACILITY: residence
PROPERTY RECORDED: ___
LOCATION OF SITE: 3024 Nurse Cove Rd
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-5"	gr/ls/	Fr/SE/P/	>43" TO soil wetness	43"	N/A	None	PS .39/F2 IV
		5-36"	SBK/SC	F/SE/P/SP					
		36-43"	SBK/SCl	Fr/SE/P/SS/SP					
2	LS	0-7"	gr/sl	Fr/SE/P/	>40" TO soil wetness	40"	N/A	None	PS .39/F2 IV
		7-26"	SBK/SC	F/SE/P/SP					
		26-40"	SBK/SCl	Fr/SE/P/SS/SP					
3	LS	0-10"	gr/sc/	Fr/SE/P/SS/P	>43" TO soil wetness	43"	N/A	None	PS .39/F IV
		10-30"	SBK/SC	F/SE/P/SP					
		30-43"	SBK/SCl	Fr/SE/P/SS/SP					
4	LS	0-6"	gr/sc/	Fr/SE/P/SS/SP	>32" TO soil wetness	32"	N/A	None	US .39/F2 IV
		6-32"	SBK/SC	F/SE/P/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): Unsuitable
EVALUATED BY: W. A. Marlin 11-3-99
OTHER(S) PRESENT: LSS

FEE: 100.00 CK#1037
DATE: 10-9-98 W.O.

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

( ) CRT

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

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

FILE #: 98-1008

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-151-39

STREET ADDRESS: 3024 Nance Cove Road

SUBDIVISION OR MOBILE HOME PARK NAME: Crescent Land and Timber Corp., Recreation Lots on Mtn. Island Lake

LOT NUMBER: 49

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2036

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

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

NA

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

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ SHARED WELL (S)
___ MUNICIPAL (M)
___ OTHER 'SPRINGS' (O)
X PRIVATE WELL (P) (new)

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

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

PROPERTY OWNER:

NAME: (LAST) Shoaf (FIRST) Ronald V. & Barbara H. (MI)
ADDRESS: 3024 Nance Cove Road
CITY: Charlotte STATE: NC ZIP: 28214
DAYTIME PHONE: 704 393-1196

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Brunner (FIRST) John J. or Melinda T. (MI)
DAYTIME PHONE: 704 451-4662

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 7/26/96 (Subdivision 6/21/77)

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submit this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of th Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: John J Brunner Melinda T Brunner DATE: 10/9/98

MECKLENBURG COUNTY HEALTH DEPARTMENT

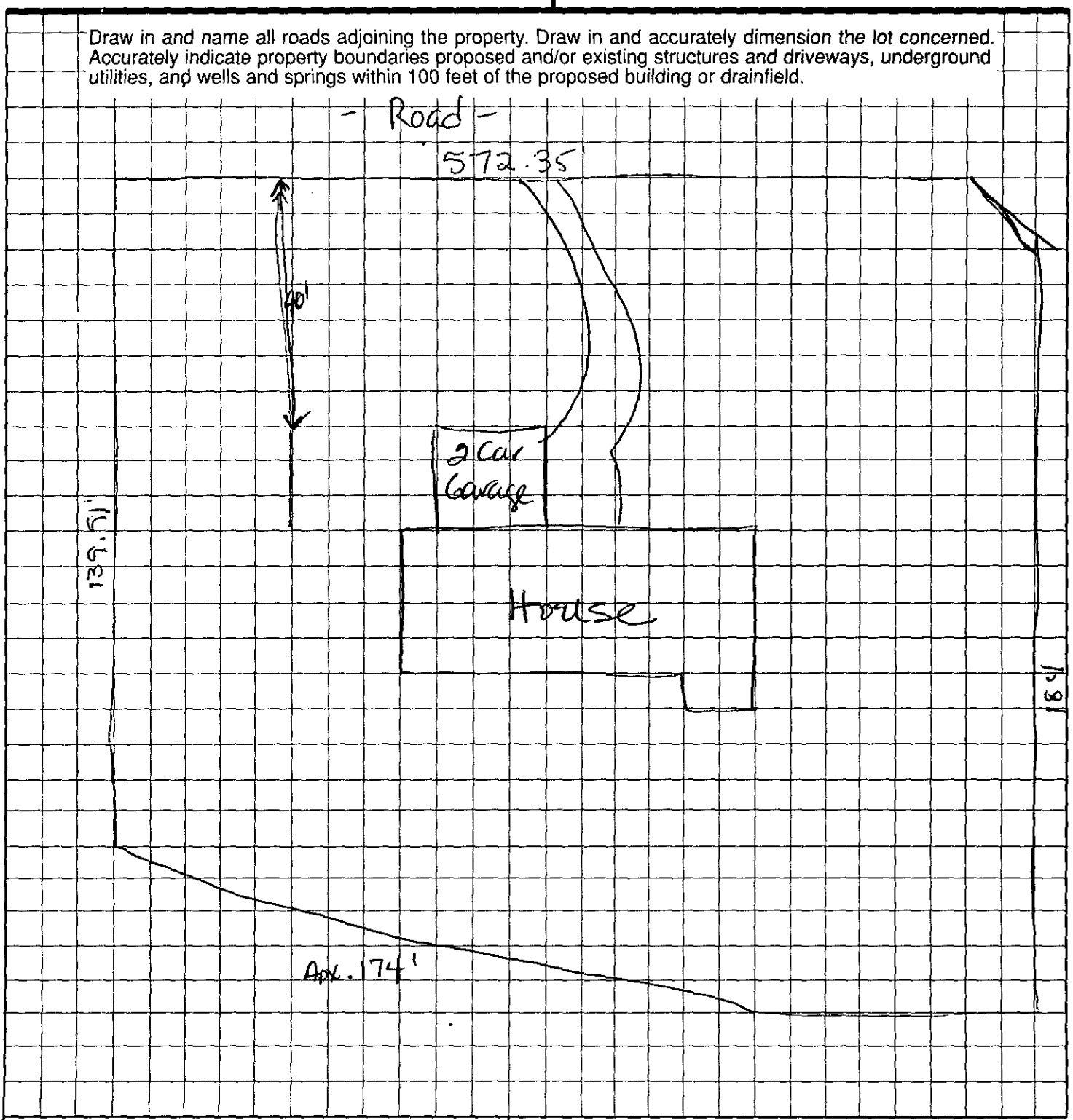
PROPOSED PLOT PLAN

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

FILE: 2700B

TC: 023-151-39

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.



Melinda D. Brunner
OWNER/AGENT SIGNATURE

DATE 10/9/98

APPROVAL DATE _____

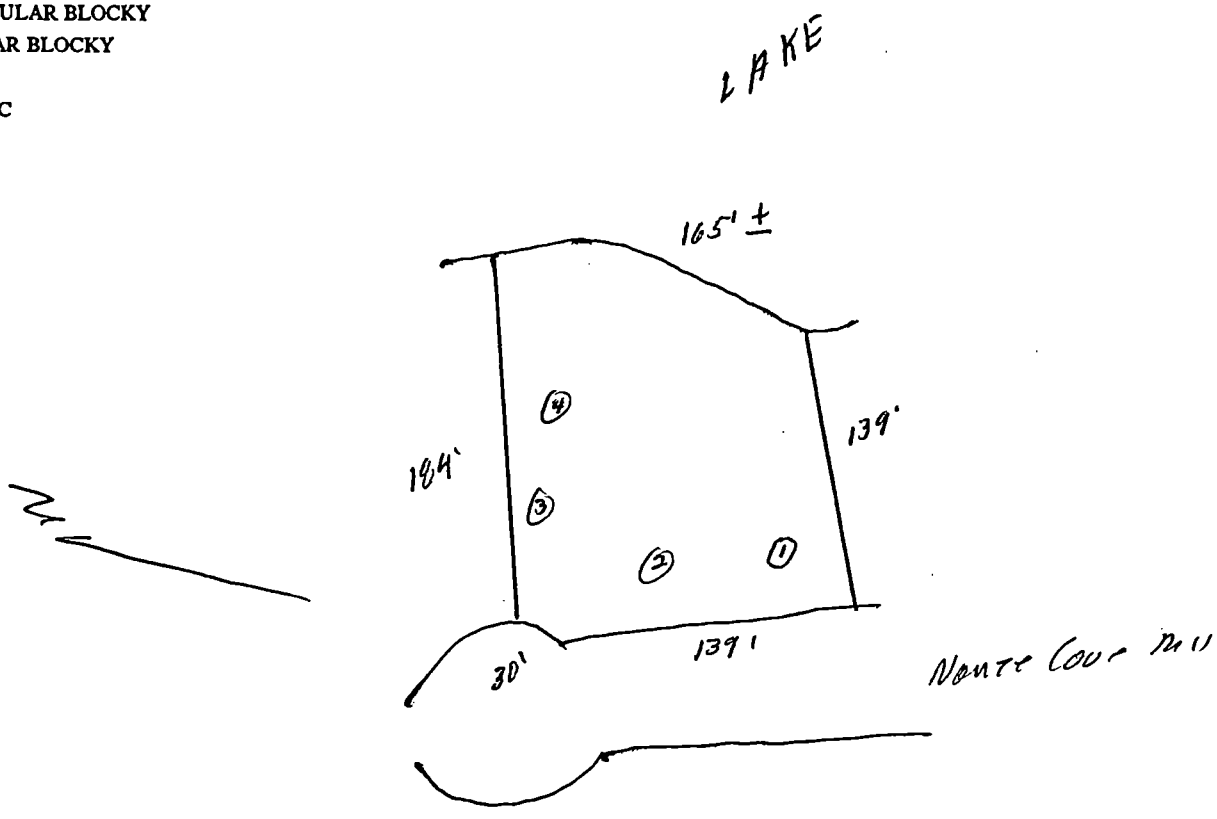
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

FILE # 2700B

COMMENTS Does not appear to be 1968 Repair
Well in outbuilding, septic system appears to be between
house & Pierce Cove Road

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

STRUCTURE	MINERALOGY
SG-SINGLE GRAIN	SLIGHTLY EXPANSIVE
M-MASSIVE	
CR-CRUMB	EXPANSIVE
GR-GRANULAR	
SBK-SUBANGULAR BLOCKY	
ABK-ANGULAR BLOCKY	
PL-PLATY	
PR-PRISMATIC	



2700B

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☑ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 Lwa 6/17/13 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

2700B

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING App #6261
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ⊘ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
⊘ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Keith B Hammett
ADDRESS: P.O. Box 661
CITY: Paw Creek
STATE: N.C. ZIP: 28130
PHONE: 704-400-8896
ALTERNATE PHONE:
E-MAIL: hamconcoinc@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Ron & Barbara Short
ADDRESS: 3024 Nance Cove Rd.
CITY: Charlotte
STATE: N.C. ZIP: 28214
PHONE: 704-393-1196
ALTERNATE PHONE: 704-516-8403 Cell
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 023-151-39
STREET ADDRESS: 3024 Nance Cove Rd.
CITY: Charlotte
STATE: NC ZIP: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 49

WATER SUPPLY:
○ MUNICIPAL ⊘ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
⊘ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER Detached Garage

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER Detached Garage

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Keith B Hammett
Owner's/Agent's Signature

6-17-13
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W): 3024 | STREET NAME: Nance Cove Rd. | (AV,RD,ST, etc): Rd.

SUITE/UNIT(S):

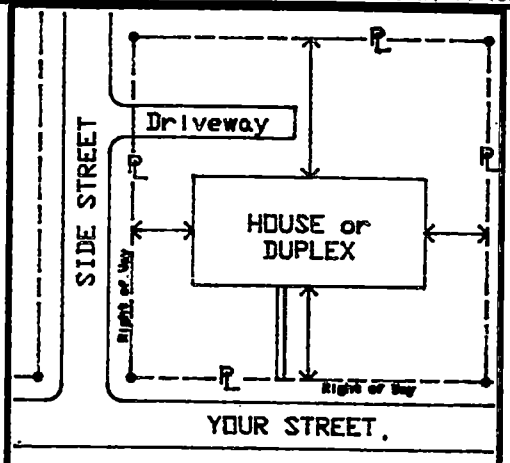
TAX JURISDICTION (Check One):
- ☑ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

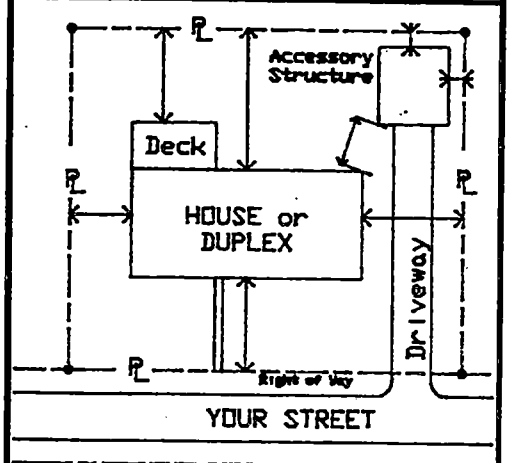
PERMIT # B2486713

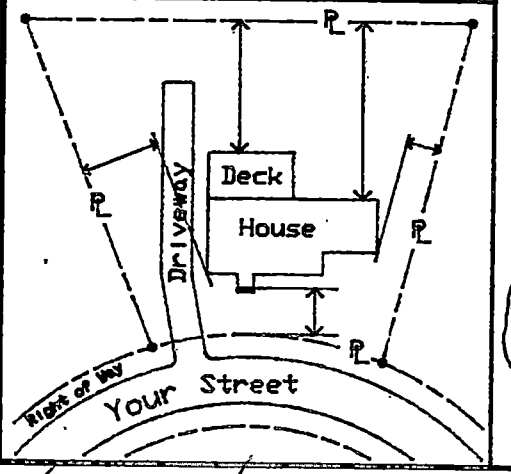
TAX PARCEL # 02315139

JOB #

EXAMPLES/PLOT PLAN





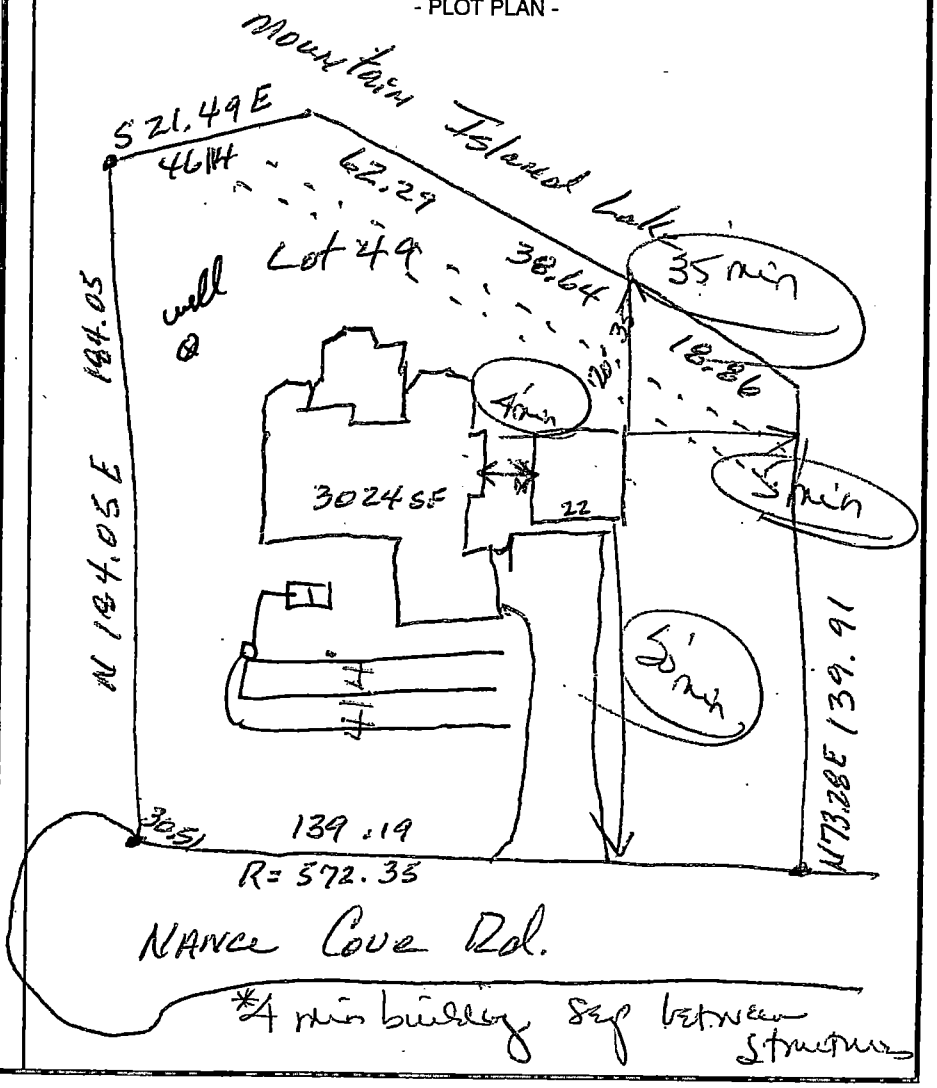


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Keith B Hammett | 6-17-13 | Keith B Hammett

APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME

APPROVED BY

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # 3024 (N,S,E,W) — STREET NAME: Nance Cove Rd. (AV,RD,ST, etc): Rd.

SUITE/UNIT(S):

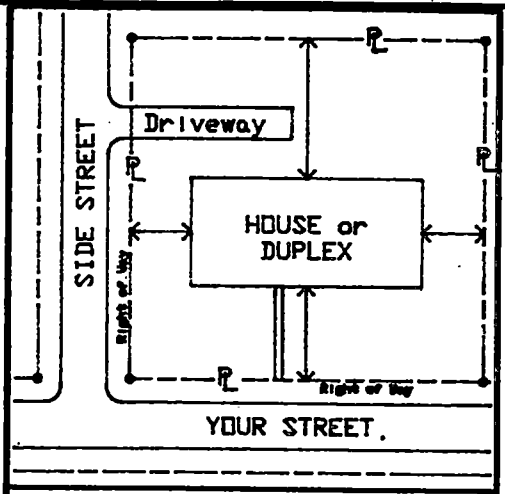
PERMIT #: B2486713

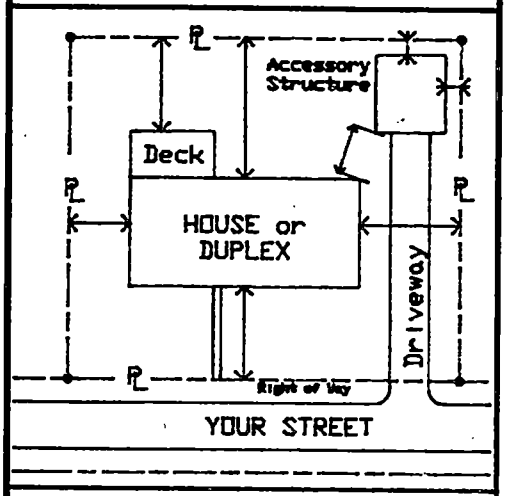
TAX JURISDICTION: *(Check One)*
- [x] 0-Mecklenburg
- [ ] 1-Charlotte
- [ ] 2-Davidson
- [ ] 3-Cornelius
- [ ] 4-Pineville
- [ ] 5-Matthews
- [ ] 6-Huntersville
- [ ] 7-Mint Hill

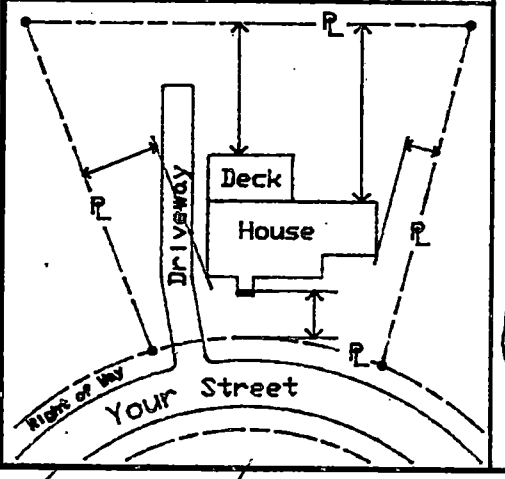
TAX PARCEL # 02315139

JOB #

EXAMPLES/PLOT PLAN





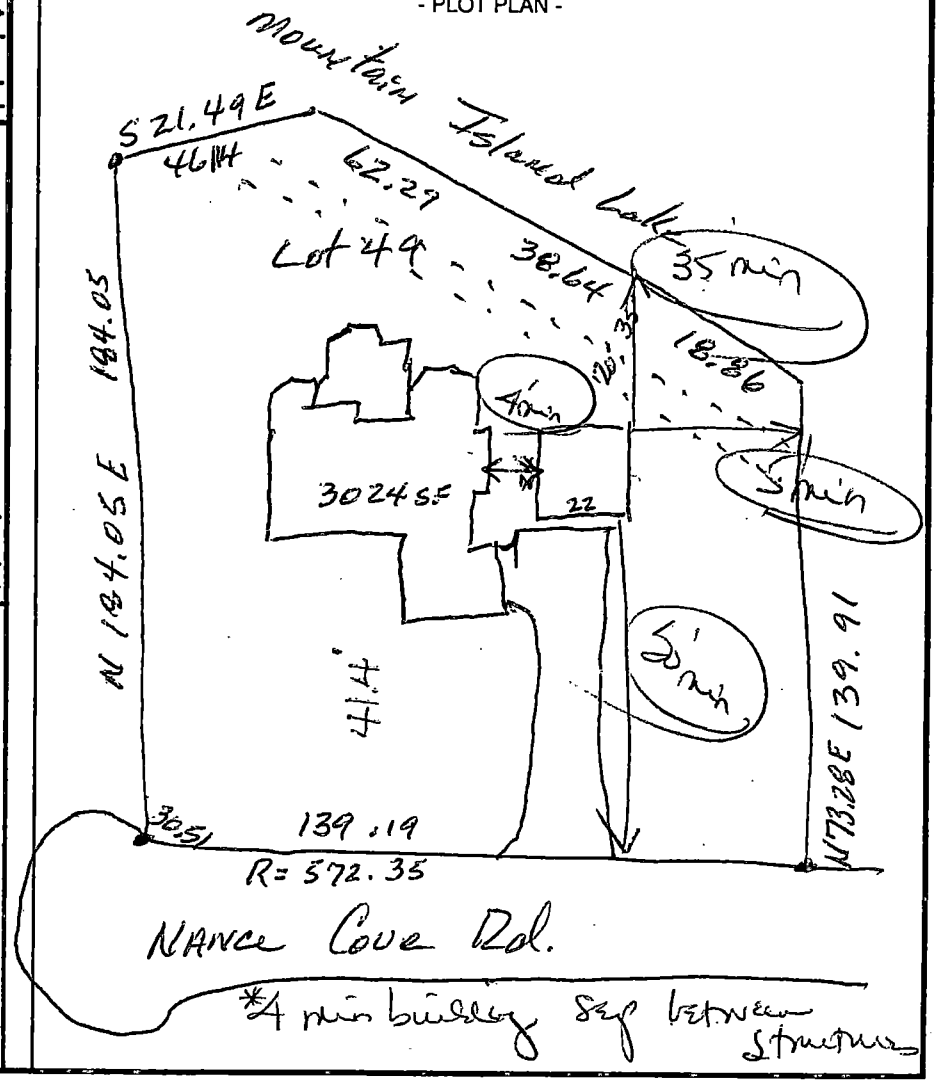


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- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Keith B Hammett — 6-17-13 — Keith B Hammett

APPLICANT'S SIGNATURE — DATE — PRINT APPLICANT'S NAME

APPROVED BY

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P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

R-83

ORIGINAL

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/17/13	**Amount:**	100.00
Receipt #:	84429	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	SADERLW		

Account Information

Account #: X46883
Contractor: HAMMETT CONSTRUCTION INC
Attn:
Address: 174 GUM BRANCH RD
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 3024 Nance Cove Rd		1	100.00	100.00

----------Outstanding Balances----------

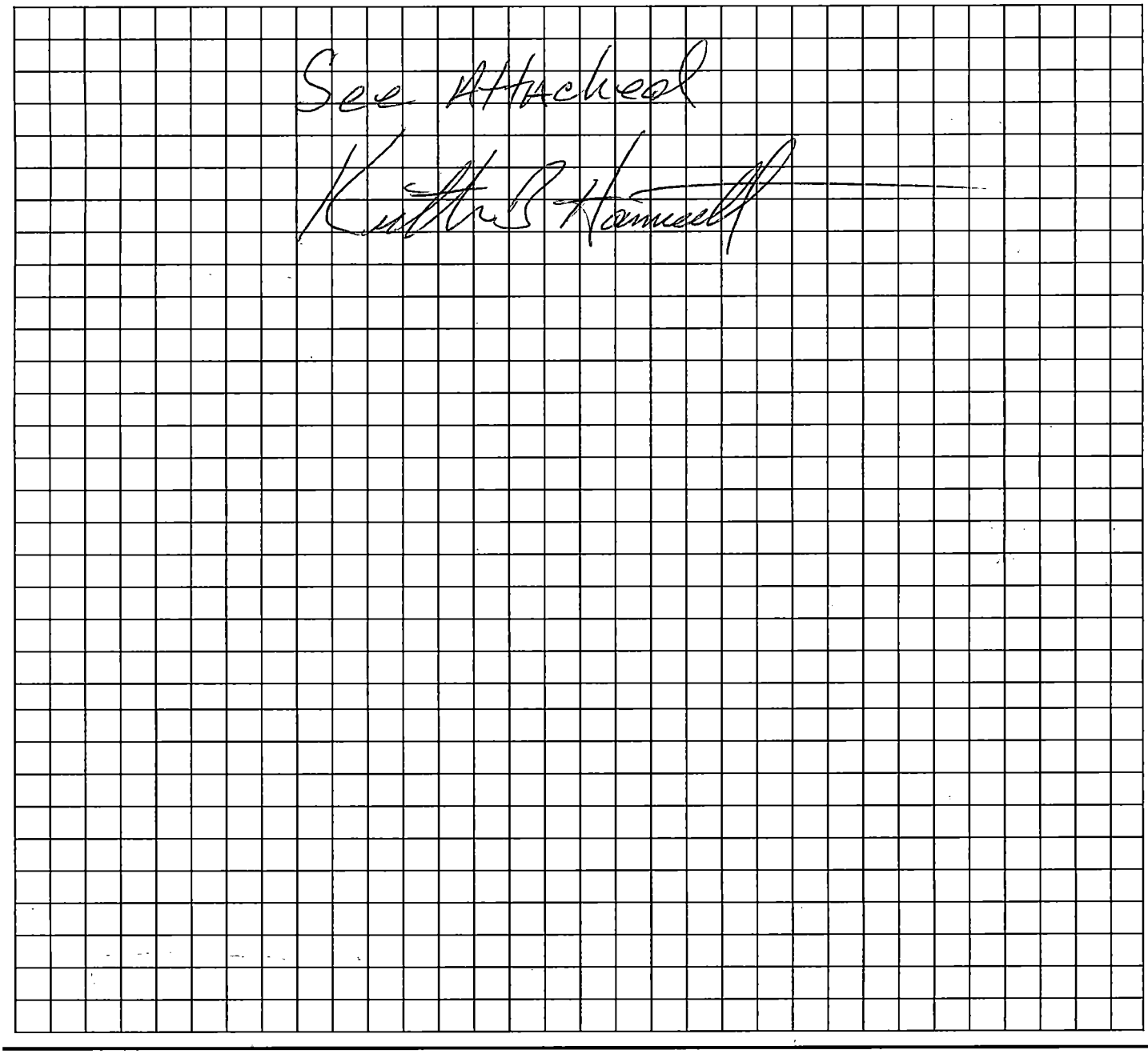
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: _____ Tax Parcel #: _____



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

O.K. TO APPS FOR A DETACHED GARAGE

REHS Signature _____ Date 6/18/13

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11