

15148 BIRLING RD

19933137

12/20/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1181B

Pd. #200 6/9/94 ck. #1646 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

Date: 6/9/94

PERSON FILING APPLICATION:

NAME: Lutz (last) STEVEN (first) W (mi)

ADDRESS: 1411 Somerset Dr PHONE: (803) 285-8678

CITY: Lancaster STATE: SC ZIPCODE: 29720

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 19321-13

STREET ADDRESS: 15148 Birling Dr Charlotte NC 28270

ZONING:

PROPERTY OWNER:

NAME: SAME (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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] 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)
[ ] 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: 4

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 [X] 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: Steven Wallis Lutz Date: 6/9/94

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.

...Permit Approved for 3 bedroom home utilizing CONVENTIONAL Septic System. 100% REPAIR NOT REQUIRED Our Old File Soils Reported 6/20/78 File #17611.

Existing well shall be ABANDONED And RELOCATED A MINIMUM OF 50' FROM Proposed Septic System. (Statement ON File From Property Owner, Mr. Lutz.)

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

Environmentalist 6/16/94 Date

Director or Authorized Section Head 6/16/94 Date

WWATER : 122791

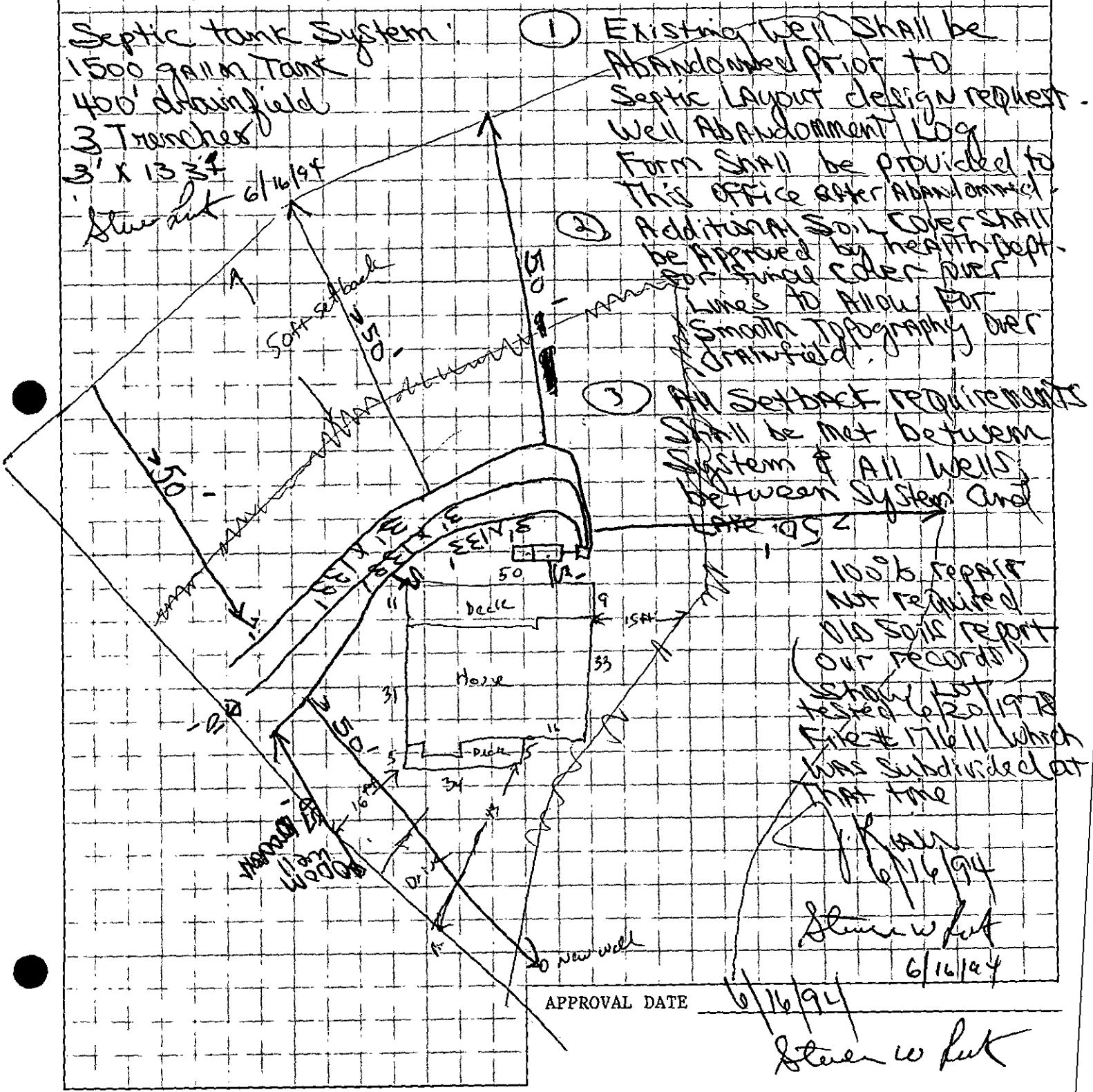
PROPOSED PLOT PLAN

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

FILE: 1181 13

TC: 199321 13

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.



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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 9/14/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Mark

PARCEL NUMBER # 199-321-13

ASSIGNED ADDRESS 15148 Birling Rd

EXISTING ADDRESS _____

PROJECT NAME NA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Address Verified

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: W. L. Godwin

Address: 845 HABERSHAM DR. CHARLOTTE, N.C.

Description of public record requested: _____

Street Name (or County Road): 15148 BIRING DR.

Lot: _____ Block: _____

Parcel Number: 199-3213

Owner's Name: STEVEN LUTZ

Reason for Request:

Considering buying property.

Signature of Person Making Request: W. L. Godwin

Supervisory Person: _____

Date: _____ Time: _____

Environmental Health Division

1181B

To Mecklenburg County Health Department

This letter will inform you that I understand and agree that the well on the property at 15148 Bailey Rd abandoned and a new well put in as part of the building of a new house & septic service

6/16/94

Consultation Fee

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1181B

Pd #25 5/31/94 CK #1640

[] 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

Date: 5/31/94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-32-13

STREET ADDRESS: 15148 Birling Drive
Charlotte NC

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: Lutz (last) Steven (first) W (mi)

ADDRESS: 1411 Somerset Dr PHONE: (803) - 285-8679(H)
285-4178(W)

CITY: Lancaster STATE: SC ZIPCODE: 29858 CM
29-2518 Beeper

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

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

LOT NUMBER: 13 LOT SIZE (in acres): .7456

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Replace House w/ 3
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] 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: 4

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

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: Steven W Lutz Date: 5/31/94

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.

...

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

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

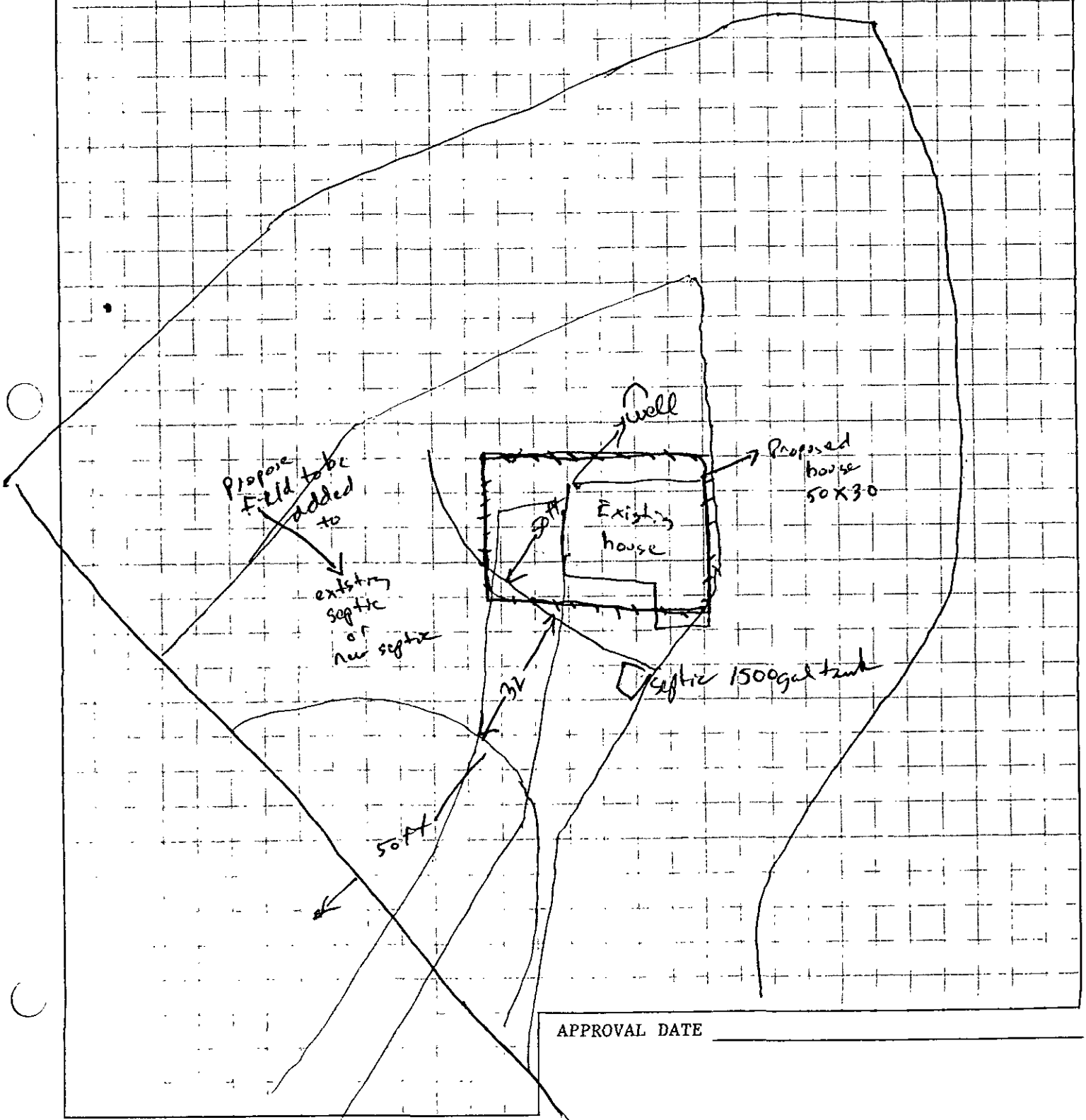
Proposal # 2

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

FILE: 1181 B

TC: 199321-13

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

Proposal #1

PROPOSED PLOT PLAN

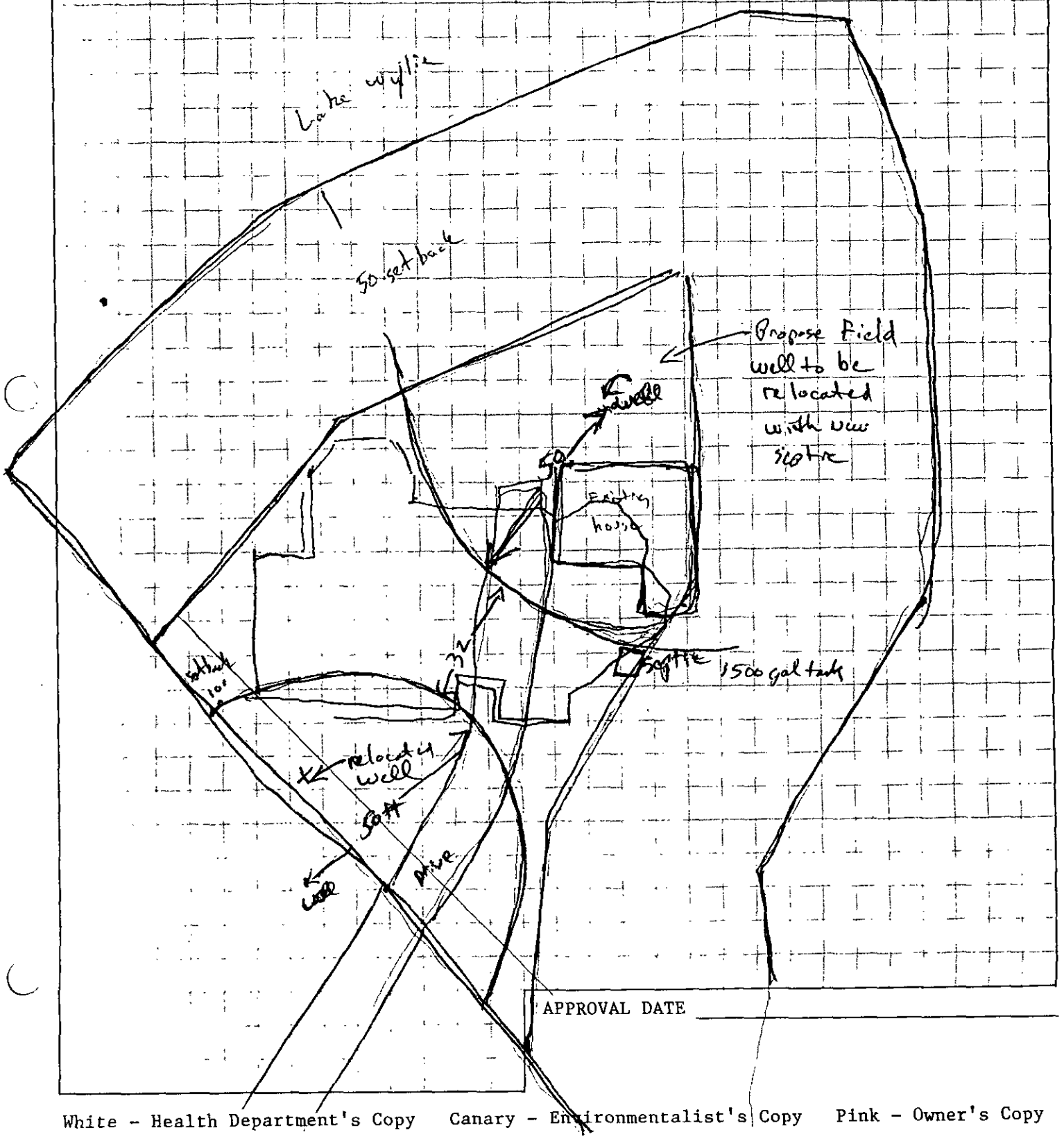
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 1191B

TC: 199-321-13

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

file 1181B

Mecklenburg County

Health Department

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: October 21, 1993

Ref: 1181B/9152A / 9801-2 Emerald Point

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Martin Dickinson originally paid $150.00 for improvement permit/with change in system on September 14,1993.

A refund should be issued for $125.00 because client decided not to take this lot. Consultation fee of $25.00 applies.

Please make check payable to:

Mr. Martin Dickinson
9801-2 Emerald Point
Charlotte, NC 28278

to Finance 11/24/93
Bri:

DAILY DEPOSIT SHEET

DATE 9-14-83

ESS	DESCRIPTION	NAME	CK/CA	INITIAL	AMOUNT
Lots 1-6	11693 - 11740	Charles Parker	9298	Dyf	450 00 ✓
Waverly Rd	Soil 6665	" "	—	—	—
Lots 17 - 019	11793 - 11776				
Mountain Creek Dr	Soil 3 lots	Catherine Hester	6350	Dyf	65 00 ✓
11229 Walking Horse	Well	Andy Politis	528	Dyf	50 00 ✓
Beard Rd	11786 perc	Donald Lenon	768	Dyf	200 00 ✓
9924 Rio St	11796 Log New	Leon Jefferson	1253	Dyf	50 00 ✓
2040 Deep Cove Ct	soil 11808	State of North Carolina	51477	Dyf	80 00 —
2000 Morglyn Dr	13607 9/8 2nd Soil Eval	Martin Dickinson	Cash	Dyf	150 00 ✓
15148 Birling Rd	11818 Alteration	Jenny Crawford	5637	Dyf	65 00
8941 Dartmoor Pl	Well & Septic	Linda Tinsley	1387	Dyf	20 00 ✓
2301 Triple Crown Ct	Well	Margaret Mabry	7011	Dyf	65 00 ✓
6109 Stonehouse Rd	Septic	JoAnn Rosell	2953	Dyf	65 00 ✓
12309 Bailey Rd	Well	Allen McConnell	560	Dyf	65 00 ✓
5306 Dayton Dr	4128 Log New	Gregory Matley	Cash	Dyf	200 00 ✓
(463)					
3415 Tennessee Ln	Demo	American Trading	605	Dyf	25 00
4415 Del Dr	Demo	Henry Seaman	Cash	Dyf	25 00 ✓
(464)					
320 Manor Ridge Dr	post Rec	Justin Tinsley	1230	Dyf	30 00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

09/14/93
CK # 1502

[] CRT

118B9152A

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.

Mr. Dickerson Telephoned He is not going to take the lot. He can't build the house he wants & meet setback requirements

PERSON FILING APPLICATION:

NAME: DICKINSON (last) MARTIN (first) K. (mi)

P.O. Box 410171 PHONE: 704 581-1943

CHARLOTTE STATE: NC ZIPCODE: 28241

Date:

PROPE

TAX/PI
STREE
ADDRES

ZONING

SUBDIV

TYPE AI

Y OWNER:

LUTZ (last) STEVEN (first) W (mi)

706 CHARLES AVE PHONE: (803) 283-0025

LANCASTER STATE: SC ZIPCODE: 29720

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

R: 13 LOT SIZE (in acres): 0.7456

[] SOIL
[X] NEW
[] EXCH
[] ADDI
[] 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)

USE EXISTING SYSTEM *

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: 3

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):
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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Signed: Steven W Lutz Date: 9/14/93

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_____ Environmentalist Date

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WWATER : 122791

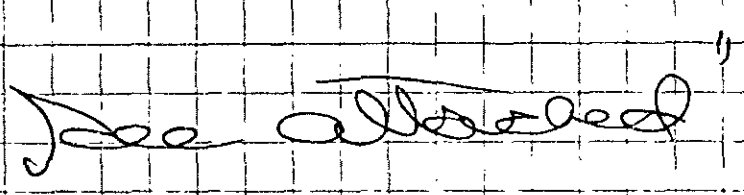
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
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PHONE (704) 336-5102

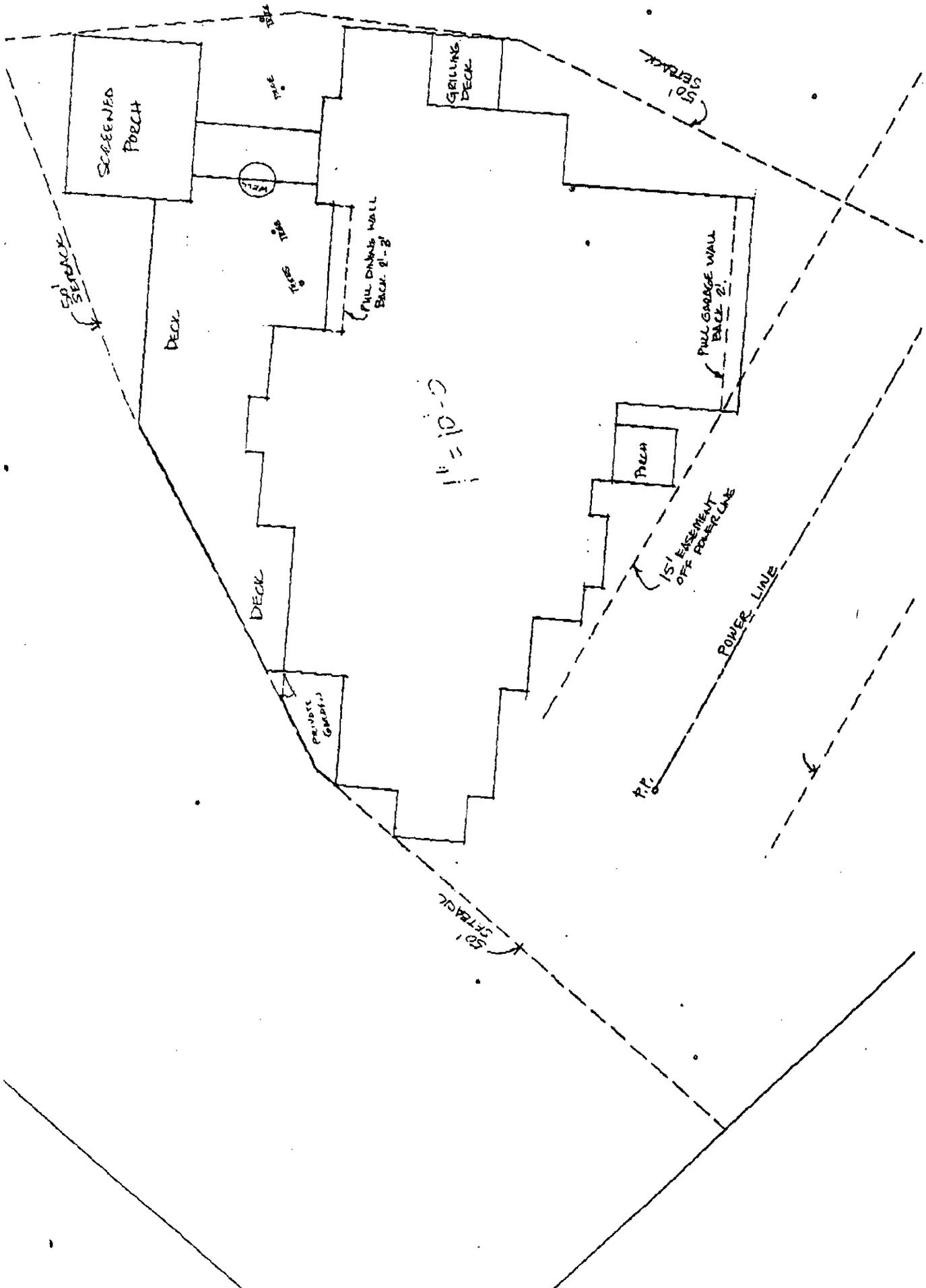
FILE: 1181B/152A

TC: _____

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APPROVAL DATE _____


SCREENED PORCH
GRILLING DECK
50' SETBACK
PULL DOWNS WALL BACK 2'-3'
PULL GARAGE WALL BACK 2'
50' SETBACK
DECK
DECK
PORCH
1" = 10'-0"
15' EASEMENT OFF POWER LINE
POWER LINE
P.P.
50' SETBACK