

18021 NANTZ RD

1/2/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P1 #35 10/20/94 Id.# 0976 ☐ CRT

3847B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Berry (last) Bruce (first) E (mi)
ADDRESS: PO Box 220 PHONE: (615) 257-6911
CITY: Chuckey STATE: TN ZIPCODE: 37641

Date: 10-14-94

PROPERTY OWNER:
NAME: BERRY (last) Bruce (first) E (mi)
ADDRESS: PO Box 220 PHONE: 615 257-6911
CITY: Chuckey STATE: TN ZIPCODE: 37641

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: PO 001-053.06
STREET ADDRESS: new proposed lot next to 18021 Nance Rd.
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 0.5 acres

TYPE APPLICATION (check one):
⊛ Consultation ⊛
☐ 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)
☐ 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) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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) or ☒ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ 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: Bruce Berry Date: 10-14-94

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

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

WATER : 122791

⊛ Mr. Tim Whittaker (ph # (704) 866-9540) is representing me regarding this Lot. Please contact him & advise him of when you plan to visit the Lot. So that he may meet you there. Thank you Bruce Berry

DAS DON ALLEN & ASSOCIATES, P.A
ENGINEERING * SURVEYING * PLANNING
Rt 7 BOX 293 * MOORESVILLE, N.C. 28115 * (704) 664-7026

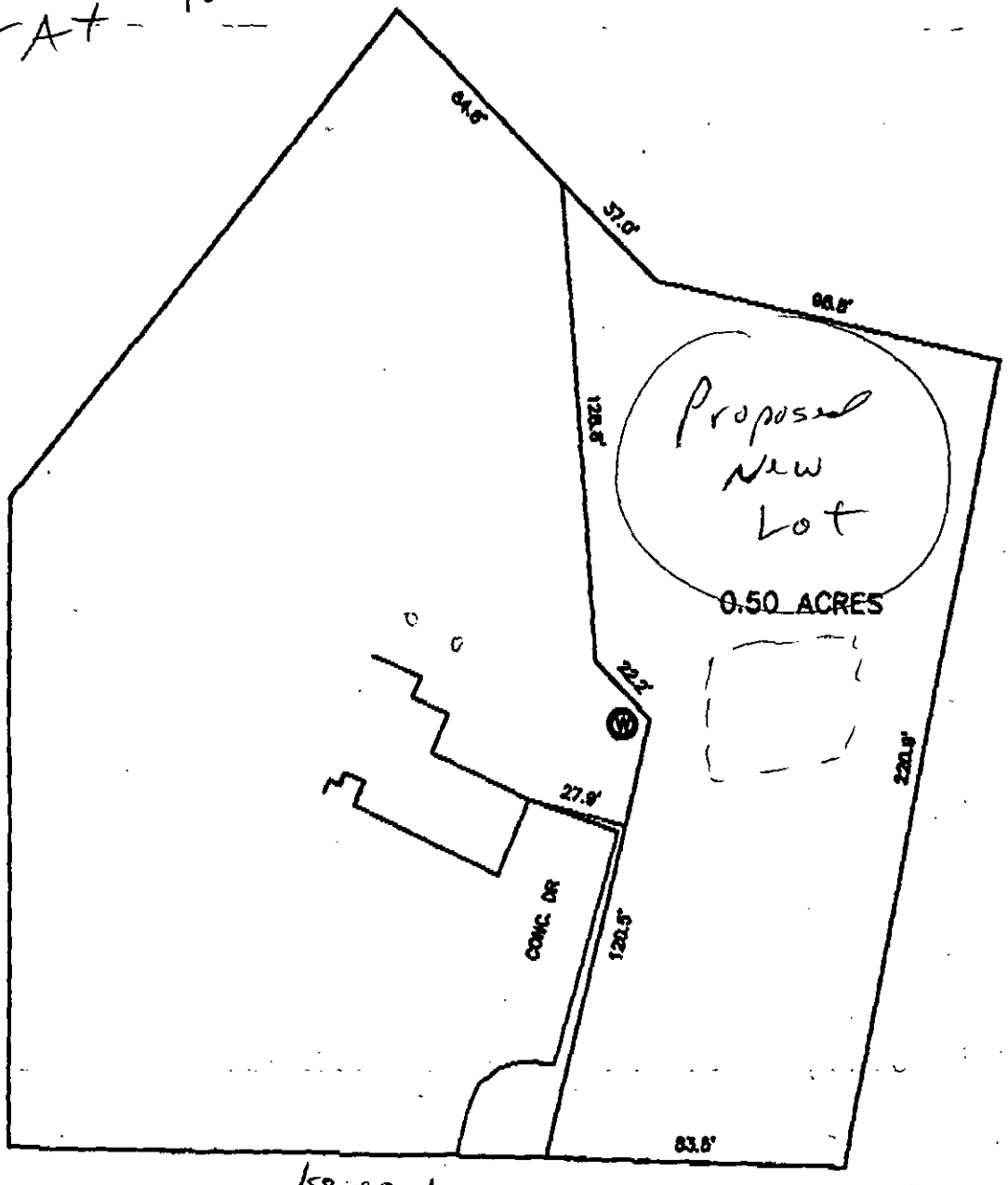
3347B

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book_____, page_____, 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 _____, day of _____, A.D. 19_____

_____

Post-it® Fax Note 7671	Date 9/20	# of pages ▶ 1
To [illegible] Ackerman	From Pat	
Co./Dept.	Co.	
Phone #	Phone #	
Fax # 892-4048	Fax #	

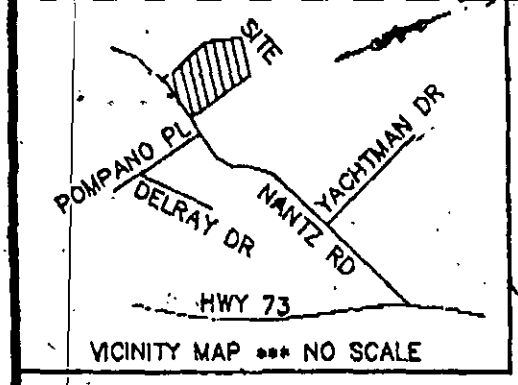
TAX - Parcel # PO 001-053-06



18021 Nantz Road.

Donald Ray Allen : L-1131

3347B



VICINITY MAP *** NO SCALE

DEED BK. 4685 PG. 458

LAKE NORMAN

EXISTING ANGLE IRON

N 62°16'00" E 101.85'

760 CONTOUR PER ACTUAL FIELD SURVEY

781 CONTOUR PER ACTUAL FIELD SURVEY

SEA WALL 760 CONTOUR PER ACTUAL FIELD SURVEY

N 32°29'07" W 169.73'

N 30°08'30" E 98.80'

1.44 ACRES

IRON SET ON LINE 5.85' FR REBAR

EXISTING #6 REBAR

CHAD D. ROBINSON 4389/623

174.20' TOTAL

145.02'

(BASE BEARING) N 72°05'00" W

111.4'

82.4'

S 60°40'33" E

220.89' TOTAL

215.24'

ORTEGA S. ICKENHOLTH 282/494

34.3'

16.0'

WOOD DECK

14.0'

14.8'

11.0'

30.0'

2 STORY BRICK & FRAME COMP. ROOF

F.F.=772.40

PORCH

770.20

44.0'

8.0'

4.5'

29.3'

18.9'

21.7'

59.7'

105.9'

11.8'

9.0'

FRAME BLDG

38.9'

WELL

CONC DR

GRAVEL DR

4.8'

EXISTING 1" PIPE

P.P.

P.P.

R/W

29.18'

S 18°30'00" W 150.41'

S 19°22'56" W 83.51'

EXISTING PINCH TOP IRON

18021 NANTZ ROAD

(PAVED) S.R.#2148

R/W

NOTES

1) This property may be subject to any easement and/or Rights-of-Way of record.
2) Acerage computed by the Coordinate Method.
3) Chicago Title Insurance Company
4) Existing 760 contour elevation based on Lake Norman lake level at Cowan's Ford Dam (Reading on July 25, 1991) Elevation=758.10

tax Parcel #
PO 001-053-06

PHYSICAL SURVEY

OF

18001 NANTZ ROAD