

15155 ANNALONG RD

19933119

12/26/2007

duponbj

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

Chris S.

FEE: 100.00
DATE: 1-31-08
CRT I 1 CK# 2513

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 1941B

TYPE APPLCATION:

- [X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A / M)
- [ ] ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES (X)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] COMMERCIAL OR INDUSTRIAL (N)

PERSON FILING APPLICATION:

NAME: Robert Phillips
ADDRESS: 15155 Annelons Rd
CITY: Charlotte, N
STATE: NC ZIP: 28278
PHONE: 704-564-9379
ALTERNATE PHONE:

PROPERTY OWNER:

NAME:
ADDRESS: Same
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION

TAX/PARCEL #: 199 331 19
STREET ADDRESS: 15155 Annelons Rd
CITY: Charlotte
STATE: NC **ZIP:** 28278
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #:

TOWNSHIP:

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

WATER SUPPLY:

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

OCCUPANCY (both fields are required):

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [X] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:

- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

1-31-08
Date

*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 y this Department.
- This permit is not transferable.

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

EHS Signature

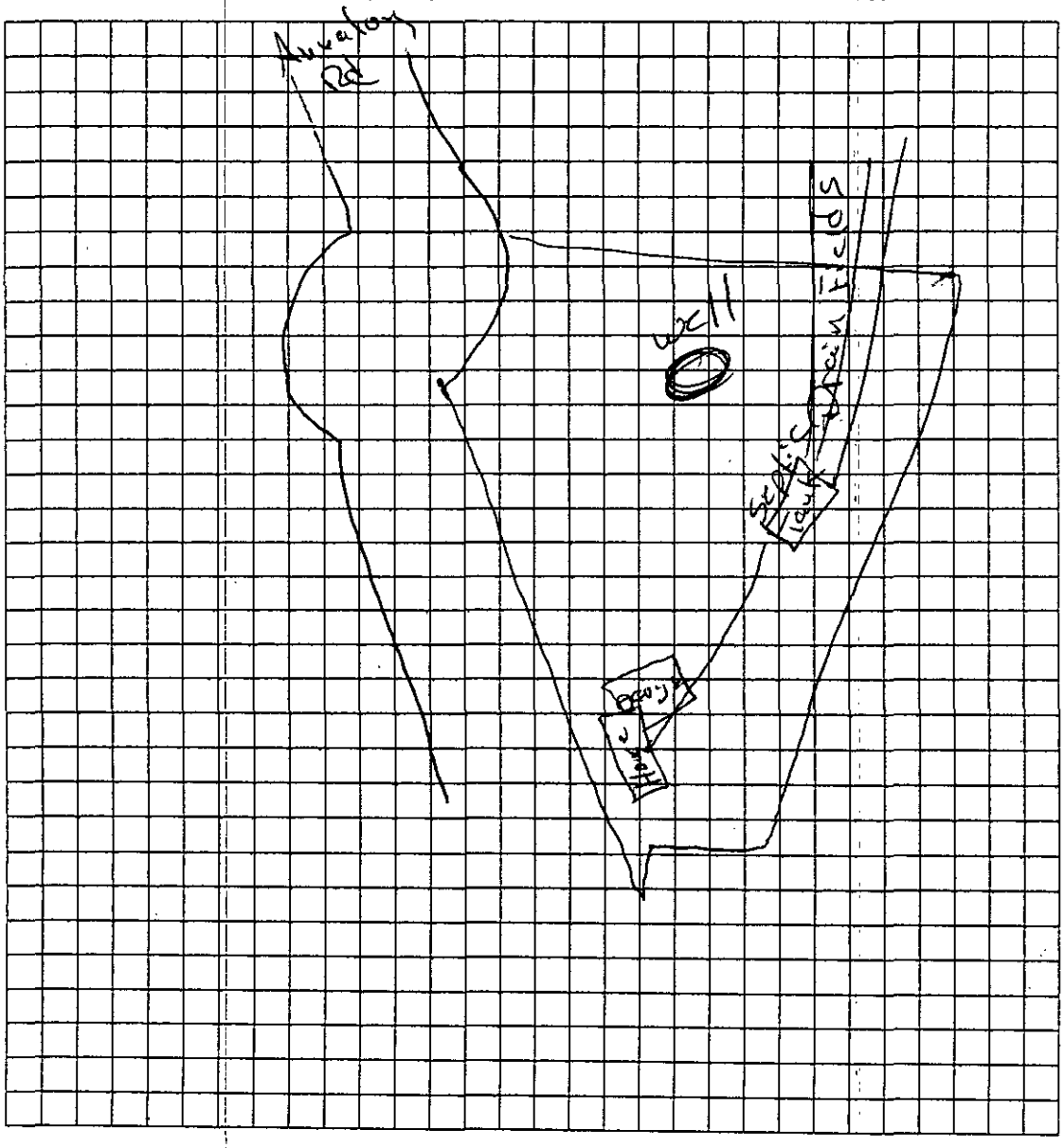
02-01-08
Date

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	Rod Pratt
Date	1-31-08

LBC 12/15/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/31/08	**Amount:**	100.00
Receipt #:	54936	**Tendered:**	100.00
Check / Auth #:	CHECK 2513	**Returned:**	0.00
Received By:	GLADNAG		

Account Information

Account #:	200000
Contractor:	PHILLIPS ROBERT L.
Attn:	
Address:	15155 ANNALONG RD
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 15155 ANNALONG RD		1	100.00	100.00

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

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

Check 2131
100.00 JKA 6/15/04

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACSP LD 131912
LD
[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 file 1941B
(704)336-5102 David

PERSON FILING APPLICATION:
NAME: Phillips (last) Robert (first) L (mi)
ADDRESS: 15155 Annalong Dr PHONE: (704) 564-9379 (mi) 588-5420
CITY: Clt, STATE: NC ZIPCODE: 28278

Date:

PROPERTY OWNER: SAME
NAME: (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-331-19
STREET ADDRESS:
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Garage
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

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: 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) [] 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: [signature] Date: 6/15-04

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.

...ADDITION APPROVED FOR GARAGE. O.K TO USE EXISTING SYSTEM.

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

[signature] RS 6/18/04
Environmentalist Date

WWATER : 122791

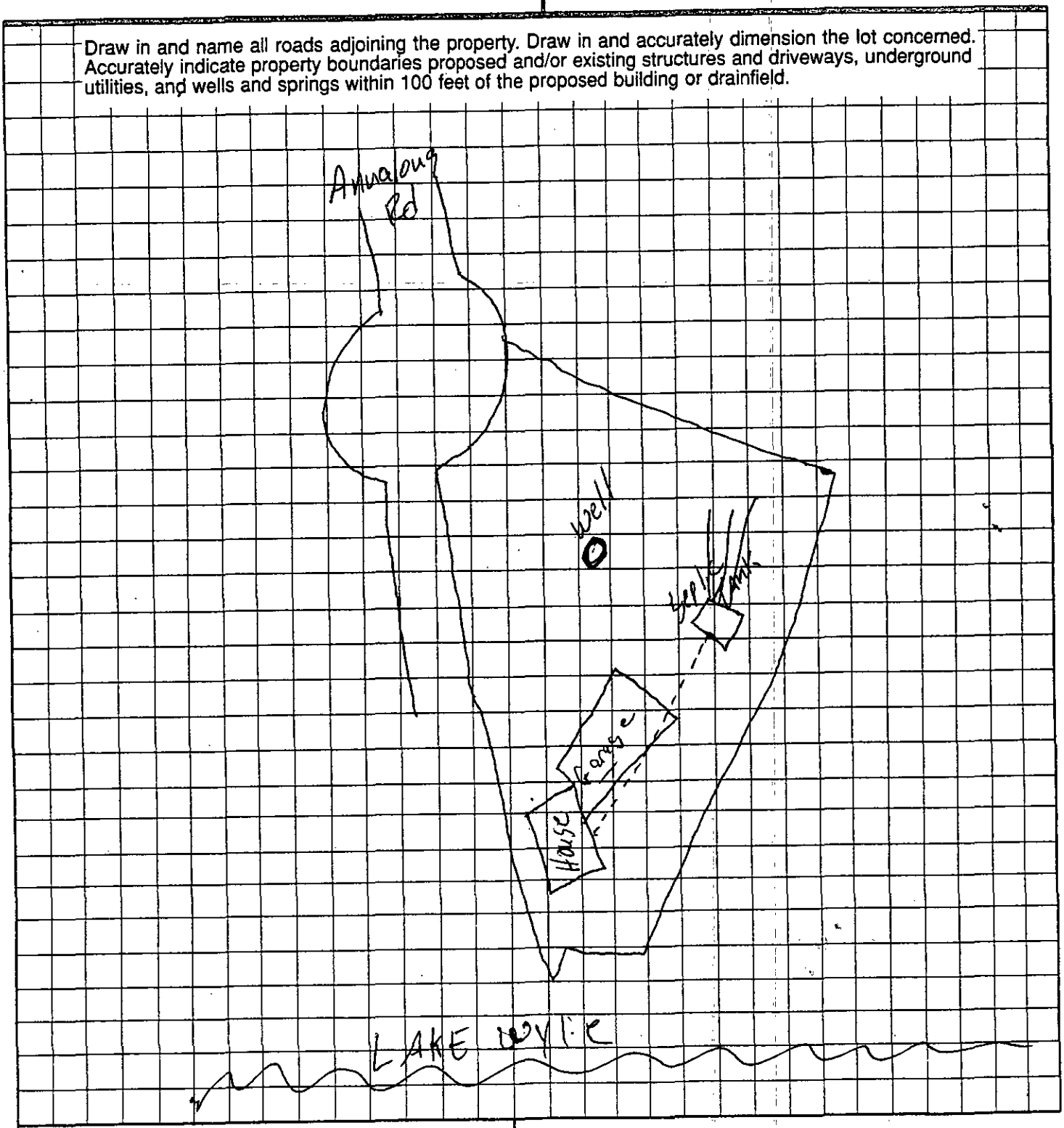
PROPOSED PLOT PLAN

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

FILE: 1941B

TC: 199-331-19

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.



OWNER/AGENT SIGNATURE

DATE 6/15/04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid 5/15/01 RF
ck # 1786 - $100.00 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

1941B

PERSON FILING APPLICATION:
NAME: Phillips (last) Robert (first) L (mi)
ADDRESS: 15155 Annalong Rd PHONE: (704) 588-5470
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date: 5-15-01

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 19933119
STREET ADDRESS: 15155 Annalong Rd
Cit, NC 28278
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Utility Bldg 12x24

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: 2

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: [signature] Date: 5-15-01

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.

... O.K. to use existing system for detached Utility Building

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

[signature] 5/15/01
Environmentalist Date

WWATER : 122791

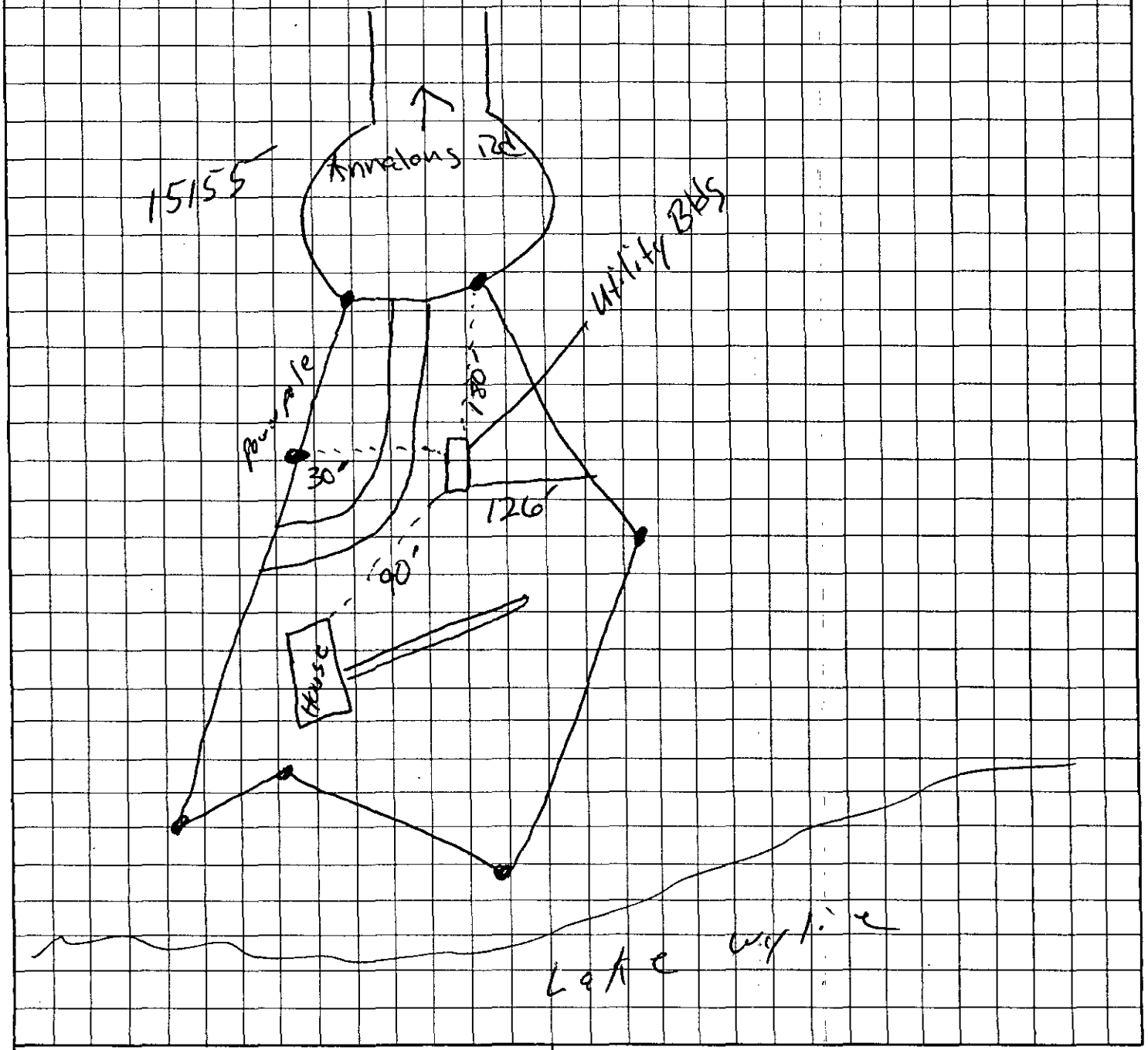
PROPOSED PLOT PLAN

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

FILE: _____

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.



Rod Pruitt
OWNER/AGENT SIGNATURE

DATE 5-15-01

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1941B DATE: 01/24/01

TC: 199-331-19 ☐ L ☐ CRT

SERIAL Nº 18547

Name of Owner Robert L. Phillips Juris.:

Address of Property 15155 Annalong Road

Inspection Data: New TANK Installed

Tank Material ~~Existing~~ PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100

Cover Depth 18"

Water Supply Source Well

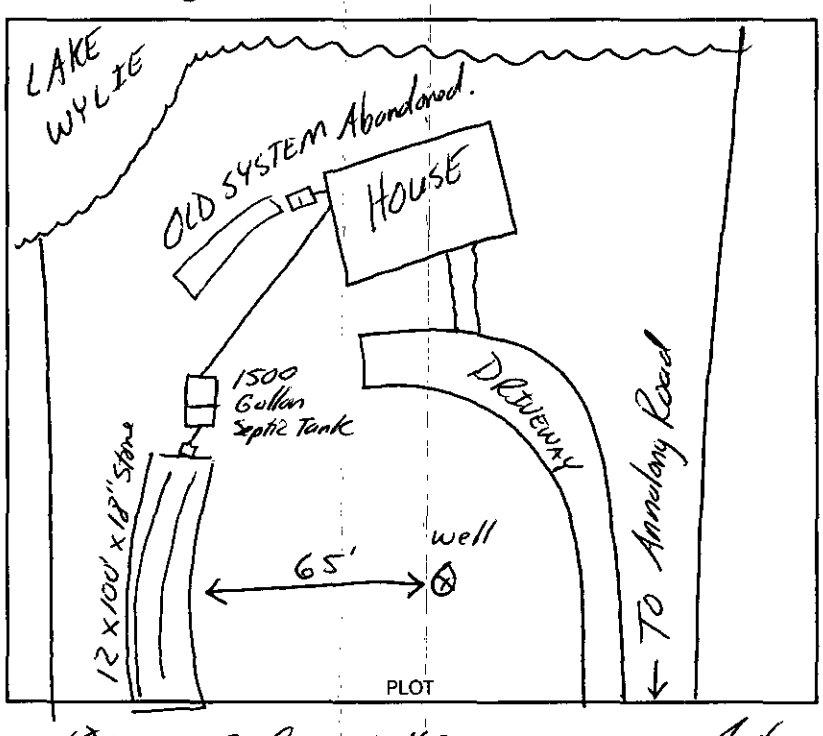
Distance to Water Source 65'

Excavation Inspected 01/24/01

Tank(s) Inspected 01/24/01

Wash Line Inspected NA

High Water Alarm Inspected NA



Design 2001, Repair, 1500 ST, 1200 SFB, Con, 18" Stone CTR# Autrey

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 I5A 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 I5A 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: Repair to System, 3 Bedroom Residence
12' x 100' x 18" Stone
Type II Conventional System

Jeremy L. Nicholson
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

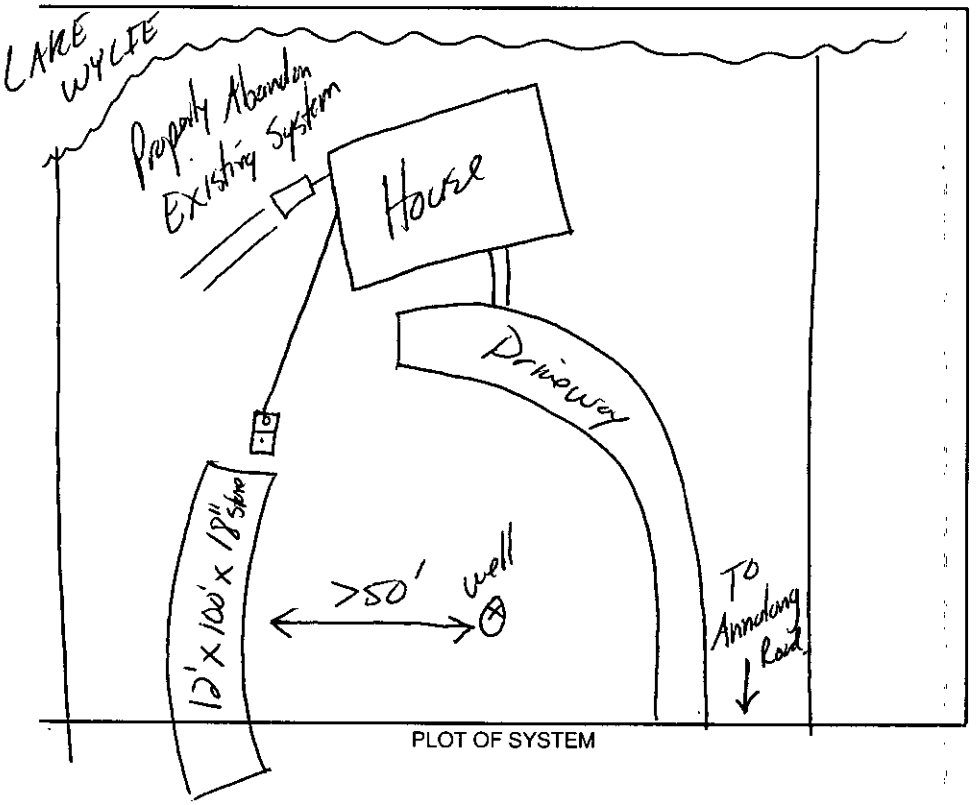
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1941B DATE: 01/22/01

TC: 199-331-19 ☐ L

SERIAL No: 18673

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 01/22/01. All work shall be completed on or before 02/22/01, 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 NA gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 12' x 100' x 18" feet

Trench Walls Scored and Porous yes

Total Line Length 400' feet

Number of Lines 4 x 100'

Depth of Stone 18" inches

Distance from House >5' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

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

NAME OF OWNER Robert C. Phillips

LOCATION OF PROPERTY 15155 Annalong Road

Comments: Install New 1500 Gallon Tank
Install 12' x 100' x 18" Bed
Type II Conventional System
Abandon Existing System Properly

Stevenson P. Mackie
Environmental Health Specialist

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

PROPOSED PLOT PLAN

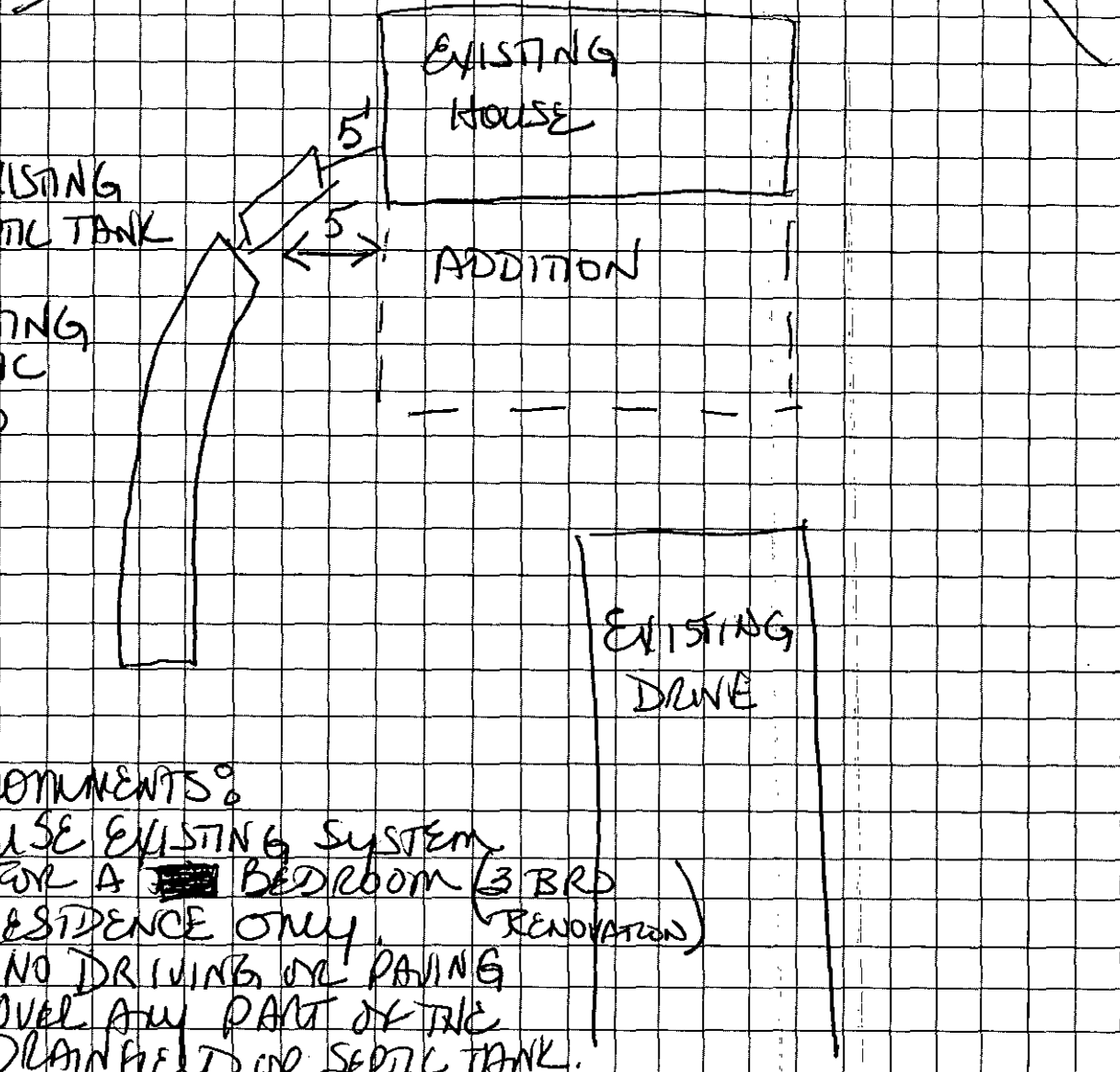
LAKE WYLIE

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

FILE: 1941B

TC: 199-331-19

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.



COMMENTS:

1. USE EXISTING SYSTEM FOR A [redacted] BEDROOM (3 BR RESIDENCE ONLY, RENOVATION)
2. NO DRIVING OR PAVING OVER ANY PART OF THE DRAINFIELD OR SEPTIC TANK.
3. EXISTING RESIDENCE HAS 2 BRMS NO RECORDS - NEW RENOVATION WILL INCLUDE 2 BEDROOMS AND LIBERRY WITH KITCHEN DEN, ETC.
4. NO REPAIR AREA APPEARS TO BE AVAILABLE.

OWNER/AGENT SIGNATURE

DATE 6/5/98

APPROVAL DATE 6/3/98-DEA

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

FEE: _____

DATE: _____

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

[ ] CRT

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

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

FILE #: 19418

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-331-19

STREET ADDRESS: 15155 Annalong Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

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 (F)

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:

NAME: PHillips Robert
(LAST) (FIRST) (MI)

ADDRESS: 15155 Annalong rd

CITY: CHARLOTTE STATE: NC ZIP: 28278

DAYTIME PHONE: (704 564-9379

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Steven Autry DATE: 1-22-01

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

FEE: 200.00 chk 496
DATE: 5/29/97 gc

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

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 #: 1941B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: [redacted]-199-331-19

STREET ADDRESS: 15155 Annalong Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 37 Sec 11

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Block

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: appr. 2400 sq ft w/ 1200 sq ft Heated 3 Bedroom 2 1/2 bath

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

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X 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 X YES ___ NO
DESIGNATED WETLANDS X YES ___ NO

PROPERTY OWNER:

NAME: Phillips Robert L
(LAST) (FIRST) (MI)

ADDRESS: 15155 Annalong Rd

CITY: Clt STATE: NC ZIP: 28278

DAYTIME PHONE: (800) 436 - 7060

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

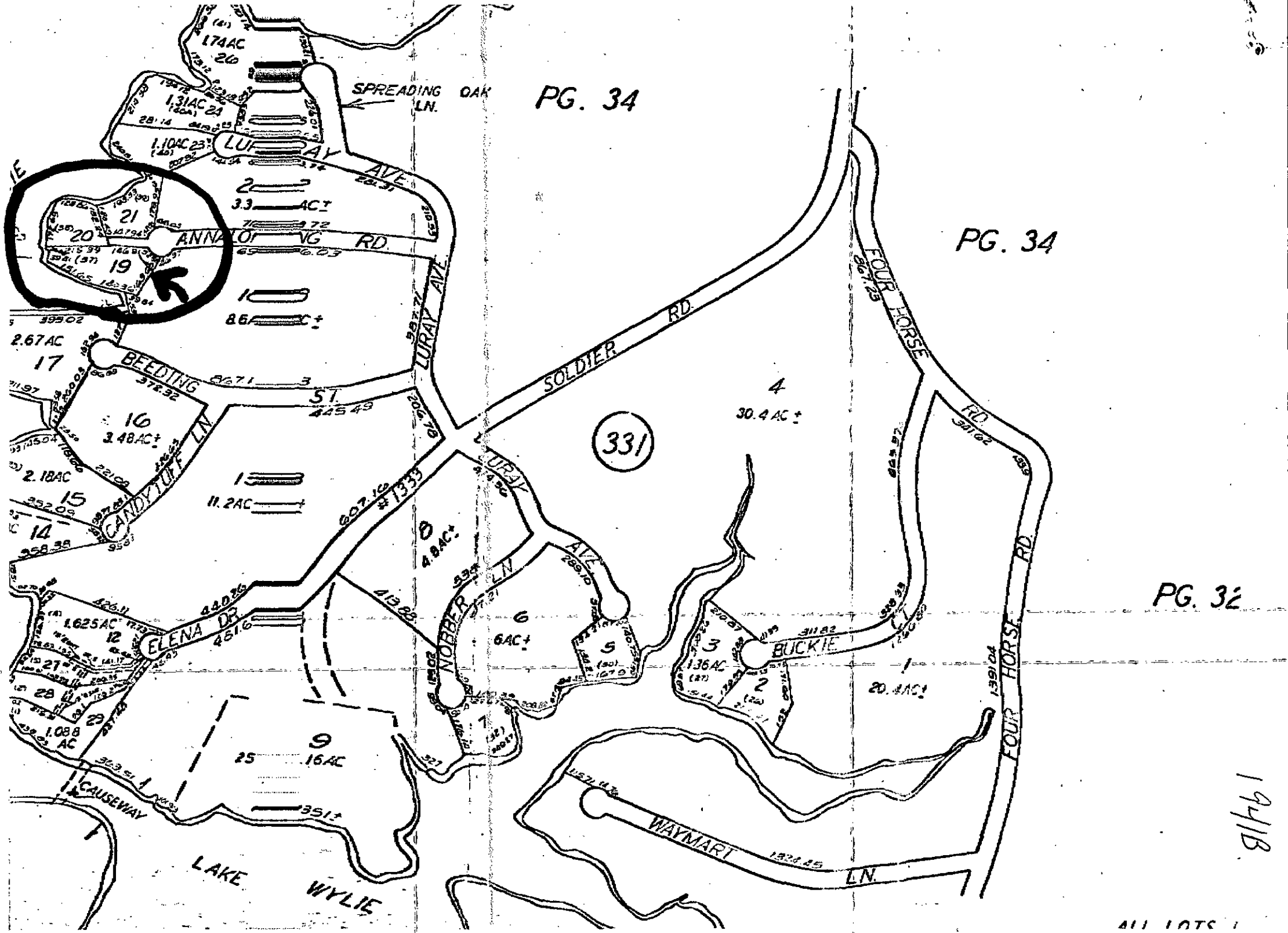
DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5-93

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: [signature] DATE: 5-27-97

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


PG. 34
PG. 34
PG. 32
SPREADING OAK LN.
LURAY AVE
ANNAPOLIS RD.
SOLDIER RD.
FOUR HORSE RD.
BEEDING ST.
CANDYTUFF LN
ELENA DR
NOBBER LN
BUCKIE CT
WAYMART LN.
CAUSEWAY
LAKE WYLIE
331
1.74AC 26
1.31AC 24
1.10AC 23
3.3 AC±
8.6 AC±
2.67AC 17
3.48AC±
2.18AC 15
11.2AC
4.8AC±
6AC±
1.625AC 12
1.088 AC
16AC
30.4 AC±
1.36AC
20.4AC±

Mecklenburg County
Health Department

August 7, 1997

Robert L. Phillips
15155 Annalong Road
Charlotte, NC 28278

Re: 15515 Annalong Road
File: 1941B
Parcel: 199-331-19

Dear Mr. Phillips:

Receipt of your application for an Alteration Permit to relocate the sewage treatment and disposal system at the above location for the purpose of building a new two bedroom residence is hereby acknowledged. Upon receipt of the request, a site evaluation was conducted in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

The soils in the area proposed for the relocation of the drainfield was found to be UNSUITABLE for septic tank system installation. These soils have expanding clay minerals present in the subsoil horizons. Indications of seasonal perched water (drainage mottles) was found as shallow as eighteen (18) inches from the soil surface.

There is insufficient area available to install a drainfield sized to accommodate the dwelling and also meet all setback requirements, i.e. from drainage ditches, house and garage foundations. The area is further limited by a well located at the rear of the house. The minimum setback distance from a well is fifty (50') feet. There appears to be insufficient area for relocation of the well.

Therefore, based on this information, your request to relocate your sewage treatment and disposal system is denied.

The only available recourse that you may have would be to utilize the Applicability Rule of NC Laws and Rules for Sewage Treatment and Disposal Systems which states:

> "The provisions of this section shall not apply to properly functioning sewage collection, treatment, and disposal systems in use or for which a valid permit to install a system has been issued prior to July 1, 1977. This provision is applicable only where the sewage flow and sewage characteristics are unchanged."

This means that you could use your existing septic system for a two bedroom residence as long as there would not be any addition of water use or increase of bedrooms. This would require your septic system to be a minimum of 5 feet off the foundation of your new house and 15 feet from a basement which has a 2' vertical wall cut.

An additional option would require you to utilize your existing septic system and a very limited additional area was located. This would require the use of an innovative system requiring a 25% reduction system utilizing 90 linear feet. This will enable you to utilize a 3-bedroom residence; however, this will eliminate any future repair area for your residence.

In order to utilize this type of system, re-classification and agreement forms will need to be signed, notarized and recorded with the Register of Deeds prior to any permitting. This will re-classify your lot from UNSUITABLE to PROVISIONALLY SUITABLE.

If you have any questions or need further assistance, please feel free to contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

Enclosure

An additional option would require you to utilize your existing septic system and a separate drainfield for the washing machine. A very limited area was located in which to install this alternative. Due to the available space, it would require an innovative system requiring a 25% reduction system utilizing 90 linear feet and a pump. This additional drainfield would upgrade the system to a 3 bedroom house; however, this will eliminate any future repair areas for your residence.

August 7, 1997

Robert L. Phillips
15155 Annalong Road
Charlotte, NC 28278

Re: 15515 Annalong Road
File: 1941B
Parcel: 199-331-19

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There is insufficient area available to install a drainfield sized to accommodate the dwelling and also meet all setback requirements, i.e. from drainage ditches, house and garage foundations. The area is further limited by a well located at the rear of the house. The minimum setback distance from a well is fifty (50') feet. There appears to be insufficient area for relocation of the well.

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This means that you could use your existing septic system for a two bedroom residence as long as there would not be any addition of water use or increase of bedrooms. This would require the foundation of your new house ~~to be a minimum of 5 feet off the foundation~~ and 15 feet from a basement which has a 2' vertical wall cut.

TAKE out

your septic system to be a minimum of 5 feet off Looks good

Mecklenburg County
Health Department

July 15, 1997

Robert L. Ph
15155 Ann
Charlott

D

Re: 15515 Annalong Road
File: 1941B
Parcel: 199-331-19

Permit to relocate the sewage treatment and
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0, "Laws and Rules for Sanitary Sewage
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This means that you could use your existing septic system for a two bedroom residence as long as there would not be any addition of water use or increase of bedrooms. This would require the foundation of your new house to be a minimum of 5 feet off the foundation and 15 feet from a basement which has a 2' vertical wall cut.

Dawn –
Please re-do this page & add this to the top.
Thanks
First page is fine.

If you have any questions or need further assistance, please feel free to contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

Enclosure

~~There may be~~

~~Another~~

An additional option ~~that may be available to you~~ would require you to utilize your existing septic system and a very limited additional area was located ~~at the top corner of your lot on the left side of the drive~~ This for a washing machine line.

would require the use of an aerobic system requiring a 25% reduction ~~This would require you to apply for~~ utilizing 90 linear feet. ~~and record re-classification forms for~~ ~~prior to issuance of an Improvement Permit for your septic system.~~ This will enable to utilize a 3-bedroom residence; however, this will eliminate any future repair area for your residence.

In order to utilize this type of system, ~~and~~ re-classification & easement forms will need to be signed, notarized & recorded with the Register of Deeds prior to any permitting. (over)

This will re-classify your lot from unsuitable & provisionally suitable.

Copy

Mecklenburg County
Health Department

August 10, 1992

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

Mr. ~~Alex G. Stikeleather~~ Robert L. Phillips
~~9001 Lakebrook Road~~ 15155 Annalong Rd
~~Charlotte, North Carolina 28214~~

Subject: Property Located at ~~9001 N. Lakebrook Road~~ 15155 Annalong Rd

Dear Mr. ~~Stikeleather~~ Phillips:

Receipt of your application for an ~~Improvement~~ Alteration Permit to relocate the sewage treatment and disposal system at the above location ~~due to the Department of Transportation expansion of the I85 service road at Lakebrook Road~~ is hereby acknowledged. Upon receipt of the request, a site evaluation was conducted in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal". Our comments are listed below: for the purpose of building a new two bedroom

The soils in the area proposed for the relocation of the drainfield was found to be unsuitable for septic tank system installation. These soils have expanding clay minerals present in the subsoil horizons. Indications of seasonal perched water (drainage mottles) was found as shallow as eighteen (18) inches from the soil surface.

There is insufficient area available to install a drainfield sized to accommodate the dwelling and also meet all setback requirements, i.e. from drainage ditches house and garage foundations. The area is further limited by a well located at the rear of the house. The minimum setback distance from a well is fifty (50') feet. There appears to be insufficient area for relocation of the well.

Therefore, based on this information, your request to relocate your sewage treatment and disposal system is denied.

If you have any questions concerning this matter or wish to exercise your right of appeal, you may contact me at 336-5571.

SEE BACK

Sincerely,

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

cc: Terrell Smith
Department of Transporation

~~Mr. [redacted]~~

The only available recourse that you ~~have~~ may have would be to utilize the Applicability Rule of NC Rules & Laws for Sewage Treatment and Disposal Systems. which states:

"The provisions of this section shall not apply to properly functioning sewage collection, treatment, and disposal systems in use or for which a valid permit to install a system has been issued prior to July 1, 1977. This provision is applicable only ~~for which~~ when the sewage flow and sewage characteristics are unchanged."

This means that ~~if this~~ you could use your existing septic system for a two bedroom residence as long as ~~there would~~ there could not be any addition of water use or increase of bedrooms. This would require the foundation of your new house to be a minimum of 5 ft off of the foundation ~~of~~ and 15 ft. from a basement which has a 3' vertical wall cut.

If you have any questions or need further assistance, please feel free to contact me at 336-5572.

Sincerely yours,

Joni Huggins Bunn

Enclose copy of rule.

FEE: 200.00 ck 4 116
DATE: 5/29/97C

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

[ ] 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

COPY

FILE #: 1941B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: [redacted]-199-331-19

STREET ADDRESS: 15155 Annalong Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 37 Sec 11

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE: Block

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: appr. 2400 sq ft w/ 1200 sq ft Heated 2 Bedroom 2 1/2 bath

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

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
___ MUNICIPAL (M)
X 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 X YES ___ NO
DESIGNATED WETLANDS X YES ___ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Phillips Robert L (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 15155 Annalong Rd	DAYTIME PHONE: ( ) —
CITY: Clt STATE: NC ZIP: 28278	
DAYTIME PHONE: (800) 436 — 7060	

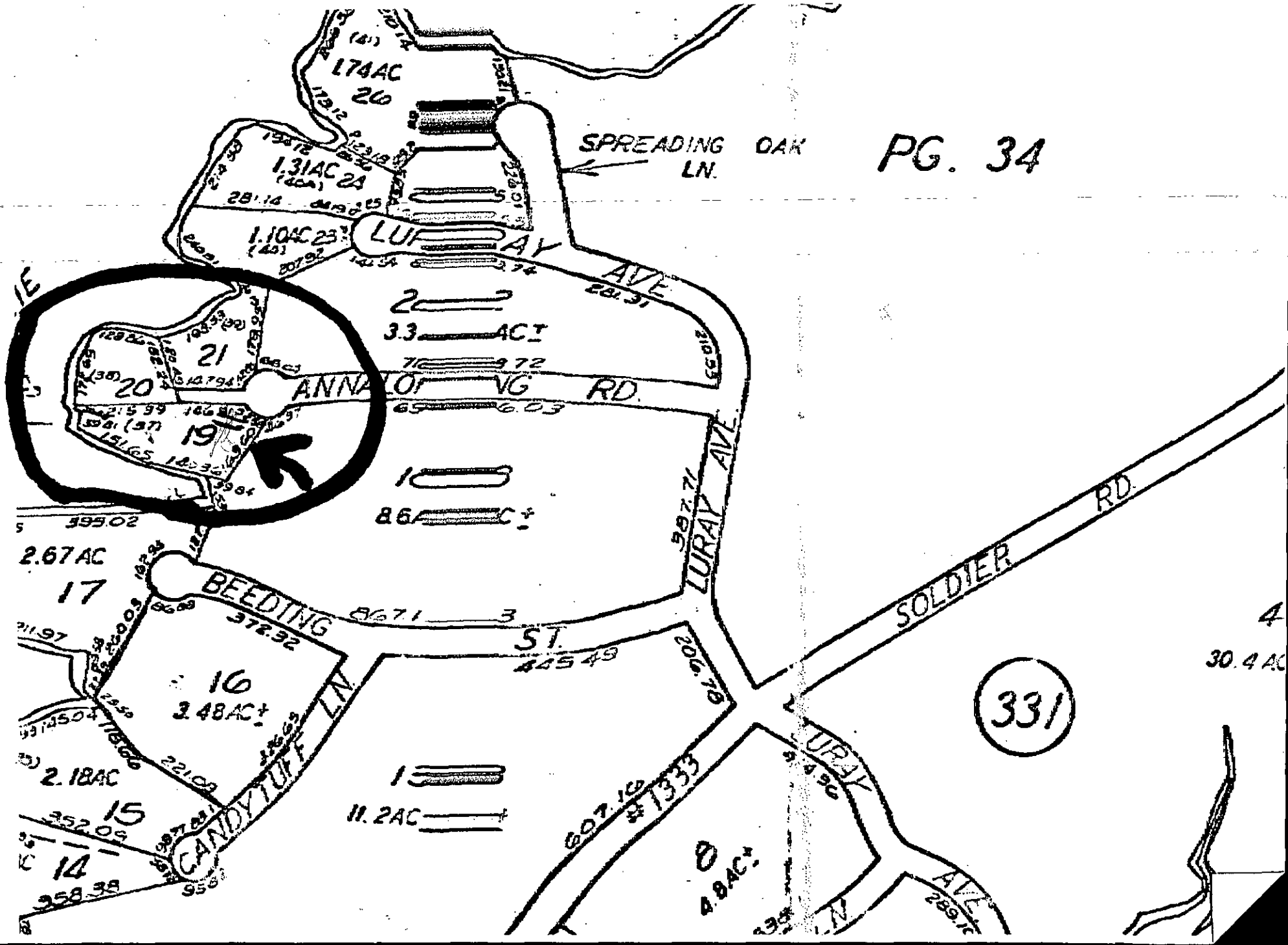
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 5-93

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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

COPY


PG. 34
SPREADING OAK LN.
1.74AC
26
1.31AC 24
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LURAY AVE
3.3 AC±
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BEEDING ST.
16
3.48AC±
2.18AC
15
CANDYTUFT LN.
14
11.2AC
4.8AC±
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SOLDIER RD.
331
1333
30.4 AC

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Sincerely,

Toni Higgins-Bunney, R.S.

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Individual Water and Wastewater Systems

Enclosure