

19029 MOUNTAINVIEW DR

00175115

6/23/08

marliwr

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

Use for NEW Application

File #1502
Rec'd $50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1460

Subdivision

[X] 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 1502

PERSON FILING APPLICATION:

NAME: McIntyre (last) Scott (first) R (mi)

ADDRESS: 2213-B Diamond Creek PHONE: 704 583-2361

CITY: Charlotte STATE: NC ZIPCODE: 28273

Date: November 18, 1997

PROPERTY OWNER:

NAME: Mann (last) Thomas & Billye (first) (mi)

ADDRESS: 19029 Mountainview Drive PHONE: 704 892-4593

CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-751-15

STREET ADDRESS: 19029 Mountainview Drive

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Mountainview Beach

LOT NUMBER: 5 LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

14x18 Addition, 20x11 screened porch conversion to sunroom

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: 4-3 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)
[X] 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: Scott R. McIntyre Date: 11/18/97 Rec'd M Lowder 12/5/97

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... Use existing system for proposed addition — No Bedrooms

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

Tommy B. Thompson, Jr. R.S. 12-12-97
Environmentalist Date

WATER : 122791

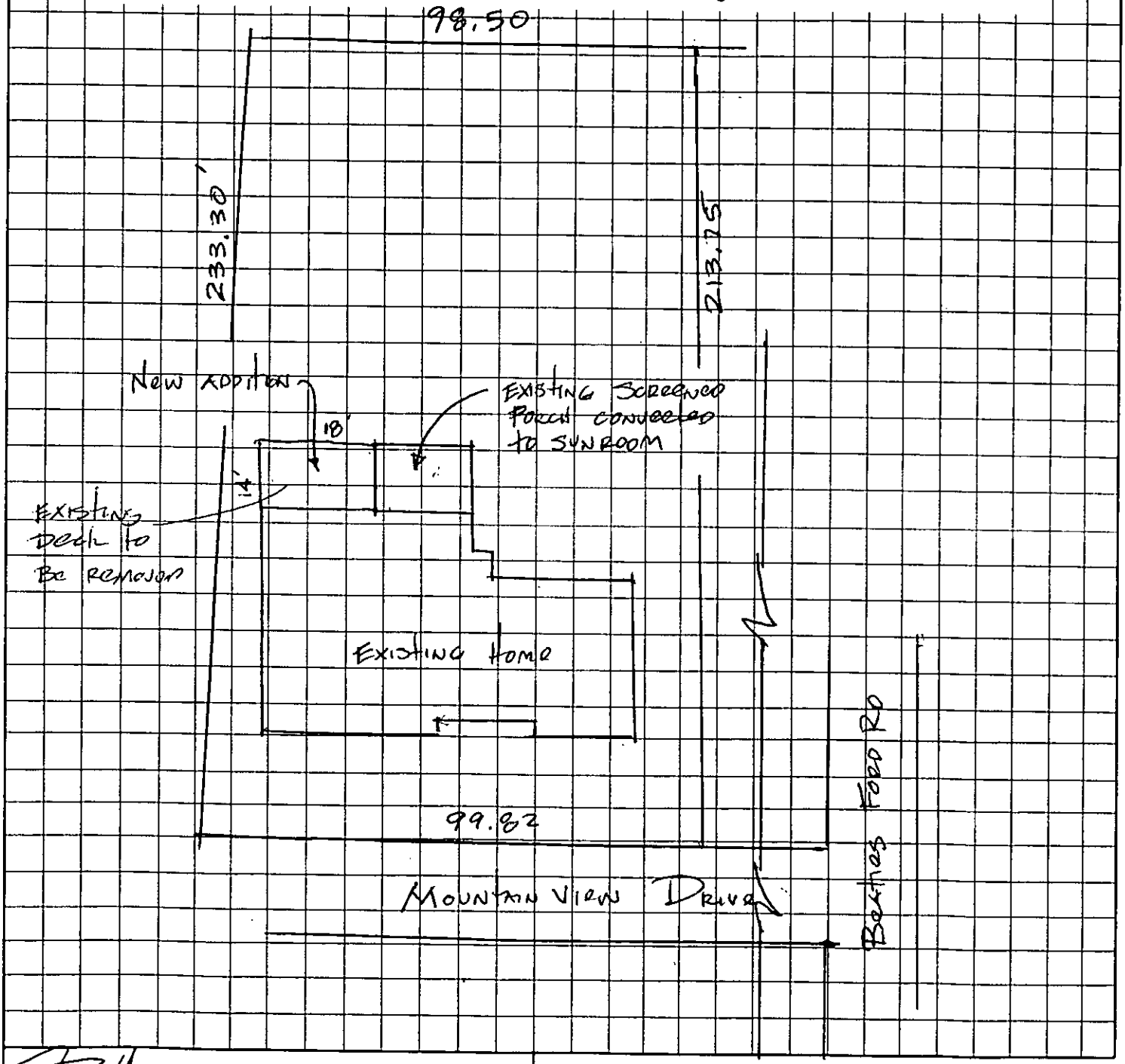
PROPOSED PLOT PLAN

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

FILE: 11502

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.



OWNER/AGENT SIGNATURE

DATE 11/18/97

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 12/9/97

Name/Company: The Bainbridge Crew of NC Inc.

Sanitation _____

Vector Control _____

IWWS X

Service: Building Addition
Screened Porch/
Sunroom
File 11502
19029 Mountainview

Fee: $ $0.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Judy Kuss
Completed by

Cliff Jones
Collected by

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

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

Date: November 19, 1997

Ref: 19029 Mountainview Drive File #11502

SUBJECT: Refund

(Mr./Mrs./Co.) The Bainbridge Crew originally paid $50.00 for an addition to convert screen porch to sunroom on November 18, 1997.

A refund should be issued for $50.00 because The request was cancelled by the applicant prior to the services being performed.

Please make check payable to: The Bainbridge Crew
9307 M Monroe Road
Charlotte, NC 28270

Pd $50.00 11/18/97

Air 11502

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 11502

Date: November 18, 1997

PERSON FILING APPLICATION:
NAME: McIntyre (last) Scott (first) R (mi)
ADDRESS: 2213-B Diamond Creek PHONE: (704) 583-2361
CITY: Charlotte STATE: NC ZIPCODE: 28273

PROPERTY OWNER:
NAME: Mann (last) Thomas & Billye (first) (mi)
ADDRESS: 19029 Mountainview Drive PHONE: (704) 892-4593
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-251-15
STREET ADDRESS: 19029 Mountainview Dr
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
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[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
14x18 Addition, 20x11 screened porch converted to sunroom

RESIDENTIAL PROPERTY (Type Building, check one):
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[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: 4 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)
[X] Municipal (M) [] Other 'spring' (O)
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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: Scott R. McIntyre Date: 11/18/97

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...This permit is not transferable.

... Use existing system for proposed addition - No bedrooms

[] 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

Environmentalist Date 12-12-97

WATER : 122791

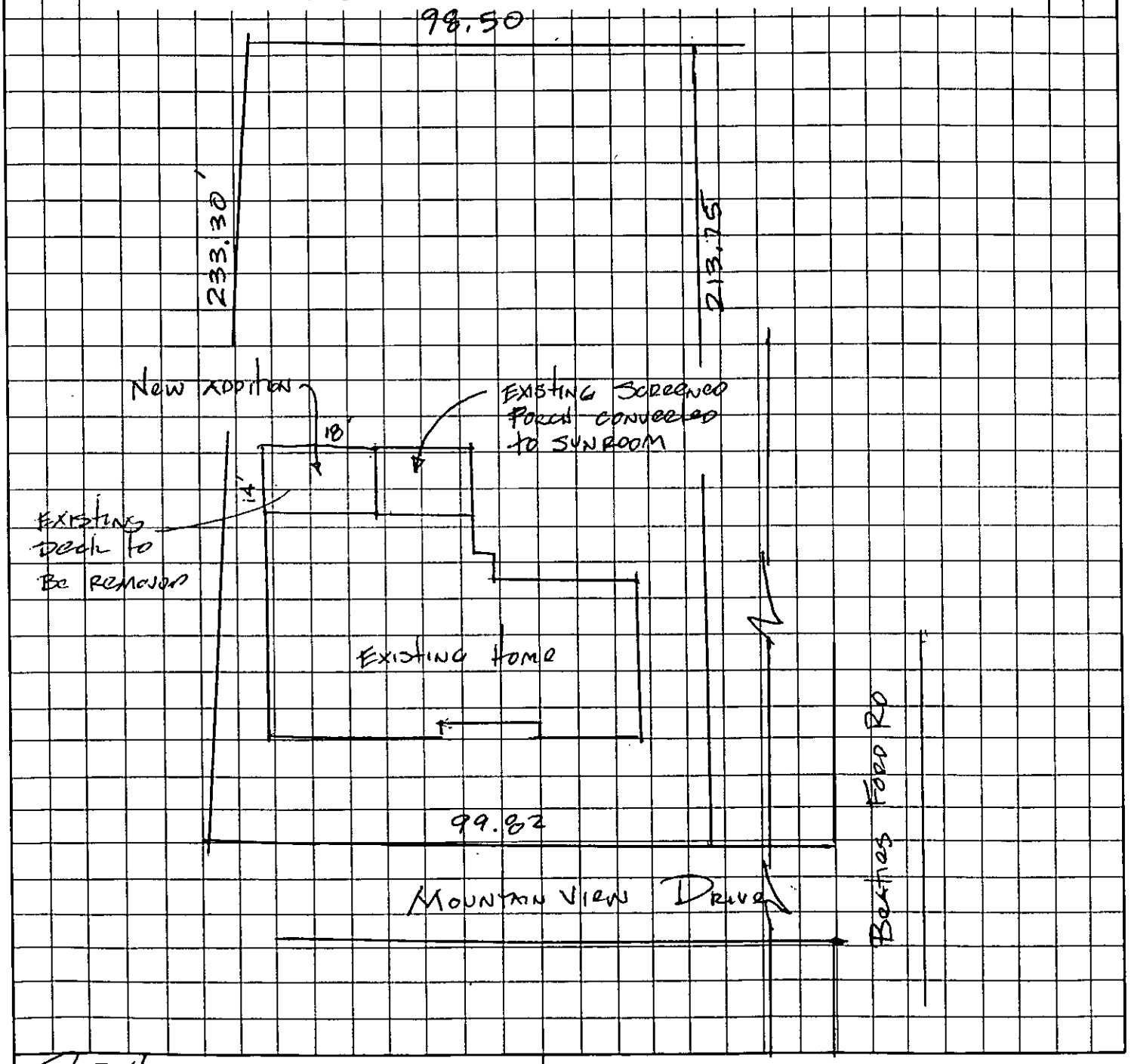
PROPOSED PLOT PLAN

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

FILE: 11502

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.



OWNER/AGENT SIGNATURE

DATE 11/18/97

APPROVAL DATE _____

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 11/18/97

Name/Company: Scott McIntyre

Sanitation _____

Vector Control _____

IWWS X

Service: Elder Addition
14029 Mountainview Dr

_____

_____

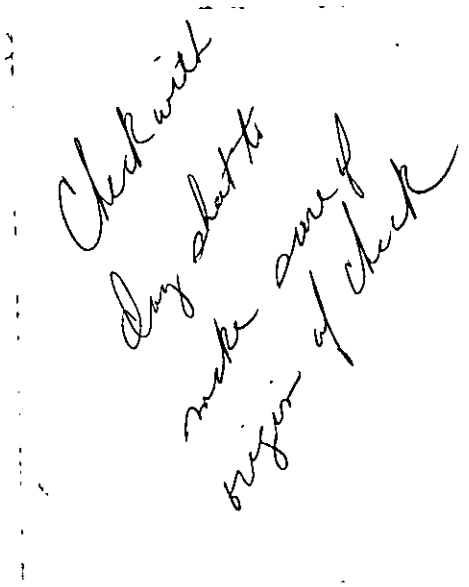
Fee: $ 50.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by


Check with
Dry start to
make sure of
origin of check

Lee pd 11/18/97

1902 9

Montarroso

Dr.

Cancelled

11/18/97

Bainbridge Crew

9307-M Monroe Rd

Charlotte

28270

INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REP

SERIAL NUMBER	FILE NUMBER	ENVIRON-mentalist	INST.	REP.	DA IS

11/18/97

Ltr 11502

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Chk # 1053

[] 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 11502

PERSON FILING APPLICATION:
NAME: McIntyre (last) Scott (first) R (mi)
ADDRESS: 2213-B Diamond Creek PHONE: (704) 583-2361
CITY: Charlotte STATE: NC ZIPCODE: 28273

Date: November 18, 1997

PROPERTY OWNER:
NAME: Mann (last) Thomas & Billye (first) (mi)
ADDRESS: 19029 Mountainview Drive PHONE: (704) 892-4593
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-25-15
STREET ADDRESS: 19029 Mountainview Dr
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Mountainview Beach

LOT NUMBER: 5 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] [redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] [redacted] - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
14x18 Addition, 20x11 screened porch conversion to sunroom
[] [redacted]

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: 4/3 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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: Scott R. McIntyre Date: 11/18/97

NOTICE:

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...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

WATER : 122791

Mecklenburg County
Health Department

February 12, 1996

Thomas J. & Billye H. Mann
19029 Mountainview Drive
Huntersville, NC 28078

Re: 19029 Mountainview Drive
File: 11502
Parcel: 001-751-15

Dear Mr. & Mrs. Mann:

Receipt of your application to extend the existing breakfast room and den and add a deck to the residence at the above referenced location is hereby acknowledged.

Upon receipt of the application, a review was made of the material on file and a site evaluation was conducted on February 8, 1996. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .1900 "Laws and Rules For Sewage Treatment and Disposal Systems". Our comments are as follows:

Part of the proposed addition appears to be located over the washing machine drainfield. This was determined by probing the area. 15A, NCAC 18A .1950, Location of Sanitary Sewage Systems (a) (10) states: "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from ...any building foundation, 5 feet." Deck supports are considered to be "foundation".

For this reason, the request as submitted is disapproved. I will gladly accept for review a revised plan with the additions meeting the required setbacks if you desire.

You may want to inquire with the Charlotte Mecklenburg Utility Department (CMUD) at 399-2221 as to whether municipal sewer is an available option. If you were to tap your residence onto a municipal sewer line and properly abandon your septic tank system, this office would no longer be involved with the location of your proposed additions.

If you have any questions, please feel free to contact me at 336-5573.

Sincerely,

Lisa B. Mialik, RS

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

LM:gc

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ck#1044 $50.00 2/1/96 11502 [] 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

PERSON FILING APPLICATION:
NAME: Mann (last) Thomas J. (first) (mi)
ADDRESS: 9029 Mountain Vrew PHONE: (704) 8924593
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-751-15
STREET ADDRESS: 9029 Mountain Vrew Dr Huntersville NC 28078
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: L5 M11 LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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:
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Signed: Billye Ann Mann Date: 2/1/96

NOTICE:

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...This permit is not transferable.

... 2/8/96 Denial. See letter date 2/12/96. JBM

[] 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

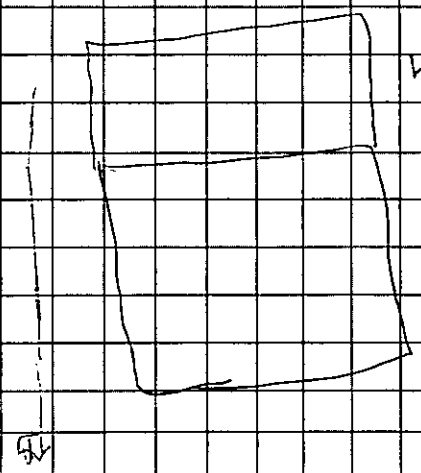
PROPOSED PLOT PLAN

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

FILE: 11502

TC: 001-751-15

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

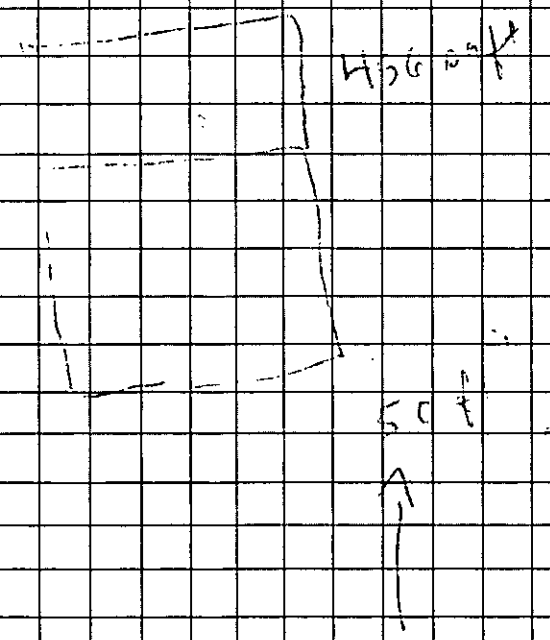
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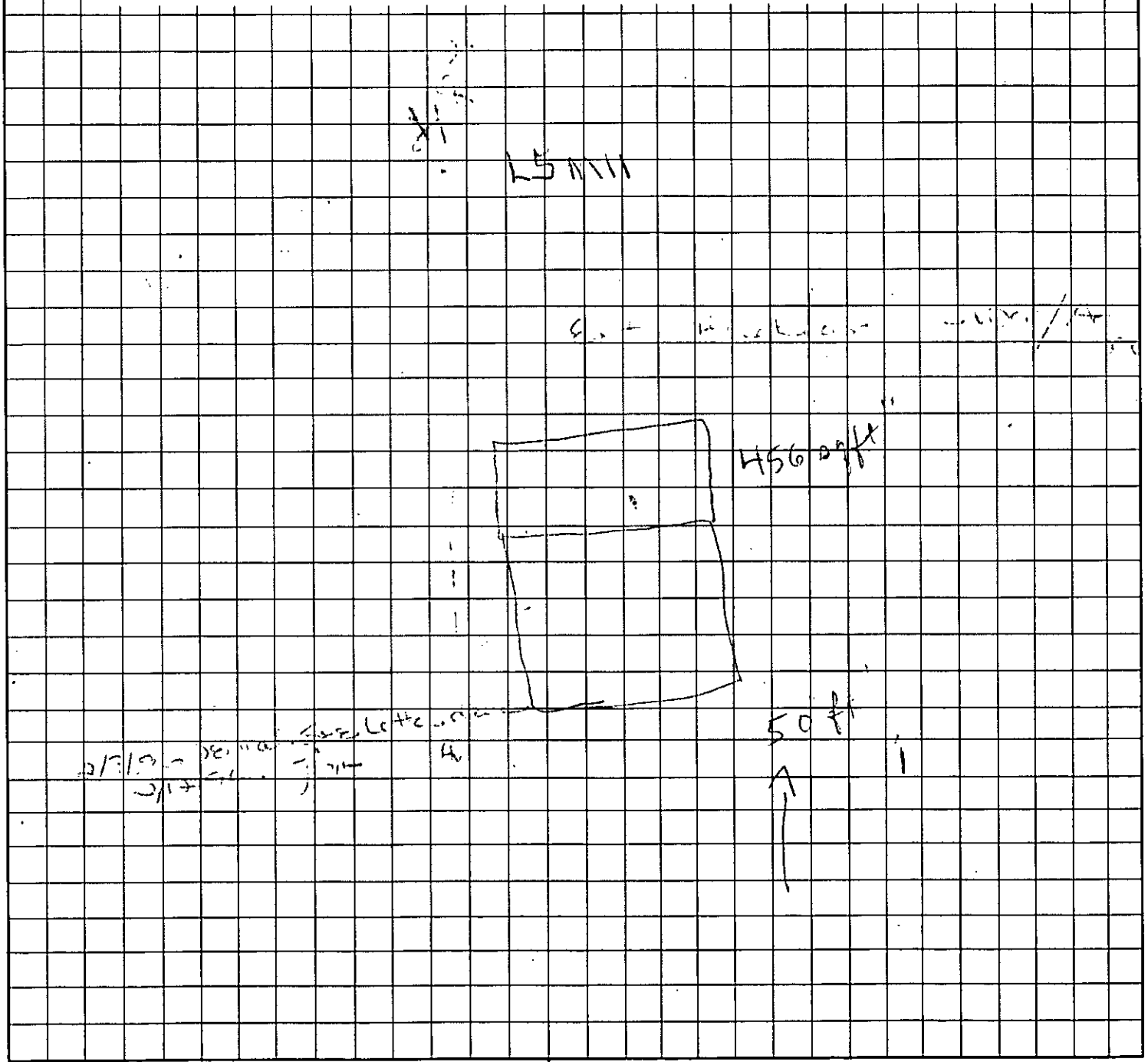
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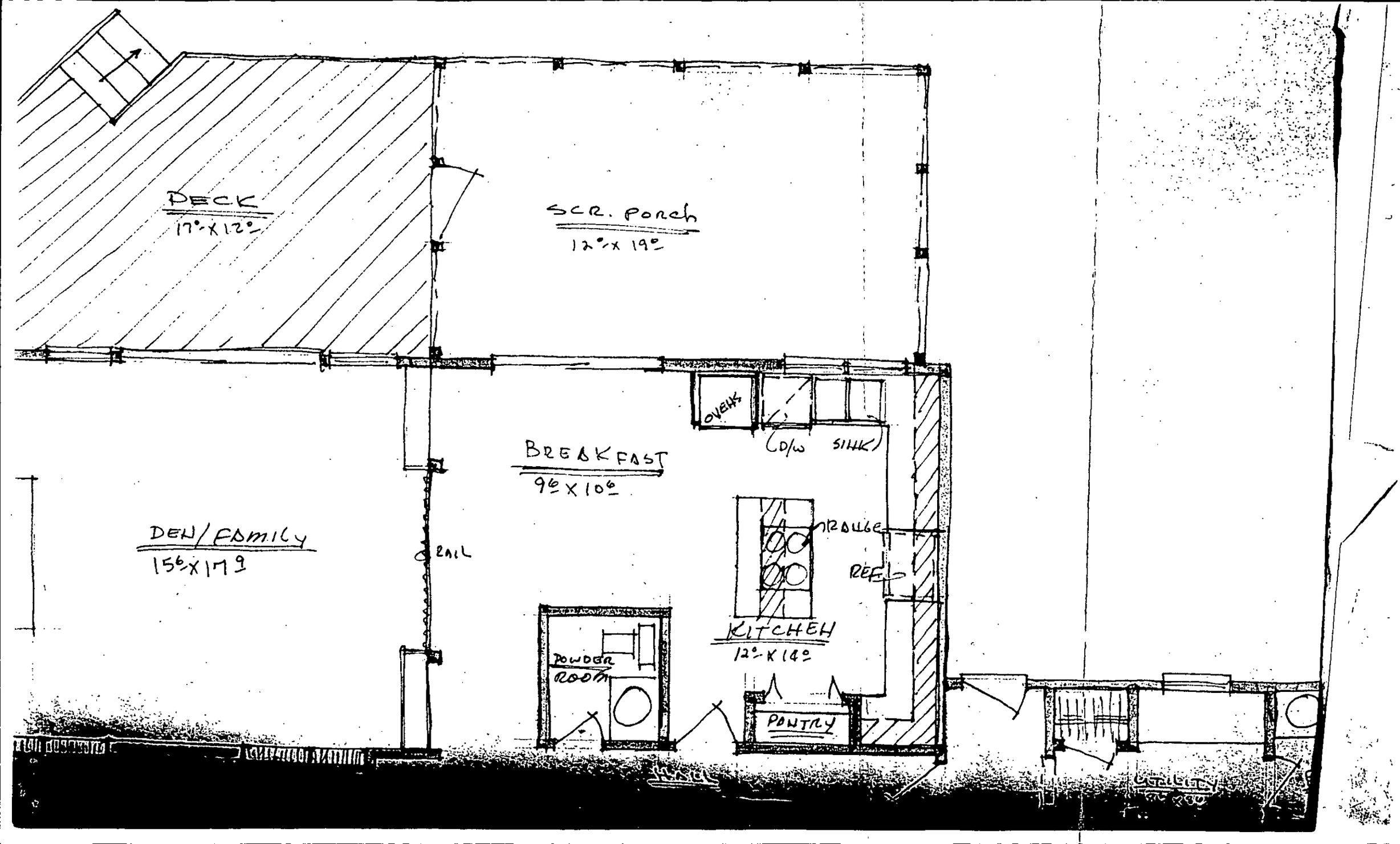


OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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DECK
17'-X 12'-
SCR. PORCH
12'-X 19'-
OVENS
(D/W SINK)
BREAKFAST
9'-6" X 10'-
DEN/FAMILY
15'-6" X 17'-9"
RAIL
RANGE
REF.
KITCHEN
12'-X 14'-
POWDER ROOM
PANTRY