

322 STILWELL OAKS CR

10305115

12/19/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

09/07/93

115781 9128A

$50.00 Cash

ALERT

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: Sept 7 93

PERSON FILING APPLICATION:

NAME: Thompson (last) William (first) McGill I (mi)

ADDRESS: 3742 Draper Acres PHONE: (704) 537 7431

CITY: Charlotte STATE: NC ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: # 103-051-14

STREET ADDRESS: 330 322 Stilwell Oaks Rd

#322 (mailbox reads #330)

ZONING: R-3

PROPERTY OWNER:

NAME: Thompson (last) William (first) McGill (mi)

ADDRESS: 330 Stilwell Oaks PHONE: (704) 537 3814

CITY: Charlotte STATE: NC ZIPCODE: 28207

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Dem & study room
[] 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: 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):
[] 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: William M Thompson Date: Sept 9, 1993

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
no change in total # of bedrooms
keep min 5' from septic system
with proposed addition

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

Susan Patterson 9-9-93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

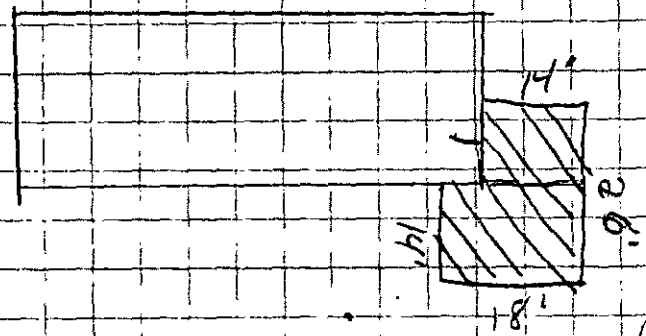
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 11SNB19628A

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.

330 Stilwell Oaks Rd



Approx 1/80 sq ft

APPROVAL DATE _____

DATE 9/7/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

103-051-14
PARCEL NUMBER

322 [redacted] Stilwell Oaks Rd CR.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

330 Stilwell Oaks Rd
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	_____APPROVED	_____NOT APPROVED
2. FLOODWAY REGULATIONS	_____APPROVED	_____NOT APPROVED
3. EROSION CONTROL REGULATIONS	_____APPROVED	_____NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	_____APPROVED	_____NOT APPROVED
5. PUBLIC UTILITY EASEMENT	_____PRESENT	_____NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	_____YES	_____NO
7. DRIVEWAY PERMIT REQUIRED	_____YES	_____NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	_____YES	_____NO

REMARKS: Farm Addition

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

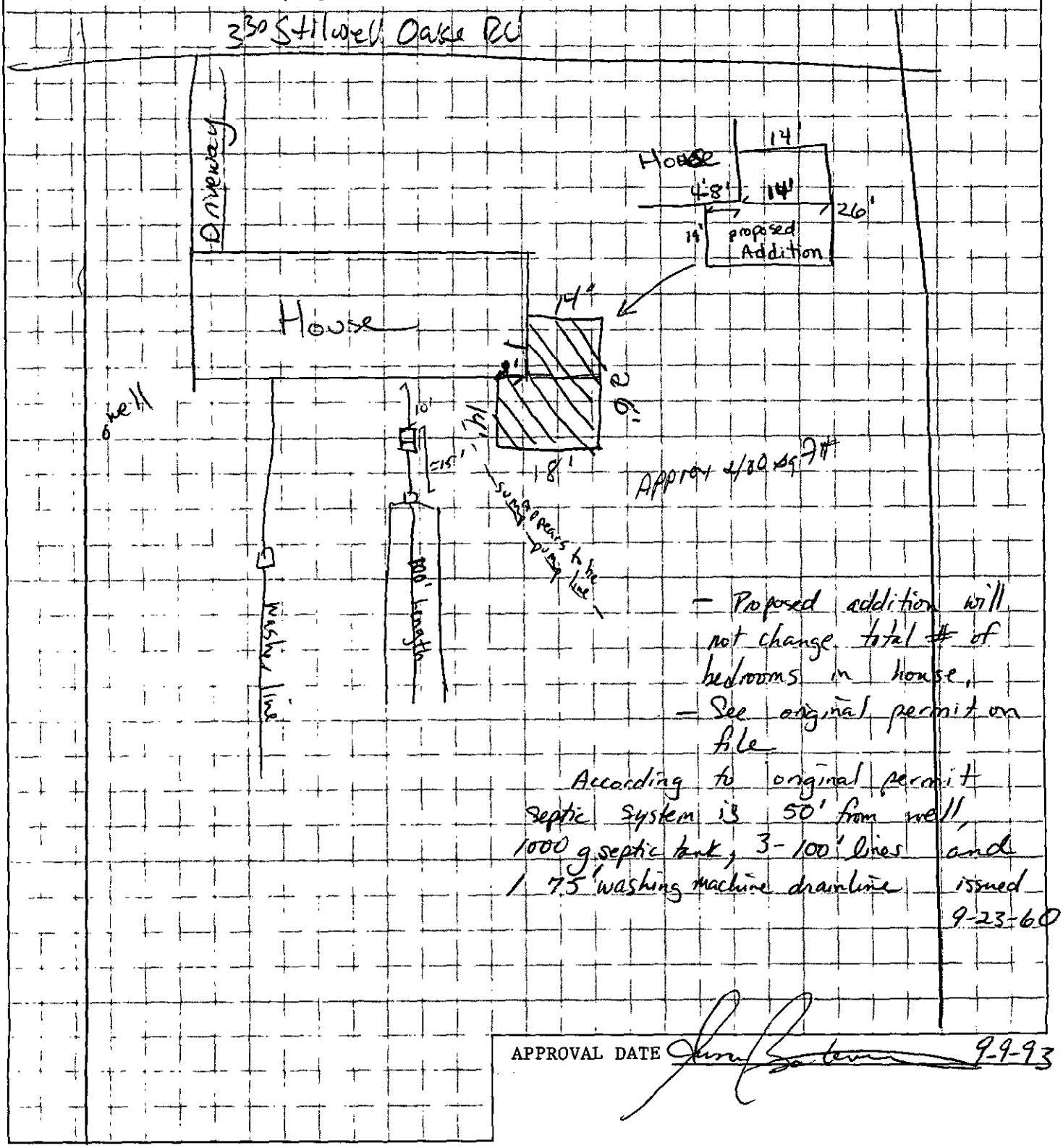
PROPOSED PLOT PLAN

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

FILE: 11578196284

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.



APPROVAL DATE [signature] 9-9-93

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

LOCATION Stillwell Oaks Rd. OWNER W.M. Thomason WHITE — COLORED _____

ADDRESS Lot 13 Block A OCCUPANT _____ WHITE — COLORED _____

PRIVY:
Type _____ wood _____ concrete
Number _____
New _____ _____ date
Repaired _____ _____ date

WATER SUPPLY:
Source Well
If well, type
_____ (Bored)
✓ (Drilled)
_____ (Dug)

Distance from nearest pollution 50 ft.

SEPTIC TANK:
Material Precast Conc.
Dimensions _____
Volume 1000 Gal
Type secondary treatment 300 ft 75 ft
nitrification line filter trench
No. of bedrooms 3
Permit Number 984 Date 9/23/60
Approved yes Date _____
Approved by Theron H Weir
Contractor or Plumber Honeycutt
Address Locust, NC.

FHA CASE NUMBER _____

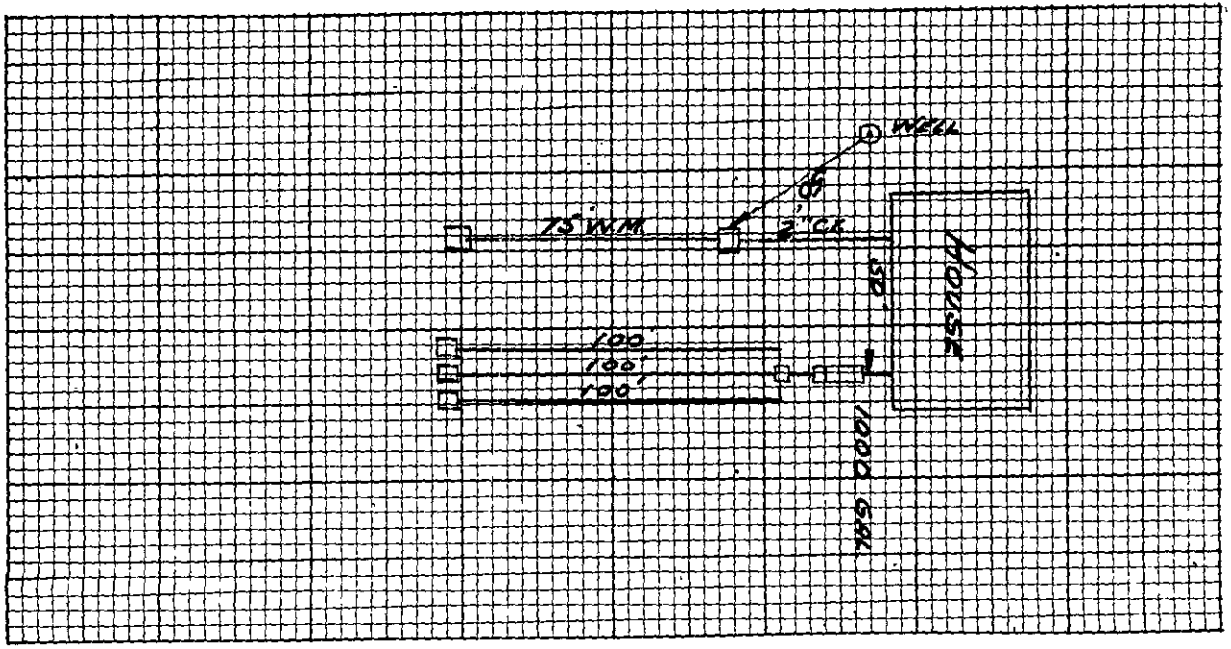
VA CASE NUMBER —

Remarks
PR. 60 MAL

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



STILLWELL OAKS ROAD