

16619 Estes Park Dr.

10/7/09

thomatc

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

$50 ck 7/17/96 JC

3400

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

597

PERSON FILING APPLICATION:
NAME: McNinch (last) Jerry (first) R (mi)
ADDRESS: 1184 Brawley School Rd PHONE: (704) 664-4353
CITY: Mooresville STATE: NC ZIPCODE: 28115

Date:

PROPERTY OWNER:
NAME: Todd (last) Rixey (first) (mi)
ADDRESS: 2521 Sedley Rd PHONE: (704) 366-4735
CITY: Charlotte STATE: NC ZIPCODE: 28211

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-372-08
STREET ADDRESS: 16619 Estes Park Dr
Mecklenburg
ZONING: R-3

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):

[ ] [redacted]
[ ] 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)
Bedroom Bath
[ ] [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:
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 [X] 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: Jerry McNinch Date: 7/17/96

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.

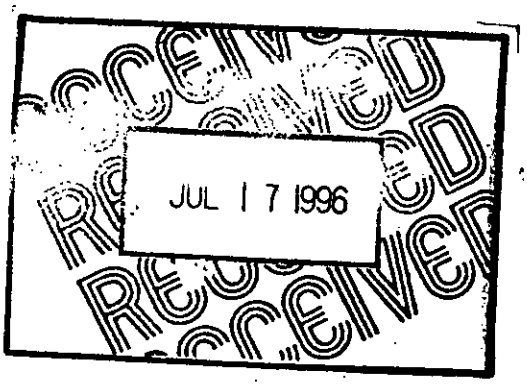
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

7/22/96 Use existing system for 1 Bedroom + bath addition. House with addition will have 4 bedrooms = has 795 linear feet in beds per records on file.

Lipa B. Mialik, RS 7/22/96
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791



Pat of
Iredell Co

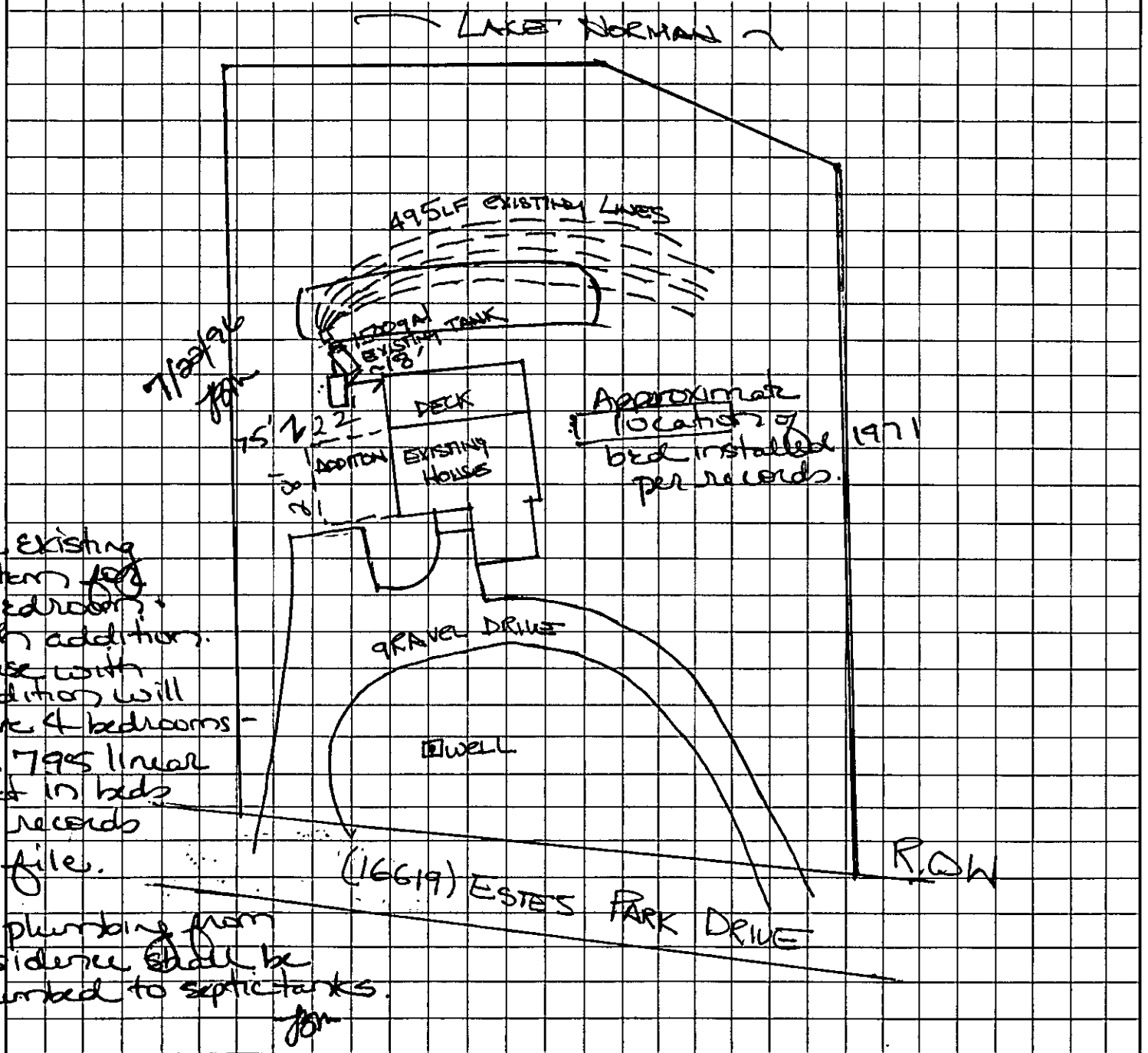
PROPOSED PLOT PLAN

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

FILE: 597

TC: 001-372-08

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.



7/22/96 JBM

Use existing system for 1 bedroom + bath addition. House with addition will have 4 bedrooms - has 795 linear feet in beds per records on file.

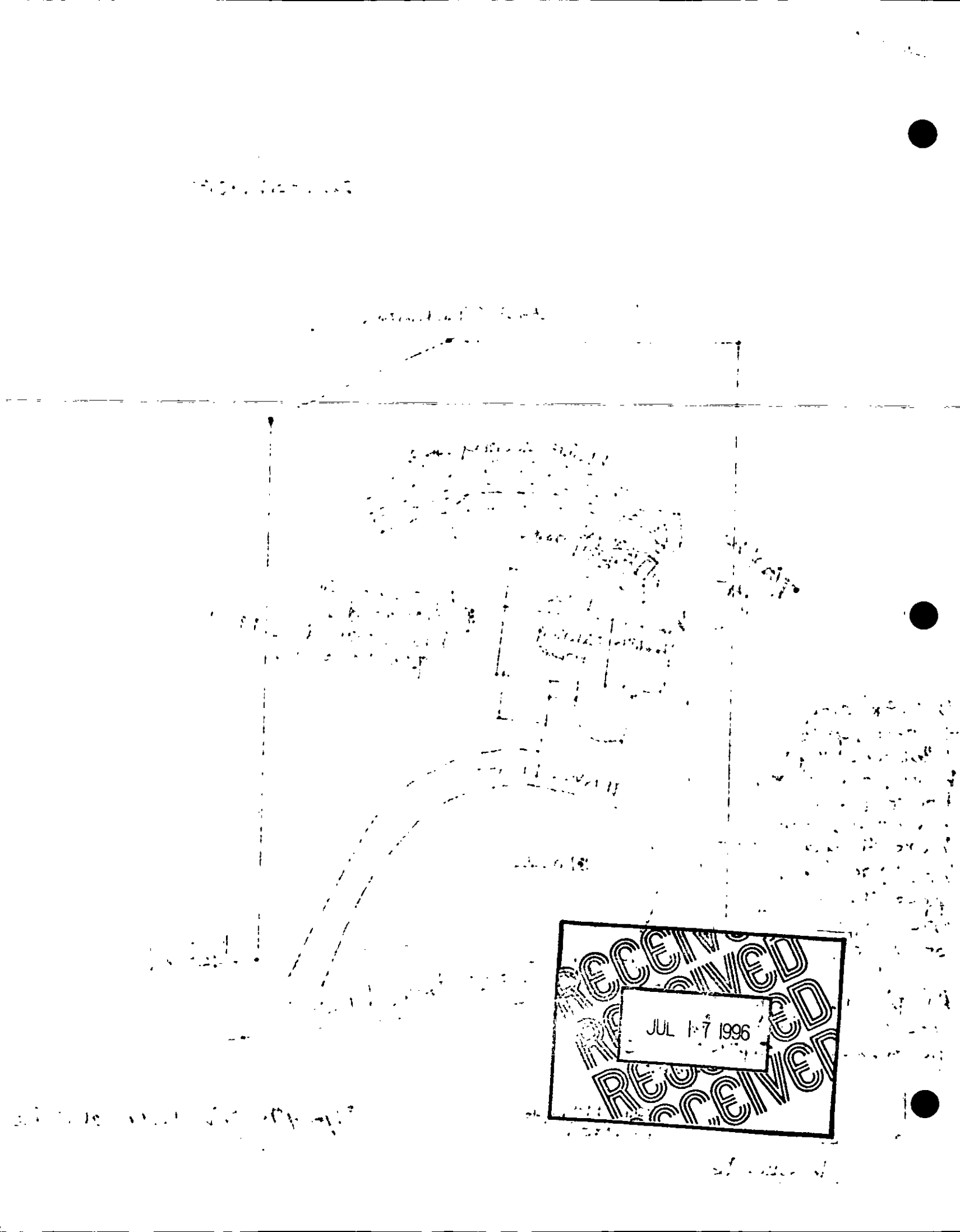
All plumbing from residence shall be plumbed to septic tanks. JBM

x Jerry McNinch JERRY McNINCH FOR ABJ
OWNER/AGENT SIGNATURE

DATE 16 JUL 96

APPROVAL DATE 7/22/96 JBM JbaB. Mialik, RS

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


RECEIVED
JUL 17 1996

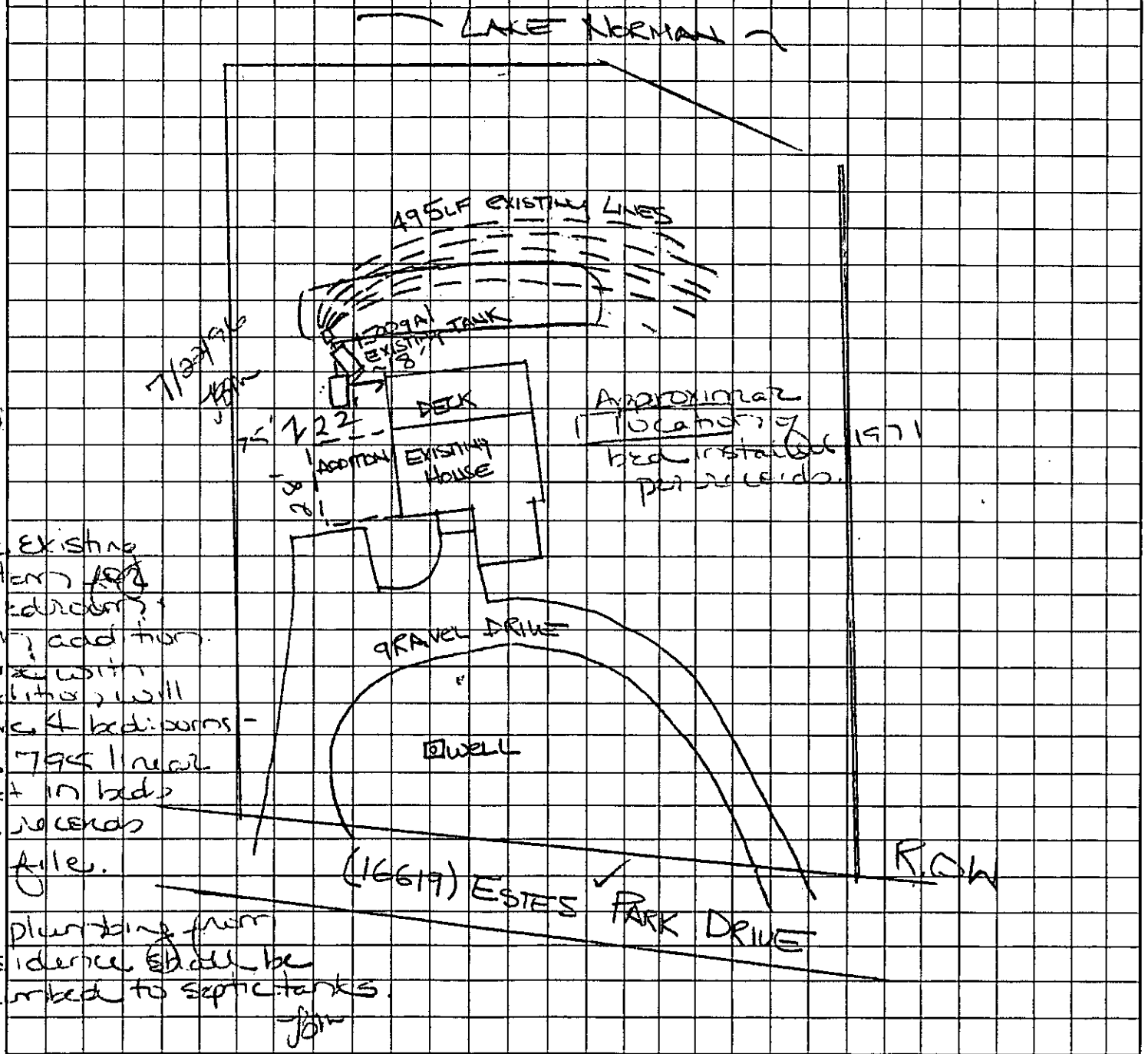
PROPOSED PLOT PLAN

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

FILE: 597

TC: 1001-377-08

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.



Use Existing septic system for 1 bedroom, 1 bath addition. House with addition will have 4 bedrooms - has 795 linear feet in beds per records on file.

All plumbing from residence shall be plumbed to septic tanks.

JERRY McNINCH EHAST

x Jerry McNinch
OWNER/AGENT SIGNATURE

DATE 16 JUL 96

APPROVAL DATE 7/22/96 Final & Trial K Rs

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

RIXEY TODD RESIDENCE
16619 ESTES PARK DRIVE

EXISTING BEDROOMS - 3

NEW BEDROOMS - 1

TOTAL # OF BEDROOMS = 4

#50=

Serial No. 5651

ICAR(S) Permit No. 597

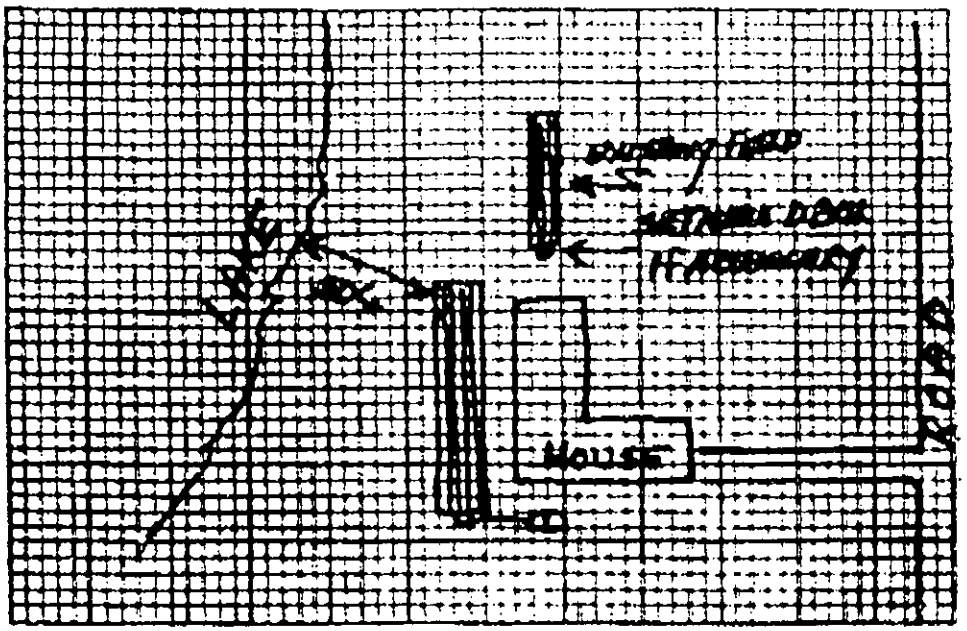
Date Issued 8/19/82

T C No. 001-372-

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank wa water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the scribed location. This permit is granted based upon the information supplied in application 597 dated 2/19/82 and this permit shall be void and of no effect if the information provided in the plication is not true or is erroneous. All work shall be completed on or before 30 SEP 82, after w date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Alternates

Liquid Capacity of Tank 1500 GAL

Tank Construction precast

Absorption and or Nitrification Line

Total Line Length 495'

Number of Lines 5

Distance from House >5'

Distance from Property Line >10'

Distance from Well >50'

DIST. FROM LAKE is >5

NAME OF OWNER Edward W. Kouri

LOCATION OF PROPERTY 16619 Estes Park Drive

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklen County Health Commission which are in effect on the date of the granting of this permit. A certificate of proval must be issued by the Environmental Health Director before any system can be covered up or other rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, trolling or using such system from any liability resulting from the failure of the system to operate properly

65'x50'x.34' of STONE

Comments:

Adam Wygald
Environmentalist

Division or Section Head

* If this permit is for the installation or construction of a new system, it must be signed by the division section head of the Department of Environmental Health in order to be valid. Only the signature of the vironmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH COPY

Q1.5-3

C of A (s) No. 597

Date Issued 8/27/82 Serial 5335

T. C. No. 001-372

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner KOURI EDWARD W.
LAST FIRST MIDDLE

Location of Property 16619 ESTES PARK DRIVE

Application Number 597 Permit Number 597

Inspection Data:

Liquid Capacity of Tank 1500 GAL Tank Material precast

Total Length of Drain Tile 495' Number of Lines 5

Depth of Filter Material 24" Cover Depth 24"

Water Supply Source well Distance from Water Source > 50'

Excavation Inspected — Tank Inspected 8/27/82
DATE

Nitrification Field Inspected 8/27/82

Washing Machine Line Inspected, If Applicable 8/27/82
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, ef fluent discharge as described above and it has been _____ installed or constructed, ✓ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg Count Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Ap proval does not in any way guarantee that the system will operate properly or relieve any person now o hereafter owning, controlling, or using such system from any liability resulting from the failure of th system to operate properly. This Certificate of Approval is issued subject to those restrictions and condi tions shown on the permit in addition to those listed below under comments. This Certificate of Approval 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.

Comments: As permitted

Adam Wyfield
Environmentalist

DHS-4-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

"WATERSHED COMPLIANCE LETTER"

PROJECT: addition

PARCEL NO. 001-372-08

ADDRESS: 16619 Estes Park Dr.

PERMIT NO. _____

ZONING: R-3

MAP NO. 2

This letter certifies that the undersigned, an Applicant for a building permit and property owner, has been informed of and has knowledge of the regulations for the Lake Norman watershed overlay district of the Mecklenburg Zoning Ordinance and those provisions which apply to property for which they are receiving a building permit.

Upon completion of project and prior to a Certificate of Occupancy being issued, the undersigned will verify with a survey, certified by a surveyor, architect or engineer, the built-upon AREA, as defined in the Watershed Ordinance, giving area, dimensions, and percentage of total site. (Expansions to structures classified as existing development [see definition] need not include existing development in the density calculations.) The survey should also include any required buffer areas.

I, the undersigned have read the above and I am aware of the watershed requirements of the Zoning Ordinance and will comply with those provisions.

PROPERTY OWNER:

NAME _____

ADDRESS _____

SIGNATURE _____

DATE _____

PERMIT APPLICANT:

NAME Jerry McNeely

ADDRESS 1154 Brawley School Rd Mooresville NC 28115

SIGNATURE Jerry M. McNeely

DATE 7/15/96

874-L.ptp

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, M.P.S.
Program Chief

Date: September 6, 1994

Ref: File #597/16619 Estes Park Drive

SUBJECT: Refund

(Mr./Mrs./Co.) Rixey B. Todd originally paid $200.00 for Improvement Permit/change in septic system on August 12, 1994 check #1007.

A refund should be issued for $150.00 because the Environmental Specialist determined that the present system is adequate. The fee of $50.00 for use existing system applies.

Please make check payable to: Mr. Rixey B. Todd
2521 Sedley Road
Charlotte, NC 28211

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5 97

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:

PERSON FILING APPLICATION:
NAME: Todd (last) Rixey (first) B (mi)
ADDRESS: 2521 Sedley Rd PHONE: (704) 366-4735
CITY: Charlotte STATE: NC ZIPCODE: 28211

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-372-08
STREET ADDRESS: ~~2521 Sedley Rd~~ 16619 Estes Park Dr.
ZONING:

Township (check one):
[] 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):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] 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: 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: Aug 12, 1994

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.

... Use existing System

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

Phila A. Walker 8/23/94
Environmentalist Date

[signature] 8/31/94
Director or Authorized Section Head Date

WATER : 122791

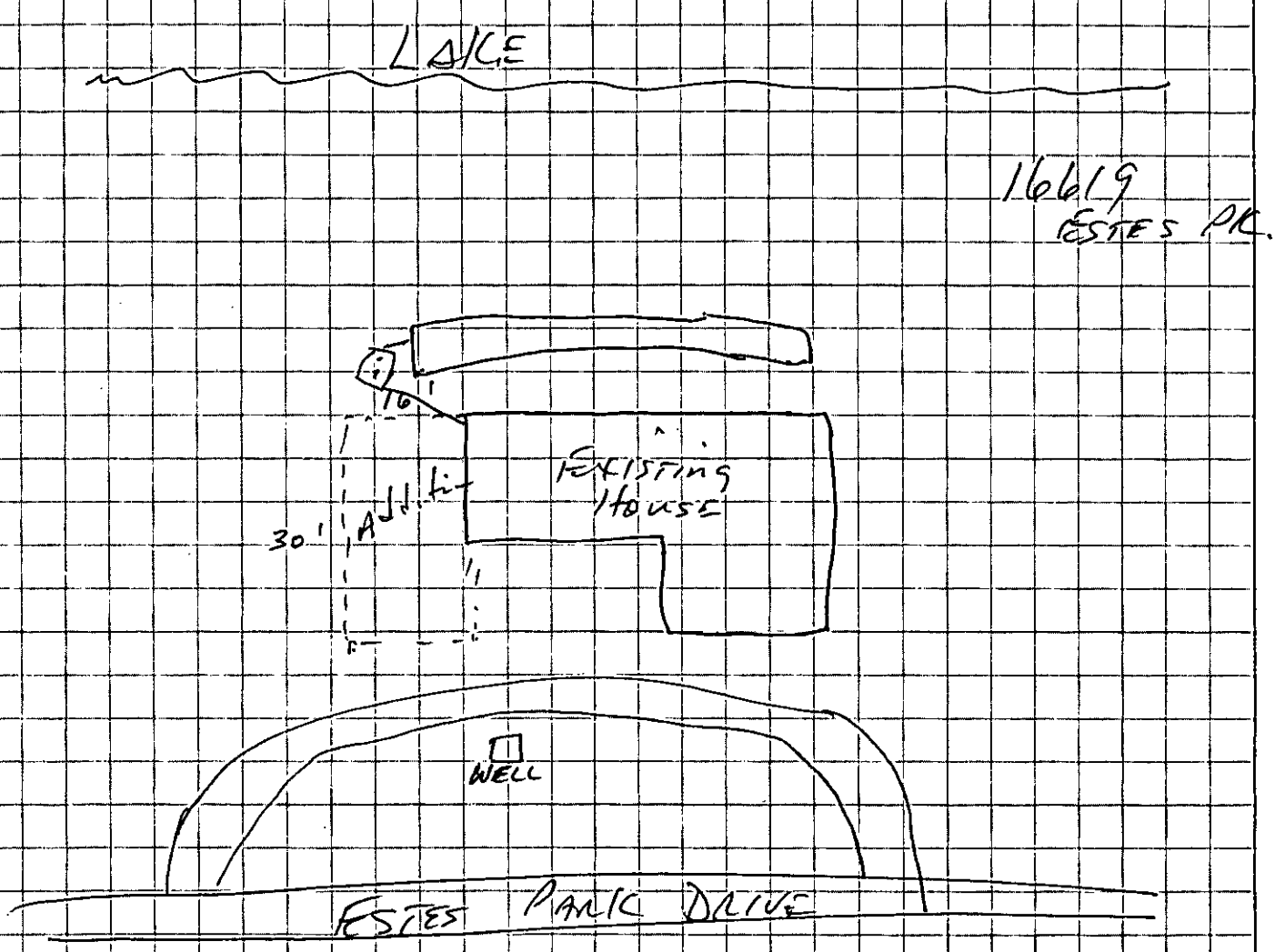
PROPOSED PLOT PLAN

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

FILE: 597

TC: 001-372-08

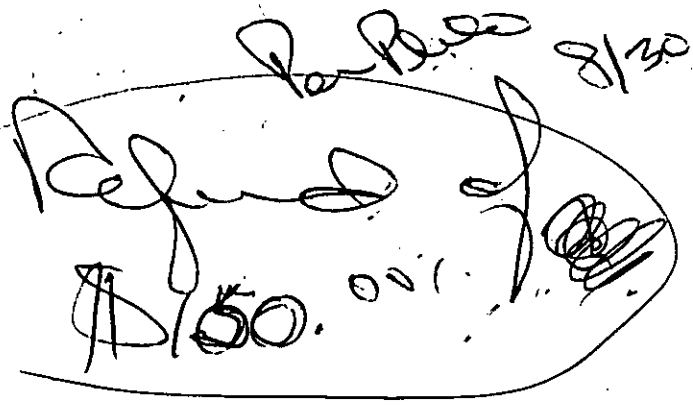
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE PDW 8/23/94 UES

Garage

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


8/30/94
$150.00

Date Issued 9/3/71 Serial No. 1.33 Classified 5417

Tax Map 227-05

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Smith, Henry (LAST, FIRST) Gene (MIDDLE)

Location of Property 4456 Tuskaseega

Application Number 5417 Permit Number 4853

Inspection Data:

Liquid Capacity of Tank 1600 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4(16'x 75' x 2')

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 9/3/71 (DATE) Tank Inspected 9/3/71 (DATE)

Nitrification Field Inspected 9/3/71 (DATE)

Washing Machine Line Inspected, If Applicable _____ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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.

Comments _____

Environmentalist

FORM NO E-C 4-1-71

Date Issued [illegible] Serial N° 983 ICARTS Permit No [illegible]

T. C. No [illegible]

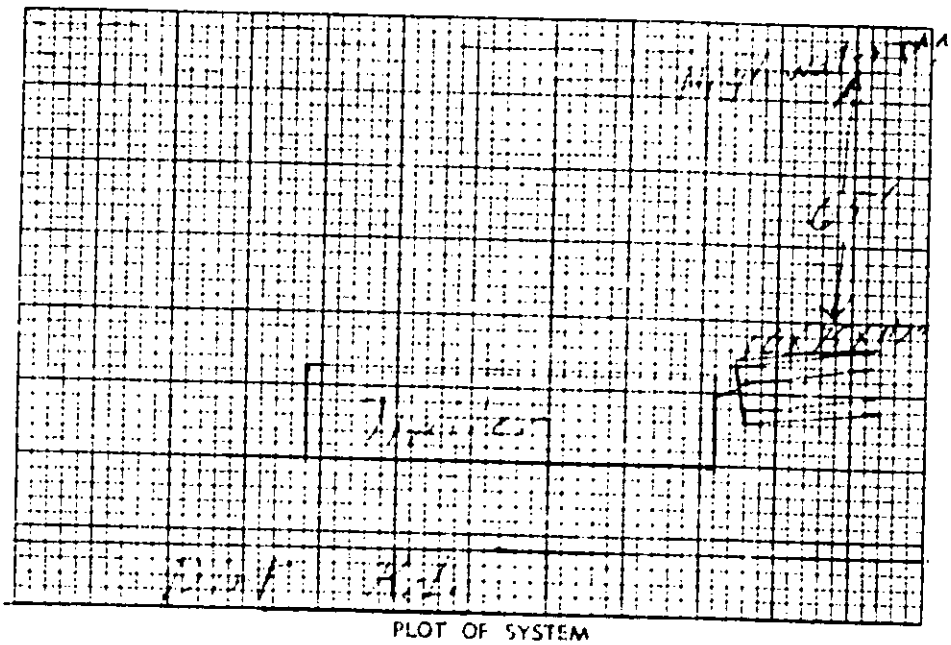
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to [illegible] 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 application [illegible] dated [illegible] and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines:

Total Line Lenght [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments [illegible]

[illegible]
Division or Section Head

[illegible]
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E 5-7-1-70

HEALTH DEPARTMENT'S COPY