

7234 BUCKLAND RD

1/3/2008

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50 ck 1184 8/3/95 MJ ☐ 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: Whittaker, Tim (last) (first) (mi)

ADDRESS: 1728 Armstrong Park Dr. PHONE: (704) 866-9540

CITY: Gastonia, STATE: NC ZIPCODE: 28054

Date: 8/3/95

PROPERTY OWNER:

NAME: Lake Wylie Partners, LLC (last) (first) (mi)

ADDRESS: 6401 Carmel Rd. Suite 105 PHONE: (704) 542-6607

CITY: Charlotte STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-302-42 PO

STREET ADDRESS: Buckland Rd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

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): 3 Ac.+

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)
- ☐ 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: 4 NUMBER OCCUPANTS: 8

SYSTEM CLASSIFICATION: CONV.

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)
- ☐ Municipal (M)
- ☒ Private Well (P)
- ☐ Shared Well (S)
- ☐ Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

- ☐ Swimming Pool
- ☐ Garage
- ☐ Jacuzzi
- ☐ Storage Building
- ☐ Stable/Barn
- ☒ Deck/Patio
- ☐ Workshop
- ☐ Bedrooms
- ☐ None
- ☐ 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: Tim Whittaker Date: 8/3/95

NOTICE: Tim L.W.P. LLC

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.

...

- ☐ 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 122 '95

PROPOSED PLOT PLAN

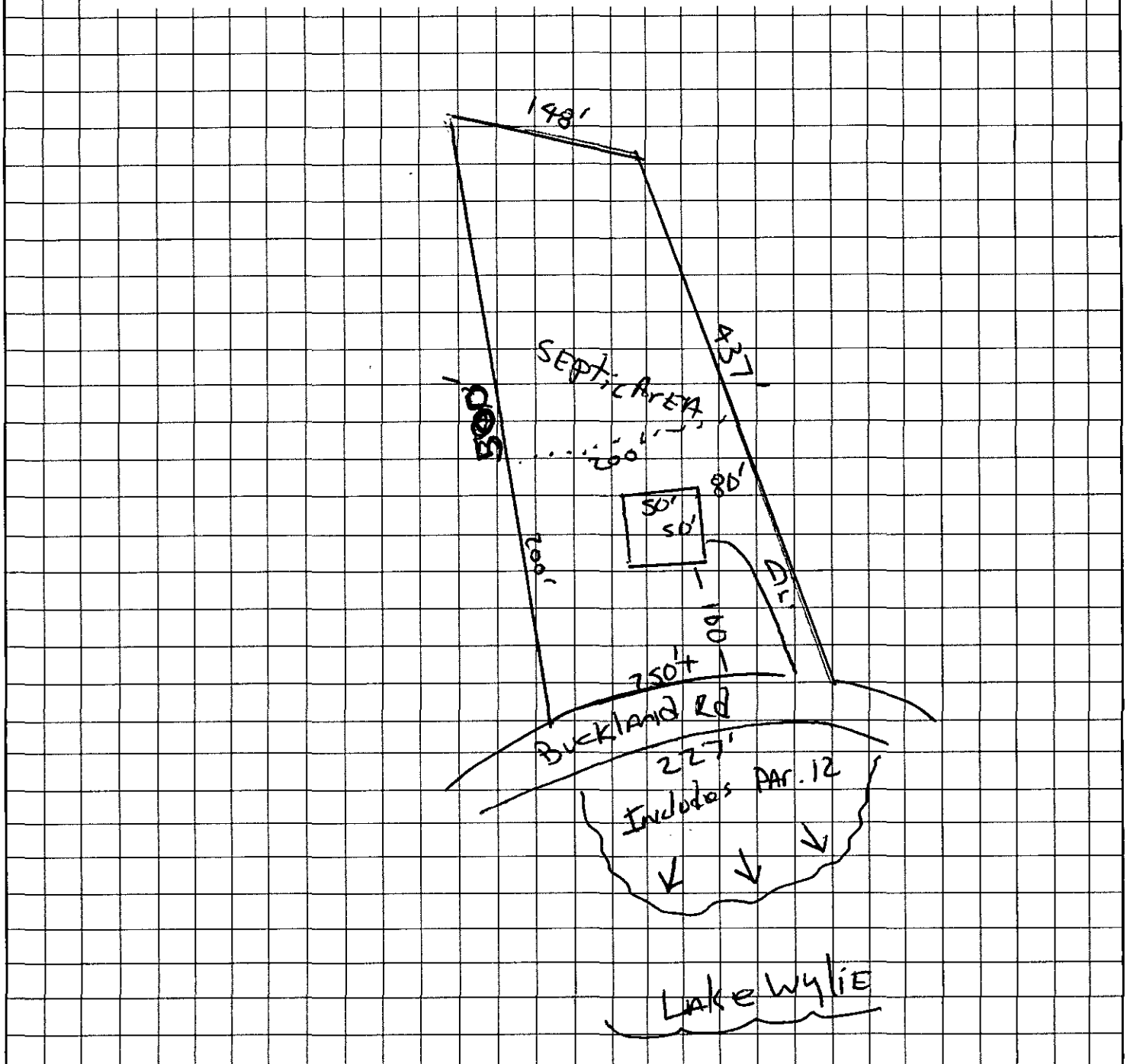
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3670B

TC: 113-302-42 PO

~~Lot 4~~

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.



Tim W Tucker
OWNER/AGENT SIGNATURE

DATE 8/3/95

APPROVAL DATE _____

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