

12/20/2007

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Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

FEE: 100.00

DATE: 4/1/96

CK# 266

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

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ 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 #: 1314B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: Part of 13-161-01

STREET ADDRESS: Stephens Road

SUBDIVISION OR MOBILE HOME PARK NAME: Shenan Lea

LOT NUMBER: 3

TOWNSHIP (CHECK ONE):

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

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 8

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: None

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ 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 (As shown) ✓ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER: Shenan Lea LLC

NAME: (LAST) McLeod (FIRST) Steve (MI)

ADDRESS: 19701-D Hwy 73

CITY: Davidson STATE: NC ZIP: 28036

DAYTIME PHONE: (704) 896-5552

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Jacobs (FIRST) Tony (MI) C

DAYTIME PHONE: 704 633-6905

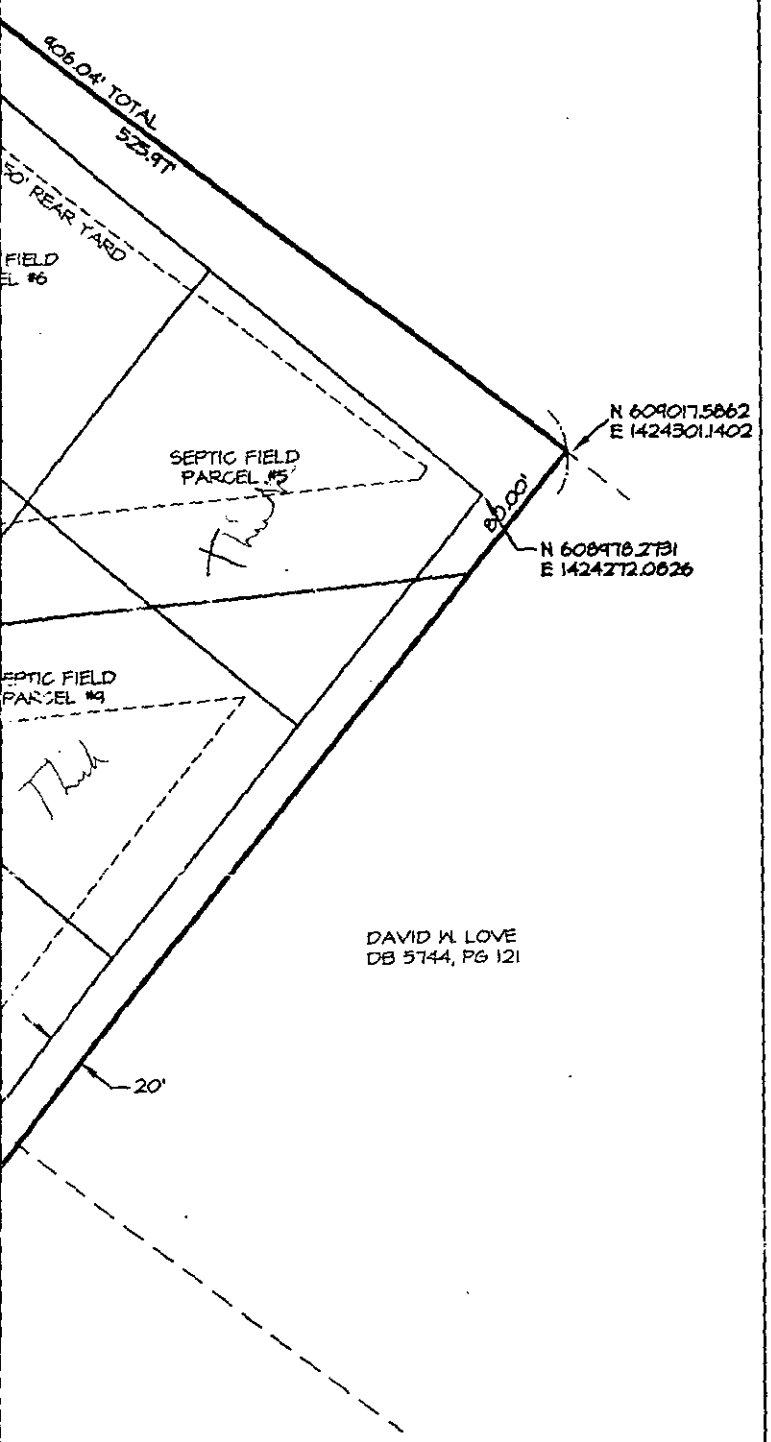
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Spring 96

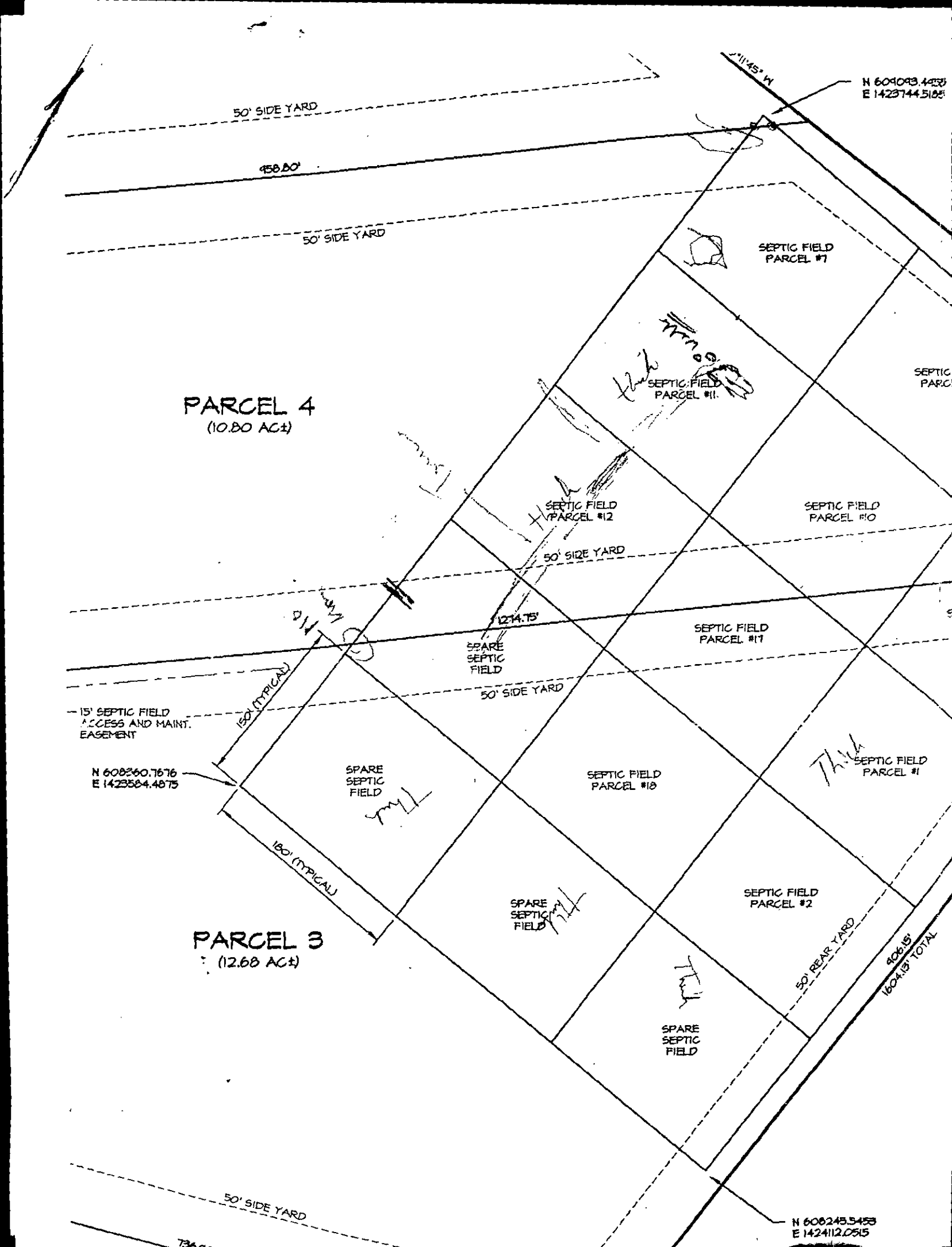
An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing 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: Tony C Jacobs, CPSS DATE: 3/28/96

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

STEPHENS ROAD PROPERTY
SEPTIC FIELD STAKING PLAN
SCALE: 1"=100'
SHEET 1 OF 2
H2595 3.16.96




50' SIDE YARD
458.80'
50' SIDE YARD
N 609093.4458
E 1423744.5185
SEPTIC FIELD PARCEL #7
SEPTIC FIELD PARCEL #11
PARCEL 4
(10.80 AC±)
SEPTIC FIELD PARCEL #12
SEPTIC FIELD PARCEL #10
50' SIDE YARD
1214.75'
SEPTIC FIELD PARCEL #17
SPARE SEPTIC FIELD
50' SIDE YARD
150' (TYPICAL)
15' SEPTIC FIELD ACCESS AND MAINT. EASEMENT
N 608360.7676
E 1423584.4875
SPARE SEPTIC FIELD
SEPTIC FIELD PARCEL #18
SEPTIC FIELD PARCEL #1
180' (TYPICAL)
SPARE SEPTIC FIELD
SEPTIC FIELD PARCEL #2
PARCEL 3
(12.68 AC±)
50' REAR YARD
406.15'
1604.13' TOTAL
SPARE SEPTIC FIELD
50' SIDE YARD
N 608248.5453
E 1424112.0515