

NOW PART OF IREDELL COUNTY

7/9/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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240

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

14300

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: Cooke (last) Ronald (first) H. (mi) (704)663-6120
ADDRESS: 5330 Palisade Drive PHONE: (910) 924-2191
CITY: Pfafftown STATE: N.C. ZIPCODE: 27040

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-36-59
STREET ADDRESS: 16609 Washam Rd. Mooresville N.C.
ZONING:

PROPERTY OWNER:
NAME: Cooke (last) Ronld (first) H. (mi) 704-663-6120
ADDRESS: 5330 Palisade Drive PHONE: (910) 924-2191
CITY: Pfafftown STATE: N.C. ZIPCODE: 27040

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
UXS
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Replace mobile home with Modular
☐ 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: 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)
☒ 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 CARPORT

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: Ronald H. Cooke Date: Aug. 1st 1995

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.

...May use existing system to exchange Mobile Home

☐ 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 8/8/95 Date

Director or Authorized Section Head 8-8-95 Date

WATER

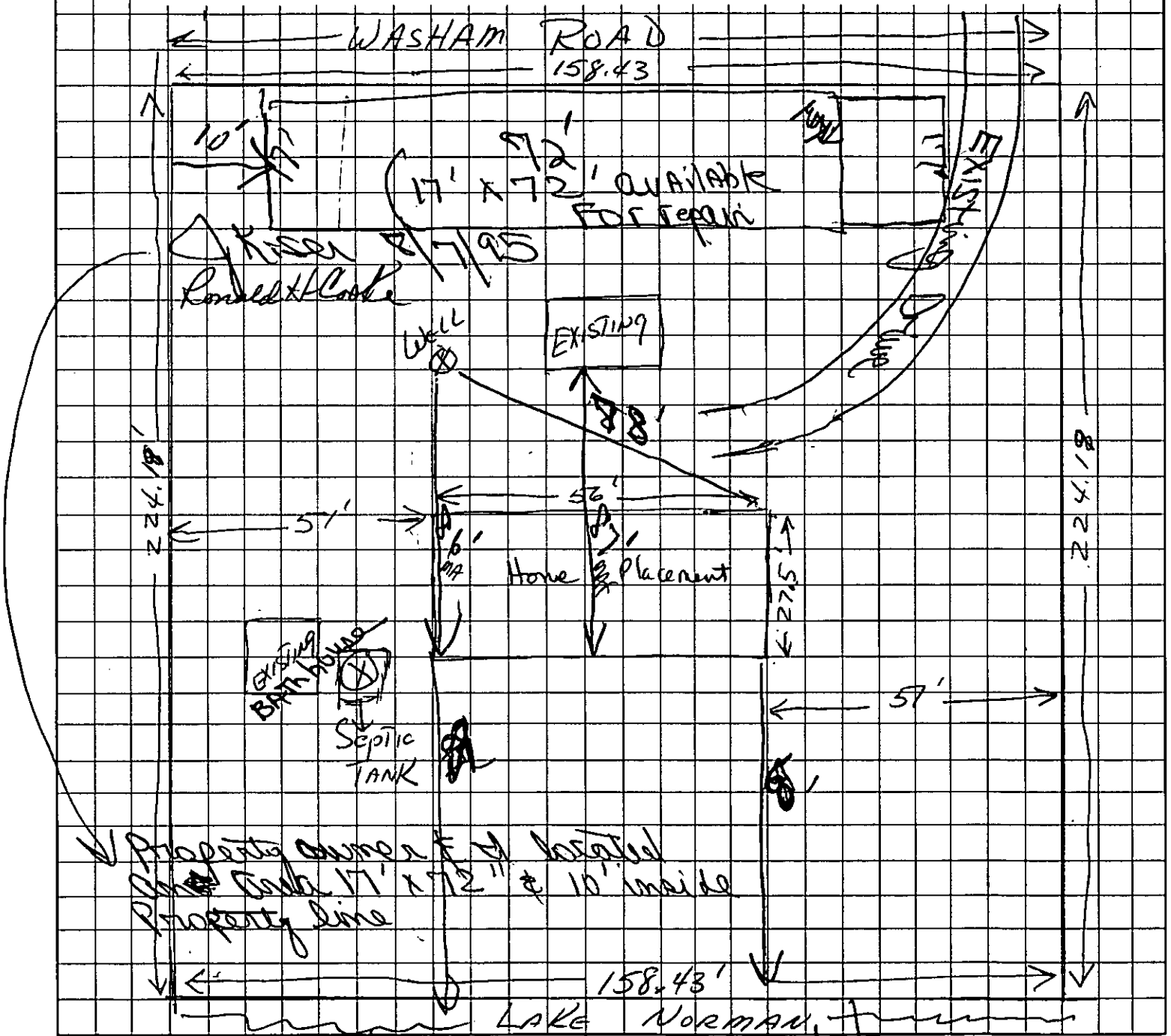
PROPOSED PLOT PLAN

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

FILE: 14300

TC: 001 361 59

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.



Ronald H. Cooke
OWNER/AGENT SIGNATURE

DATE 8-1-95

APPROVAL DATE 8/7/95

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

PG. 39

MATCH LINE

LAKE NORMAN
SEE 001-271-14 FOR ACREAGE UNDER WATER.

361

MAYHEW RD.

CAMPHILL RD.

YELLOW JACKET CIR.

RIPPLEWATER LN

WASHAM RD.

GAINSWOOD DR.

362

1
16.4AC (CA)

12
3.8AC (CA)

34
5.42 AC

42
1.32AC

63
1.31AC

64
1.40AC

PG. 37

87'

86'

Storage Bldg

Pump Mach.

Ovh Bldg

PG. 35

003

LAKE NORMAN
SEE 001-271-14 FOR ACREAGE UNDER WATER.

361

PG. 27

MATCH LINE

ALL LOTS IN SECTION 6

TAX LINE MAP BOOK 01 PAGE 36	
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 11-01-94 BK.	SCALE 1" = 400'

FOR TAX PURPOSES ONLY