

16625 WILDERNESS LN

21718125

1/3/2008

duponbj

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

FEE: 50.00 2nd

DATE: 7-30-97

CK#17095

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

Conditional

I CRT

TYPE APPLICATION: __ NEW SYSTEM X 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 #: 3948B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-181-25

STREET ADDRESS: 6625 Wilgresshang

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 6

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

* For possible alteration question adding the Pool

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) __ MUNICIPAL (M) X 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 __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Bytum, Howard & Billie (LAST) (FIRST) (MI)	NAME: McMillan Sally H. (LAST) (FIRST) (MI)
ADDRESS: 6625	DAYTIME PHONE: ( )704- 334 0897
CITY: STATE: ZIP:	429 E. Kingston Ave
DAYTIME PHONE: ( ) -	Charlotte NC 28203

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Sally McMillan DATE: 7/30/97

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

PROPOSED PLOT PLAN

Wilderness Lane

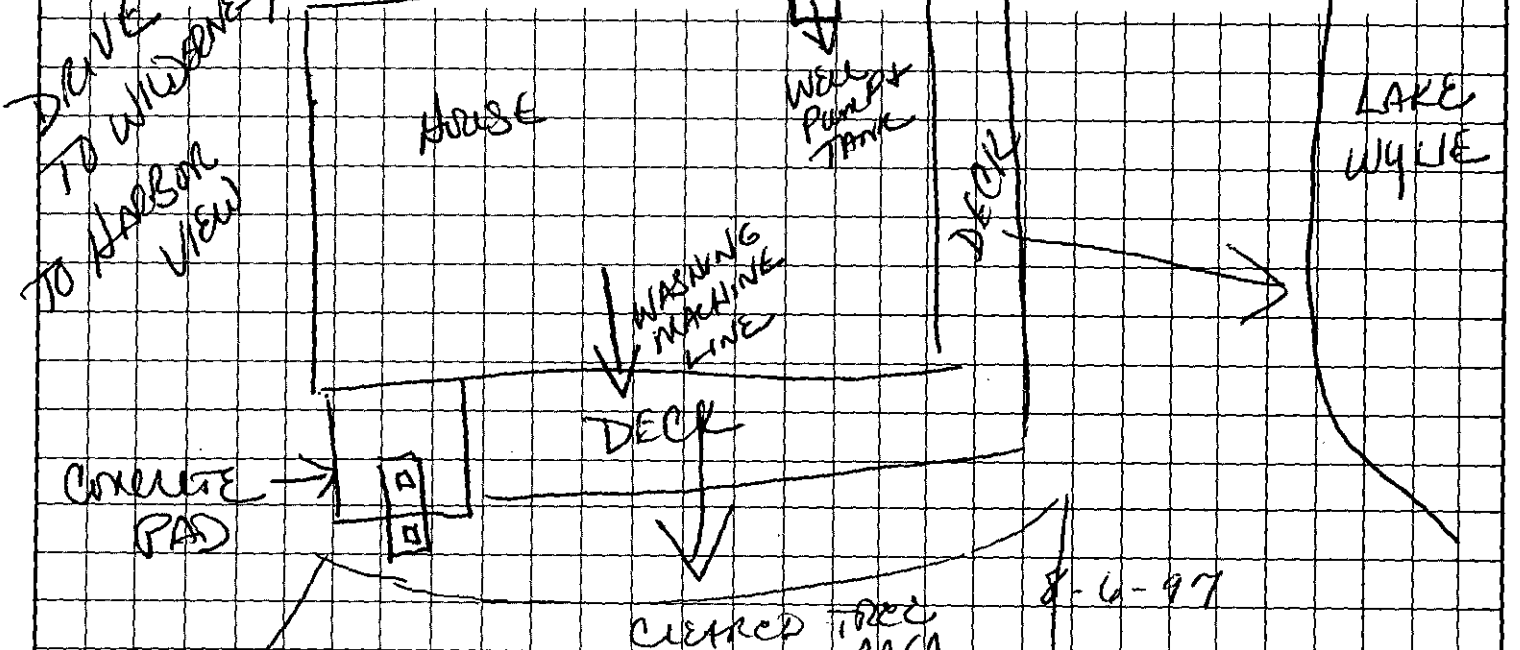
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3948B

TC: 217-181-25

[X] WELL

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.



8-6-97

Note to file: Mc

Met with Mrs. Miller at her proposed new house. Located the septic tank and a washing machine line which ran from under the house into the yard. Mrs. McMillan ran a load to see where it discharged. We could not locate any water discharging on the side of the lot. There was a water discharge from her ~~neighbor~~ neighbor's side. I did not locate any drainfield for the septic system or washing machine line. There appeared to be a small area cut out for the drainfield which wrapped around the knoll (approx. 9×40').

Mrs. McMillan and I located 2 areas for an alternate. The topography & property lines will prohibit any area for a drainfield alternate. Mrs. McMillan is aware she would have to ~~ad~~ purchase or get an easement for additional property to add a bedroom.

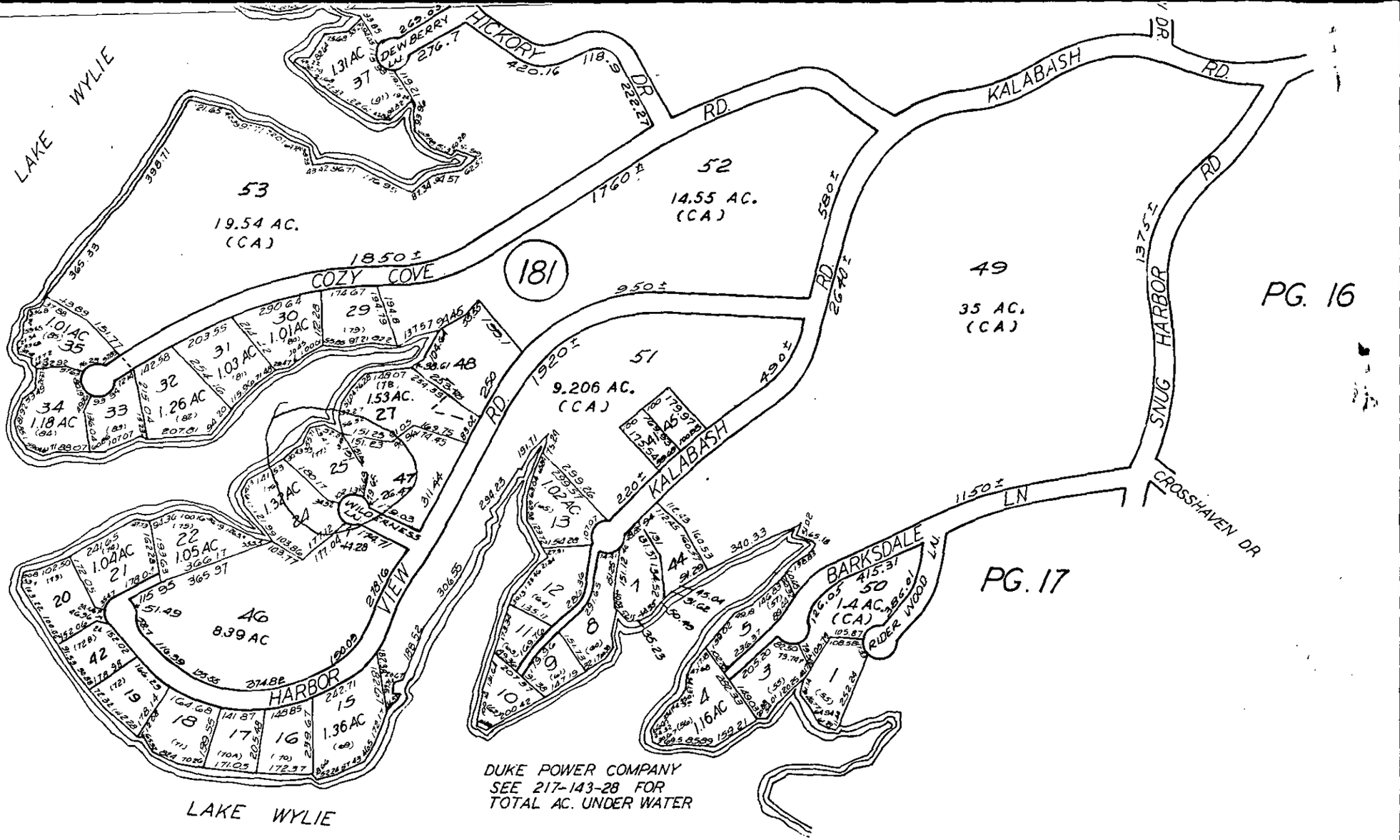
APPROVAL DATE 8/6/97

OWNER/AGENT SIGNATURE

DATE

She is also aware that they can not add on to side where the drainfield ~~addition~~ area is for any building addition. HB, RS.

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



TAX LINE MAP BOOK
MECKLENBURG COUNTY, NOR
REVISED 1-9-96 dw | SCA

FOR TAX PURPOSES ONLY

