

14219 BOATWAY CT

00101450

7/18/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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$40.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CK#1665 $30.00 2-13-96 15254 [ ]-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: Yee (last) Brenda (first) M. (mi)
ADDRESS: 2012 Euclid Ave PHONE: (704) 334-8850
CITY: Charlotte STATE: NC ZIPCODE: 28203

Date: 2.13.96

PROPERTY OWNER:
NAME: Barnhart (last) Jack (first) (mi)
ADDRESS: 14219 Boatway Court PHONE: (__) 875.3875
CITY: Huntersville STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-014-50
STREET ADDRESS: 14219 Boatway Court
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [X] 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 ONLY
[ ] NEW CONSTRUCTION ON VACANT LOT - 1 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)
[ ] REPAIR FAILING SYSTEM (R)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) 2 CAR - Attached

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:
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: 2.13.96

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.

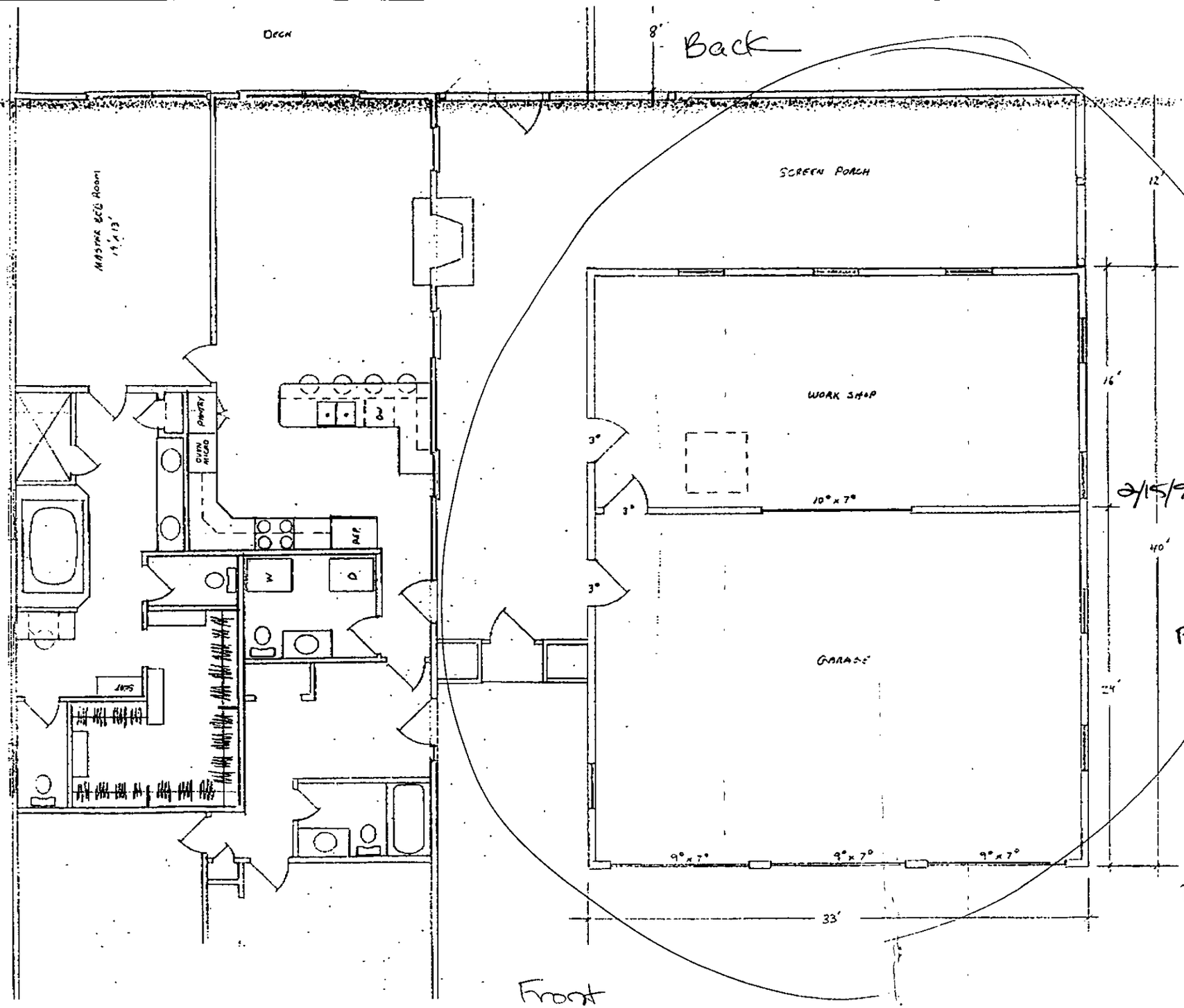
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...2/16/96 Use existing system for garage addition with storage room and rear deck. No change in sewage flows.

Yvonne B. Mialik, RS 2/16/96
Environmentalist Date

[signature] 2-16-96
Director or Authorized Section Head Date

WATER : 122791



Fax 15854

Attn: Mike Miller

Addition

2/15/96 per phone consultation with Dave Young of Tri-Square Construction. 334-8850

Fax from Dave Young

No change in sewage flows.

Return as part of File 15254

THIS IS TO CERTIFY THAT ON THE 26th DAY OF SEPTEMBER 19 86 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON: THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY: AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECTION ON SAID PREMISES.

RICHARD BOYD BROOKS

SIGNED

NORTH CAROLINA REGISTERED SEAL L-2689 LAND SURVEYOR RICHARD BOYD BROOKS

LAKE NORMAN

N78°30'28"E
100.00'

LOT 7
M.B. 19-3

LOT 5
M.B. 19-3

N00°44'26"E
159.03'

S06°47'22"E
194.48'

14.3' 4.3' 14'
8.2'
DECK
29.7'
1 + 02.59
28.3'
7'
3.3'
12.5'
12.7'
10.9'
40'
63'
9.9'
5'
11.4'
26.2'
23.1'
20.1'
to be 33'
1 STORY BRICK/FRAME
2 CAR GARAGE
14219
28.3'
0 + 40.04
36'

UNDERGROUND UTILITIES

R/W
0 + 00
SOUTHERN BELL PEDESTAL
110.48'
N78°55'00"W
3' x 4' DUKE POWER BOX ON SLAB
16.24'
S64°15'00"W
R/W
BAYSHORE DRIVE 60' R/W
60'
60'
BOATWAY COURT 60' R/W

PHYSICAL SURVEY
OF
LOT 6 BLOCK 1 of BAY SHORES
HUNTERSVILLE TOWNSHIP, MECKLENBURG COUNTY, N.C.
PROPERTY OF
TOM McJACK, INC.

File 5054

SCALE 1" = 30' DEED RECORDED 4278-0326 MAP RECORDED 19-3

PROPOSED PLOT PLAN

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

FILE: 15254

TC: 001-014-30

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.

OWNER/AGENT SIGNATURE

DATE 2-16-96

APPROVAL DATE _____

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



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C of A (or) No. [illegible]

Date Issued 12-17-79 Serial 3327 T C No [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Nady (LAST) Construction (FIRST) Company (MIDDLE)

Location of Property Lot 6 Boatway Court

Application Number 16264 Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 gallons Tank Material p/c concrete

Total Length of Drain Tile 495-725' Number of Lines 3 + 4

Depth of Filter Material 17" Cover Depth 18-36"

Water Supply Source well Distance from Water Source 100'

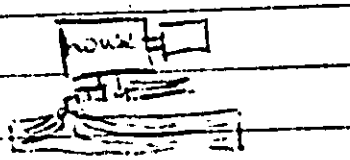
Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 12-17-79 (DATE)

Washing Machine Line Inspected, If Applicable 12-17-79 (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 Health Commission 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: Installed without benefit of permit



Ford

Mike Sarro
Environmentalist

EHD-5-78

Environmental Health Department's Copy