


12024 LAKEHAVEN DR

01724311

8/26/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$10 Ck# 3485 7/8/02 DC

[ ] CRT

Jeremy

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 20765
(704)336-5102

PERSON FILING APPLICATION:
NAME: CAYAX (last) Jeronimo (first) E (mi)
ADDRESS: 12007 Lakehaven Dr. PHONE: (704) 947-7680
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Cayax (last) Jeronimo (first) E (mi)
ADDRESS: 12007 Lakehaven Dr PHONE: (704) 947-7680
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 01724311
STREET ADDRESS: 12024 Lakehaven Dr. Huntersville, NC 28078
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: Huntington Forest

LOT NUMBER: 34 LOT SIZE (in acres): 0.273

TYPE APPLICATION (check one):
*No Home existing only septic system at this time*
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) NONE

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3/2 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):
[X] 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 [X] 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: Jeronimo Cayax Date: 7-8-02

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved 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.

... O.K. to use existing system for two bedroom mobile home exchange.

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

Jimmy Mechlin R.S. 7/10/02
Environmentalist Date

WATER : 122791

# PROPOSED PLOT PLAN

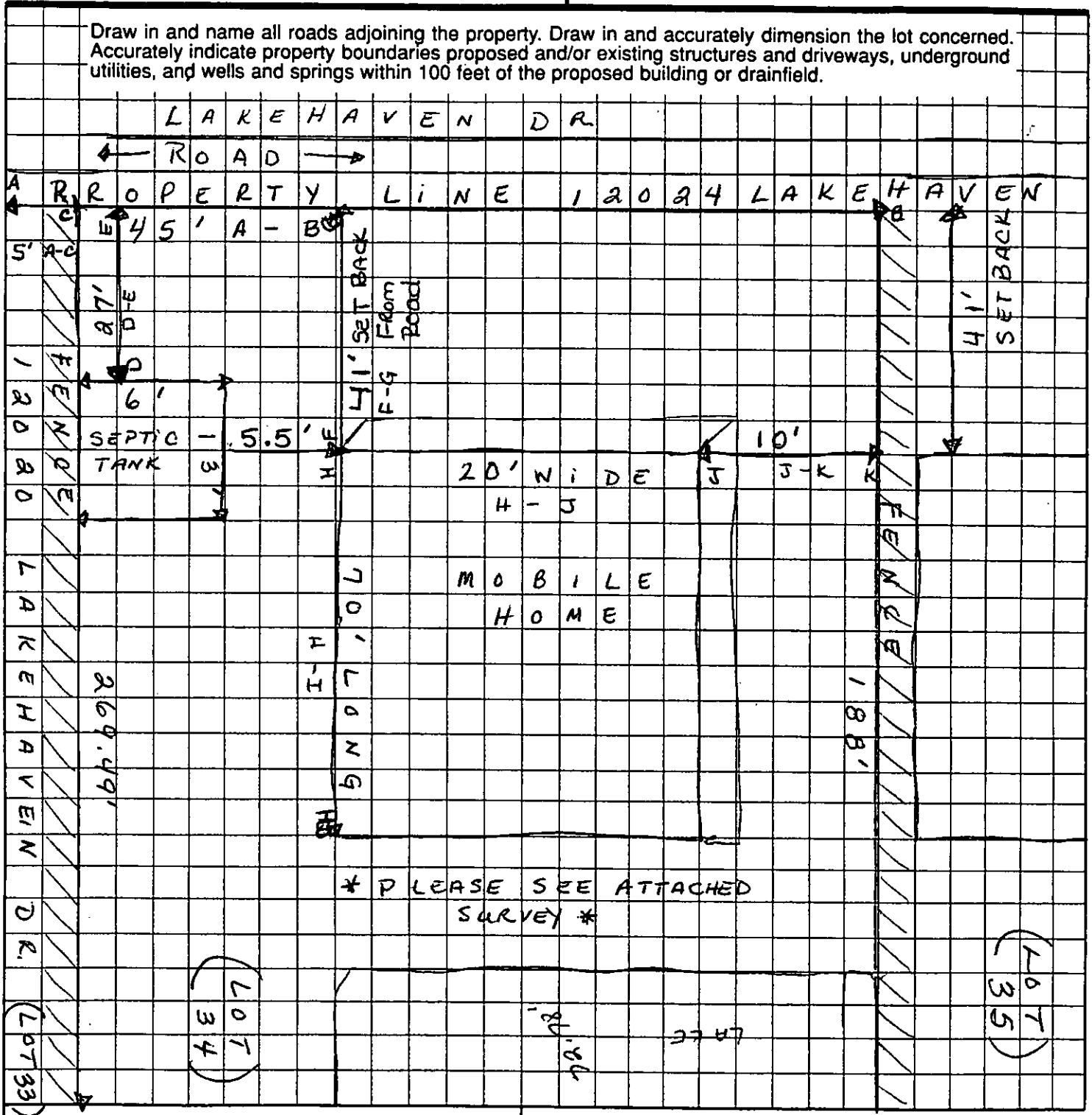
COPY

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

FILE: 20765

TC: 017-243-11

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.

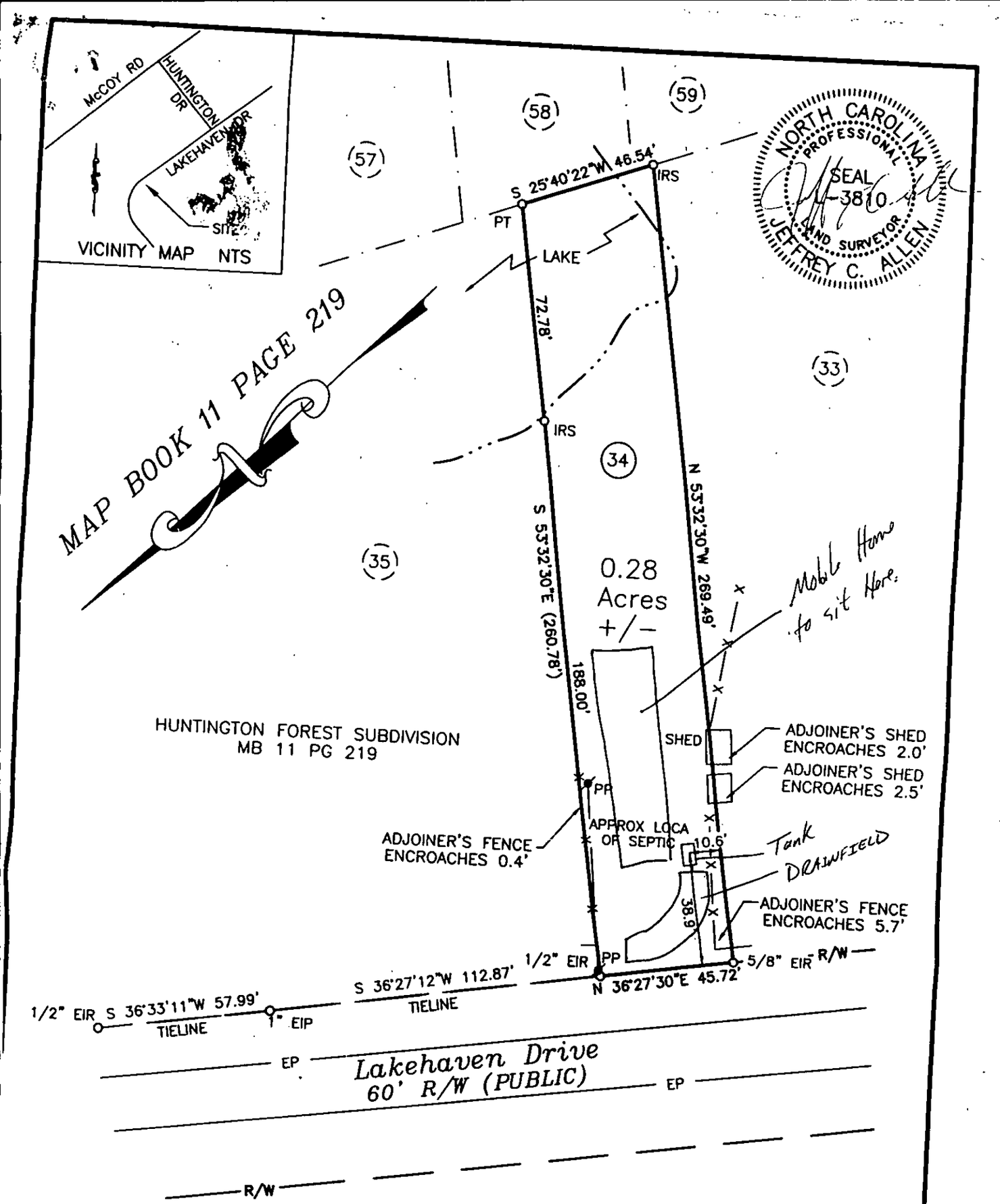



Jeronimo Tayag
OWNER/AGENT SIGNATURE

DATE 7-8-02

APPROVAL DATE _____

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




NOTE : THIS PLAT DOES NOT COMPLY WITH G.S. 47-30 AND IS NOT FOR RECORDING.

## LEGEND

| | |
|---|---|
| EIR | 5/8" EXISTING IRON REBAR |
| RS | 5/8" IRON REBAR SET |
| PT | POINT |
| SC | SCORE PLACED IN CONCRETE |
| R/W | RIGHT-OF-WAY |
| EP | EDGE OF PAVEMENT |
| BC | BACK OF CURB |
| TP | TELEPHONE PEDESTAL |
| PP | POWER POLE |
| AVAC | AIR CONDITION UNIT |
| MKS | MASONRY NAIL SET |

NOTE
NO USGS OR NCGS MONUMENTS FOUND WITHIN 2000'.

JEFFREY C. ALLEN L-3810 N.C.

SURVEY FOR
JERONIMO E. CAYAX
12024 LAKEHAVEN DRIVE
HUNTERSVILLE, NC 28078

| TOWNSHIP | COUNTY | STATE | DEED BOOK | PAGE |
|---|---|---|---|---|
| LONG CREEK | MECKLENBURG | NC | 9781 | 612 |

| | LOT | PHASE | MAP | MAP BOOK | PAGE |
|---|---|---|---|---|---|
| HUNTINGTON FOREST | 34 | - | - | 11 | 219 |

0 20' 40' 80'
SCALE : 1" = 40'

| DATE | TAX I.D. | F.B. |
|---|---|---|
| 05/01/00 | 01724311 | |

| JOB NO. | SURVEYED | DRAWN |
|---|---|---|
| 005664 | JF | CJT |


**MITCHAM & ASSOCIATES, P.A.**
SURVEYORS - PLANNERS
13532 OLD STATESVILLE ROAD HUNTERSVILLE, N.C. 28078
(704) 875-7982 (704) 875-7983(FAX)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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 20765

PERSON FILING APPLICATION:

NAME: CESAR GALVEZ (last) (first) (mi)

ADDRESS: 8730-19 Pinnacle cross Dr PHONE: (704) 400-9899

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 03-21-02

PROPERTY OWNER:

NAME: JERONIMO CAYAX E. (last) (first) (mi)

ADDRESS: 12029 LAKE HAVEN Dr PHONE: (704) 947-7680

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-243-11

STREET ADDRESS: 12024 LAKE HAVEN Dr. Huntersville, NC. 28078

ZONING:

Township (check one):
[] 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: 34 LOT SIZE (in acres): 0.28 Acres

TYPE APPLICATION (check one):

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4

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):
[X] Community (C) [] Shared Well (S)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: CESAR GALVEZ VAZQUEZ Date: 03-21-02

NOTICE:

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...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.

... Tank and drainfield could not be located. I told him to get a backhoe to locate septic system and call me.

[] 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

WWATER : 122791

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 03/21/02 | **Amount:** | 100.00 |
| **Receipt #:** | 6940 | **Tendered:** | 100.00 |
| **Check / Auth #:** | CASH | **Returned:** | 0.00 |
| **Received By:** | JOHNSK | | |

**Account Information**

**Account #:** 200000
**Contractor:** CASH CUST (LAST NAME FIRST)
**Attn:**
**Address:**
**Address:**
**City/State/Zip:** ,

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | MH Exc/Add/Repl w/o System Mod | | 1 | 100.00 | 100.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|

# PROPOSED PLOT PLAN

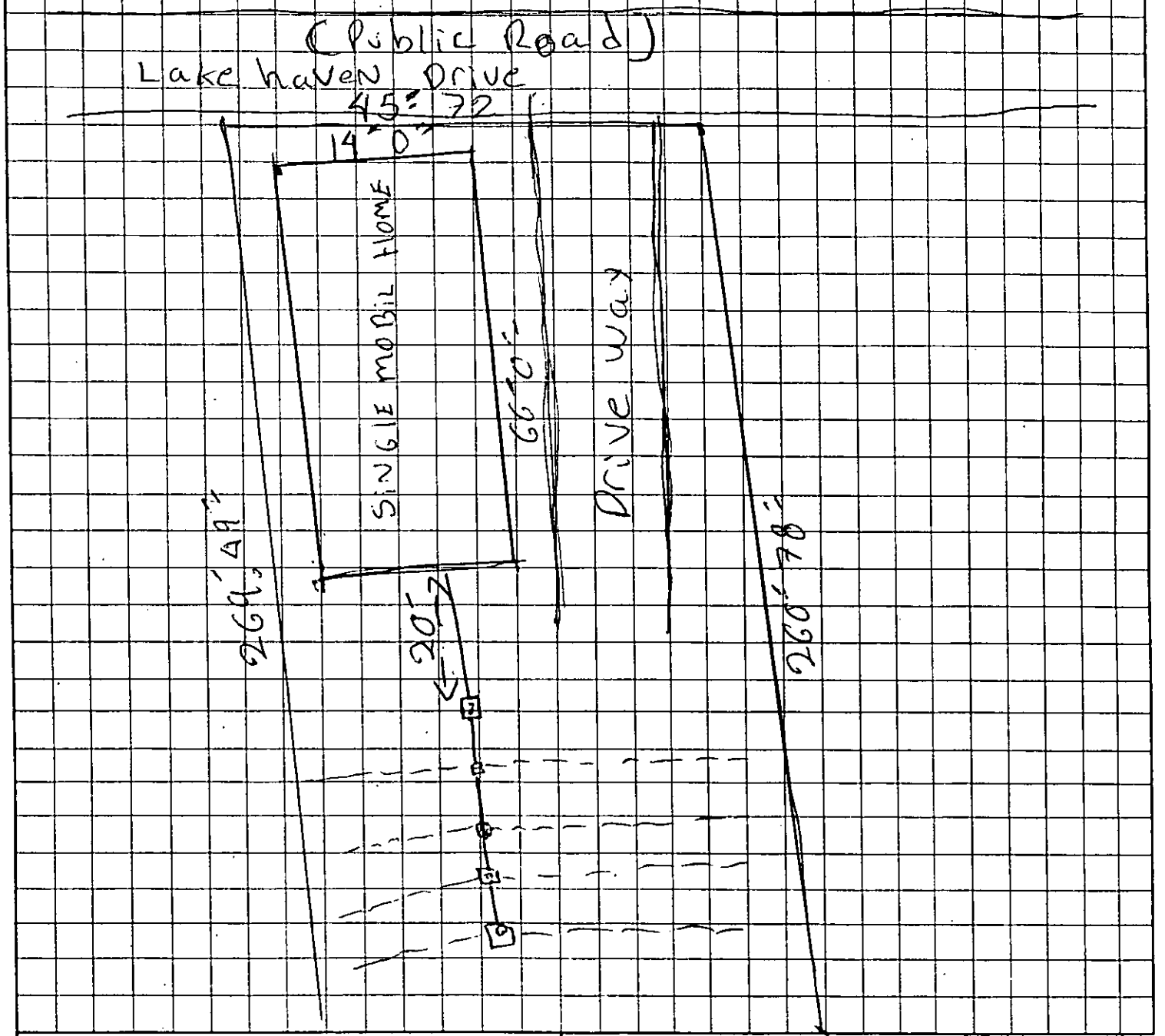
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
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PHONE (704) 336-5102

COPY

FILE: 20765

TC: _____

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.




APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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