

21031 LAGOONA DR

00170201

8/13/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P# 9/10 CC# 01621 SC ☑ 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 16996

Date: 9/3/03

PERSON FILING APPLICATION:
NAME: Neal (last) Whitman (first) A. (mi) 9/3/03
ADDRESS: 21031 Lagoona Dr. PHONE: (704) 892-4121
CITY: Cornelius STATE: NC ZIPCODE: 28031

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-702-01
STREET ADDRESS: 21031 Lagoona Drive
ZONING:

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

SUBDIVISION ~~OR MOBILE HOME PARK~~ NAME: Biscaine Park
LOT NUMBER: 76 LOT SIZE (in acres): .6

TYPE APPLICATION (check one):
[redacted] 1981
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
[redacted]
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) wash room
[redacted]

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

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: Neal Whitman Date: 9/3/03

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 the addition of a garage and wash room addition

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Tommy Mecklin R.S. 9/5/03
Environmentalist Date

WATER : 122791

P# 50703

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/03/03	**Amount:**	100.00
Receipt #:	18207	**Tendered:**	0.00
Check / Auth #:	VISA 016216	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	NEAL WHITTMAN A
Attn:	
Address:	21031 LAGOONA DRIVE
Address:	
City/State/Zip:	CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 21031 LAGOONA DRIVE		1	100.00	100.00

Outstanding Balances

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

PROPOSED PLOT PLAN

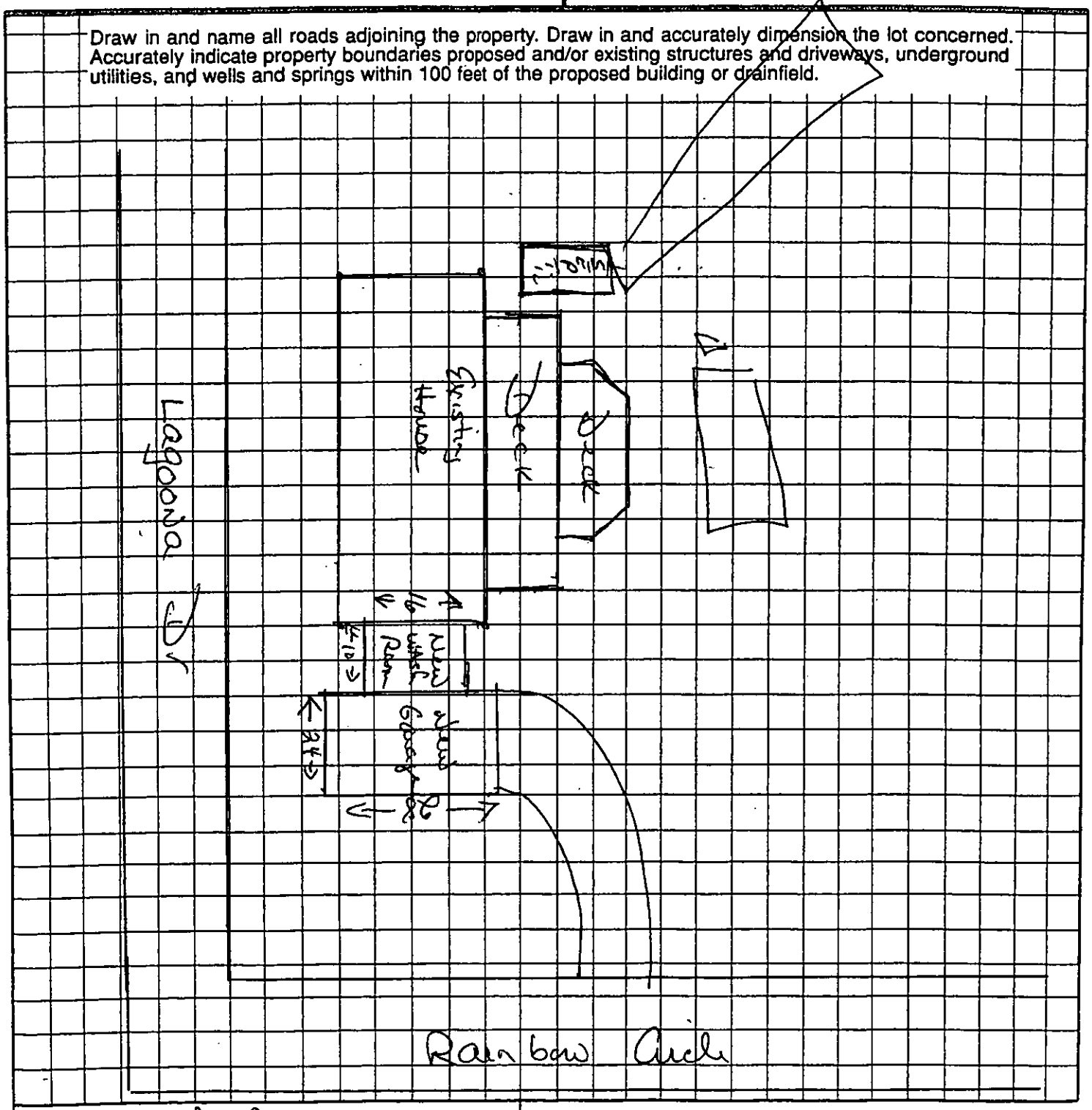
COPY

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

FILE: 16996

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.



OWNER/AGENT SIGNATURE

DATE 9-3-03

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PS 10 2/14/01 dpw

☐ 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 16 996

Date: 2/5/01

PERSON FILING APPLICATION:

NAME: Neal (last) Whit (first) A (mi)

ADDRESS: 21031 Lagoona Dr PHONE: (704) 892 4121

CITY: Cornelius STATE: NC ZIPCODE: 28031

PS-581-4807 593 1349 WR

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-702-01

STREET ADDRESS: _____

ZONING: _____

PROPERTY OWNER:

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ADDRESS: 21031 Lagoona Dr PHONE: (704) 892 4121

CITY: Cornelius STATE: NC ZIPCODE: 28031

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☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)

☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Front Porch 8X14

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
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☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

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Signed: Whit Neal Date: 2/5/01

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.

...Approval granted for a front porch addition

Use existing system

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phila A Walker RS 2/14/01
Environmentalist Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEES

Requestor (please print): Whit Neal Phone #: Date Requested: 2/9/01 Date Filled:

Account Name: Cash Charge Account No.:

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0710		Additional Trips	$ 65.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0741		Contractor's Annual Fee	$ 50.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0701		Improvement Permit Application - Residential	$ 200.00	
0703		Installation and Final Approval	$ 150.00	
0743		Maintenance Inspections to Homeowners w/ Type IIIB Systems (every 5 yrs)	$ 85.00	
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0742		Operator's Annual Fee	$ 30.00	
0702		Optional Site Evaluations	$ 100.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0718		Residential Pool Permit	$ 50.00	
0707		Site Consultation Visit	$ 100.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0738		Tatoo Parlor Permits - Mecklenburg Co. resident	$ 125.00	
0739		Tatoo Parlor Permits - non resident	$ 87.50	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0733		Pool - Permit to Construct a Public Pool	$ 200.00	
0724		Pool - Private Testing	$ 15.00	
0740		Pool - Public Permit Prorated ____ mos. X $30.00		
0719		Pool - Public Operating Permit	$ 240.00	
0720		Pool - Seasonal Operating Permit	$ 120.00	
0736		Pool - Late Fee	$ 120.00	
0725		Document Copies	$ 0.05	
Payment received by:		Date: 2/9/01	Total:	100

21031 Lagoona DR.

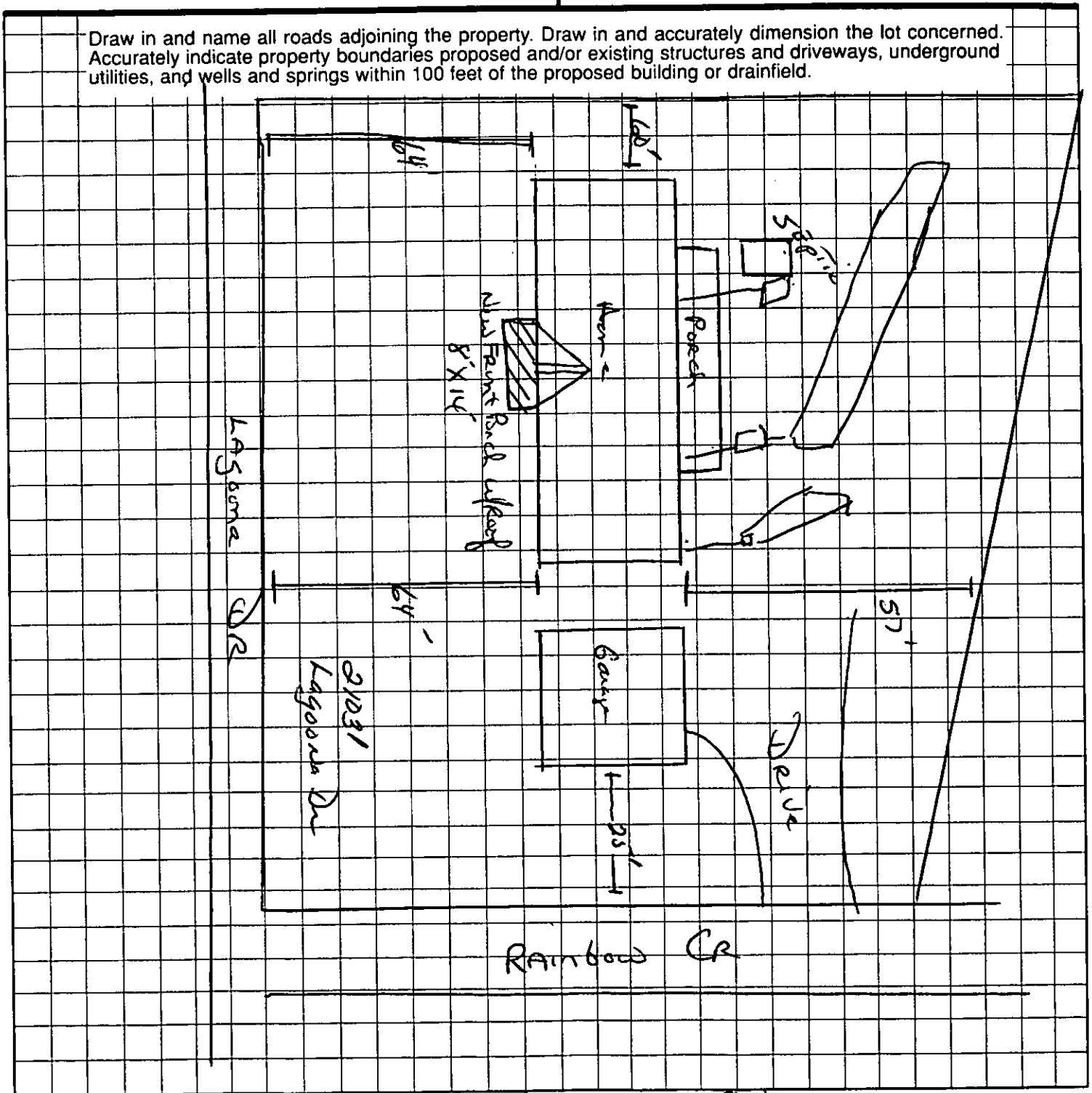
PROPOSED PLOT PLAN

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

FILE: 16996

TC: 001-702-01

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 1/5/01

APPROVAL DATE PRW 2/14/01

White - Health Department's Copy

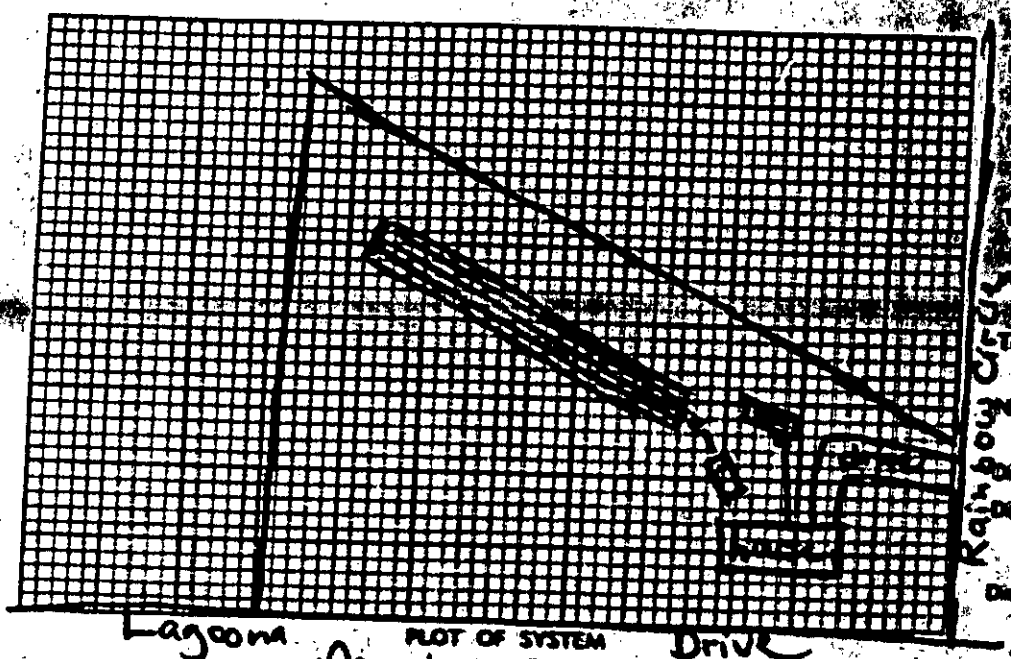
Canary - E.H.S. Copy

Pink - Owner's Copy

Date Issued 2-25-81 **Serial No. 4534** ICAR(S) Permit No. 169
T. C. No. 001 - 1
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank w
water treatment system with subsurface, soil absorption, effluent discharge as specified herein at th
scribed location. This permit is granted based upon the information supplied in application 1699
dated 2-6-81 and this permit shall be void and of no effect if the information provided in th
plication is not true or is erroneous. All work shall be completed on or before 2-25-81, after w
date this permit shall be null and void.



Permeability Rate P.S.
Liquid Capacity of Tank 1600gallo
Tank Construction precast co
Aeration and/or Nitrification Lines:
Total Line Length 495'+12
Number of Lines 5 + 4
Distance from House 10'
Distance from Property Line 10'
Distance from Well >50'

NAME OF OWNER Mady Construction Company

LOCATION OF PROPERTY 2012 Lagoona Drive

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

15'wide x 99'long x 17" of stone

Comments: 12'wide x 32'long x 17" of stone for washer

Division or Section Head

Mike Sexton
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required wherein existing systems are being altered or repaired.

EHD-S-75

[illegible] is not true or [illegible] Code