

12/26/2007

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Groundwater and Wastewater Services File Imaging Project

May 2007

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1808B

3-10-97 Rec'd

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

chk# 1619 $100.00 ☐ 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: W. Allen Davis (last) (first) (mi)

ADDRESS: P.O. Box 1163 PHONE: (803) 399-1996

CITY: Little River STATE: SC ZIPCODE: 29566

Date: 3-7-97

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-052-14

STREET ADDRESS: _____

ZONING: _____

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME: East Providence Estates

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

LOT NUMBER: 5 Block C LOT SIZE (in acres): 1.88/AC.

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ 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: 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)
☐ 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: W. Allen Davis Date: 3-7-97

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
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 12/91

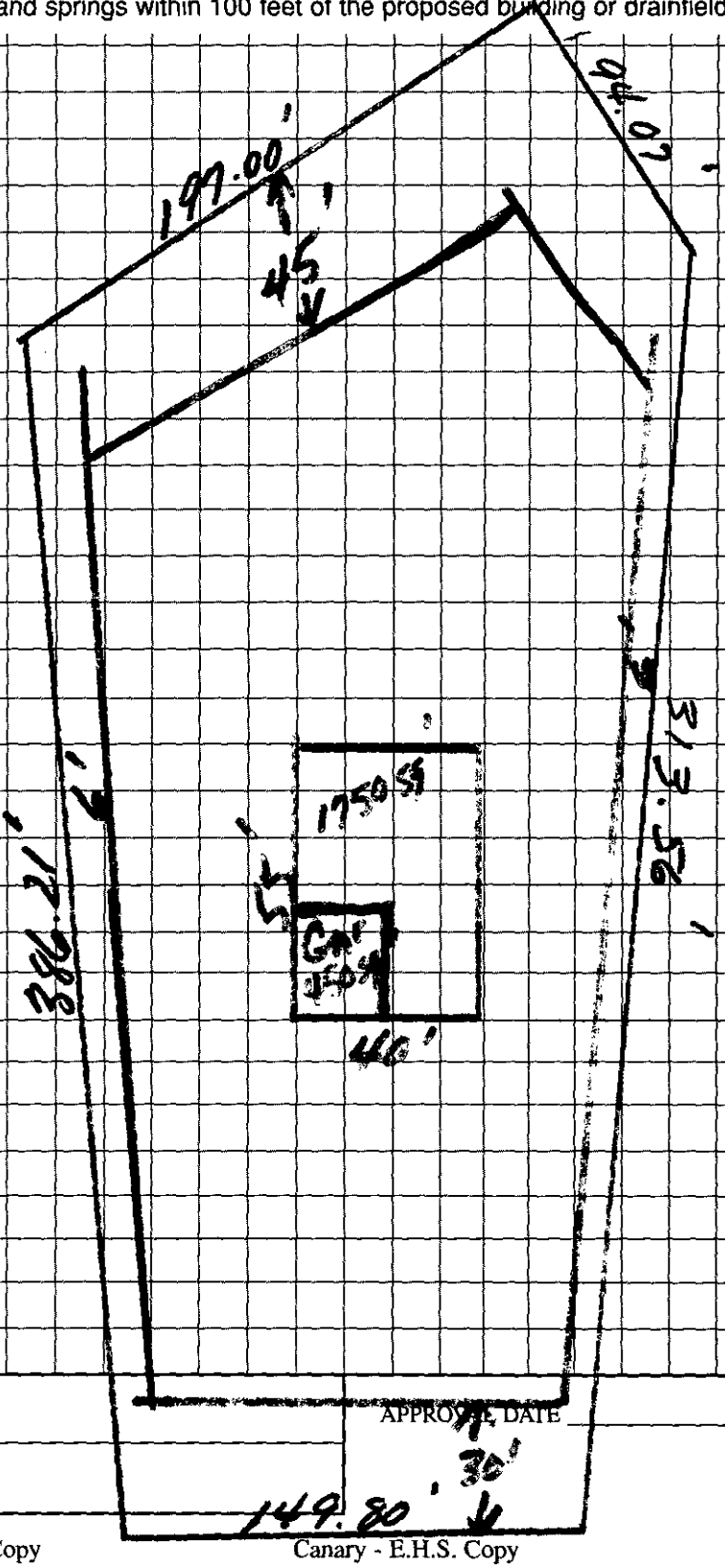
PROPOSED PLOT PLAN

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

FILE: 1808B

TC: 231-052-14

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

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

180815

THIS IS TO CERTIFY THAT ON THE 28th DAY OF JANUARY 1997, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING IF ANY ARE AS SHOWN HEREON.

SAM MALONE & ASSOCIATES
Civil Engineering & Surveying
P.O. BOX 1139
MATTHEWS, N.C. 28106
PHONE (704) 847-9026
FAX (704) 847-5188
TOLL FREE 1 800 287-8978

SIGNED

REGISTERED LAND SURVEYOR
RUSSELL L. WHITEHURST, N.C.R.L.S. #3661

NORTH CAROLINA REGISTERED No. 3661 LAND SURVEYOR RUSSELL L. WHITEHURST

MAP NORTH (REF MB. 9, PG. 357 DATED: NOV. 18, 1960)

LARRY J. CARTER
DB. 5566, PG. 791
NOW OR FORMERLY

1" EIP CONTROL CORNER

N 62°14'00" W 197.00'

N 27°44'10" E 94.07'

LOT 1

NIR

45' REAR SETBACK PER ZONING

NIR

N 65°26'50" E 100.00'

LOT 2

588.00'

EIR CONTROL CORNER

LOT 5
1.881 acres
COMPUTED BY COORDINATES

NIR

N 13°34'28" W 198.08'

1" EIP

386.21'

6' SIDE SETBACK PER ZONING

S 55°52'20" W

6' SIDE SETBACK PER ZONING

N 65°26'50" E

313.56'

LOT 6

LOT 4

NOTES:
1. EIP=EXISTING IRON PIPE.
2. EIR=EXISTING IRON REBAR.
3. NIR=NEW IRON REBAR.
4. TAX PARCEL #231-052-14.
5. PROPERY IS ZONED R-3
6. ALL AREAS WERE COMPUTED BY COORDINATES.
7. NO USGS MONUMENTATION FOUND WITHIN 2000' OF SITE.
8. THIS PROPERTY MAY BE SUBJECT TO EASEMENTS, RIGHTS OF WAY OR RESTRICTIONS EITHER RECORDED OR IMPLIED.

R = 911.47'
L = 77.72'
N 36°47'26" W
77.69'

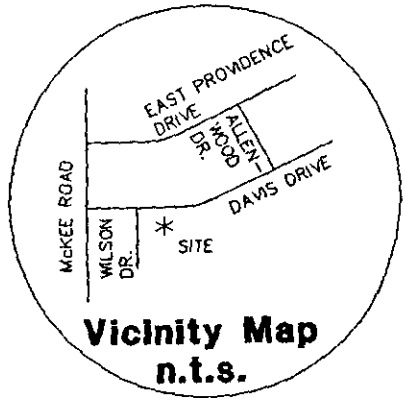
30' SETBACK PER ZONING

EIR

R=911.47' L=149.97'

NIR

S 29-38-04 E 149.80'



Vicinity Map n.t.s.

EIR 72.30'

PHYSICAL SURVEY

OF:

LOT 5, BLOCK 6, EAST PROVIDENCE ESTATES

PROVIDENCE TWSP., MECKLENBURG CO., N.C.

SCALE: 1"=60'

THE PROPERTY OF W. ALLEN DAVIS

MAP REFERENCE IN BOOK 9 PAGE 357 DEED REFERENCE IN BOOK _____ PAGE _____

ACAD FILE: 5EPE.DWG, DISK 375 FOLDER: 24 JANUARY 1997