

3800 DAVIS DR

23106506

7/28/08

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$100.00 3-10-97 Ck# 1616 EW

☐ 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: DAVIS (last) William (first) ALLEN (mi)
ADDRESS: P.O. Box 1163 PHONE: 803 399-1996
CITY: Little River STATE: SC ZIPCODE: 29566

Date: 1-24-97

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-052-13
STREET ADDRESS: _____
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: East Providence Estates

LOT NUMBER: L6 B6 LOT SIZE (in acres): 1.3

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 (M)
☐ 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: 3 or 4 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: 3-6-97

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 : 12/96

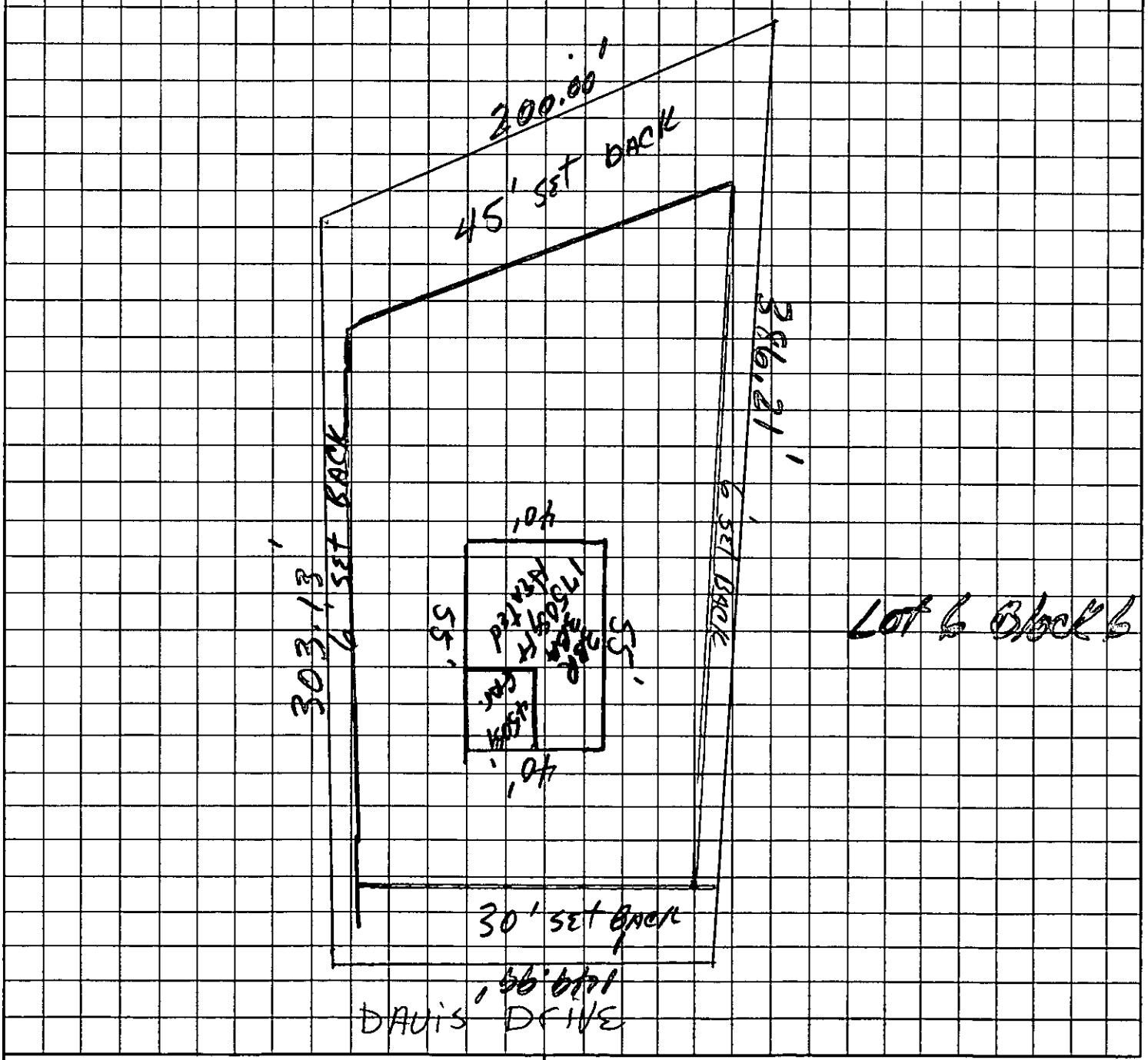
PROPOSED PLOT PLAN

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

FILE: 15800

TC: 231-052-13

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

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

PROPOSED PLOT PLAN

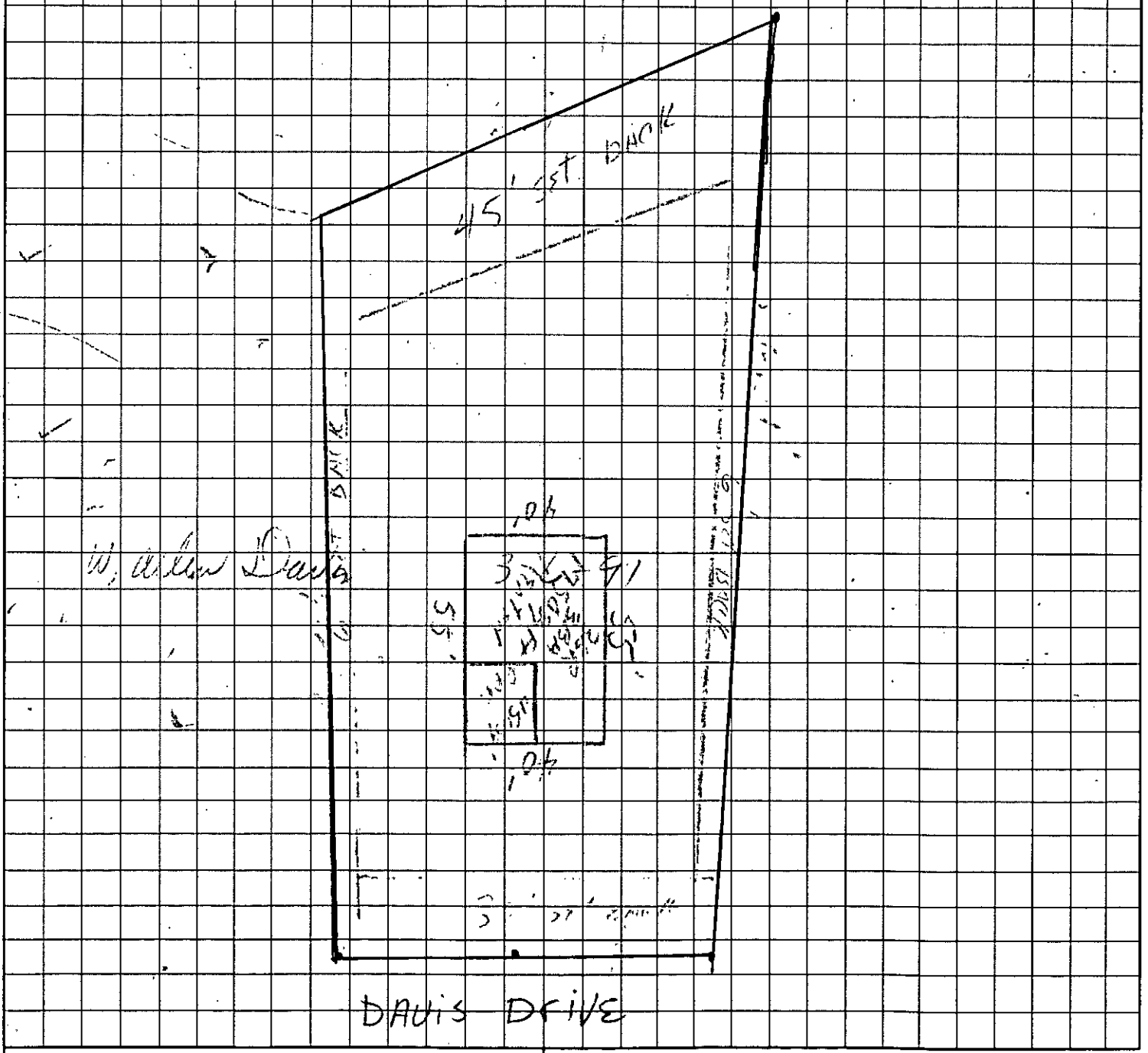
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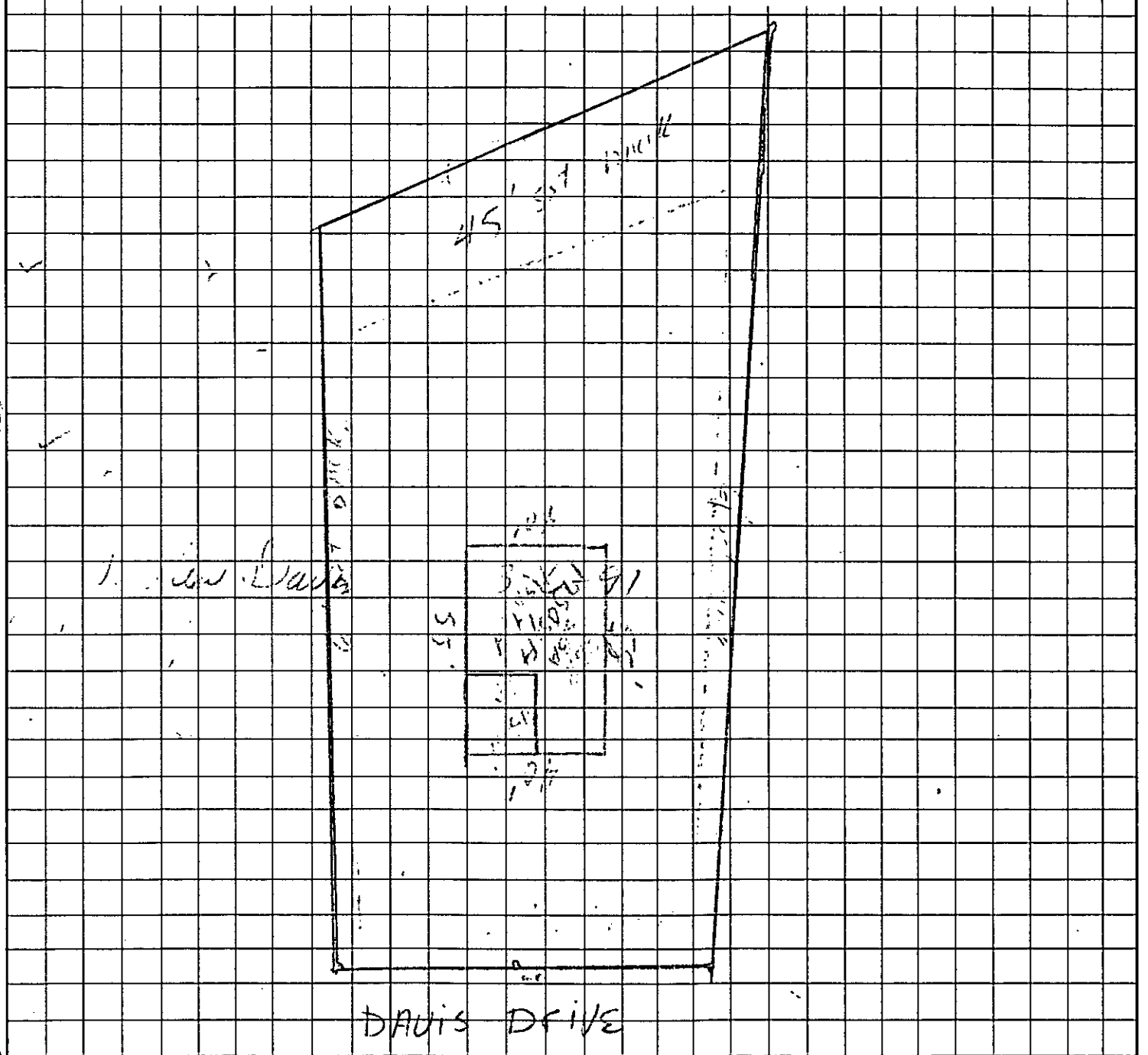
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cash 1616 Eq)

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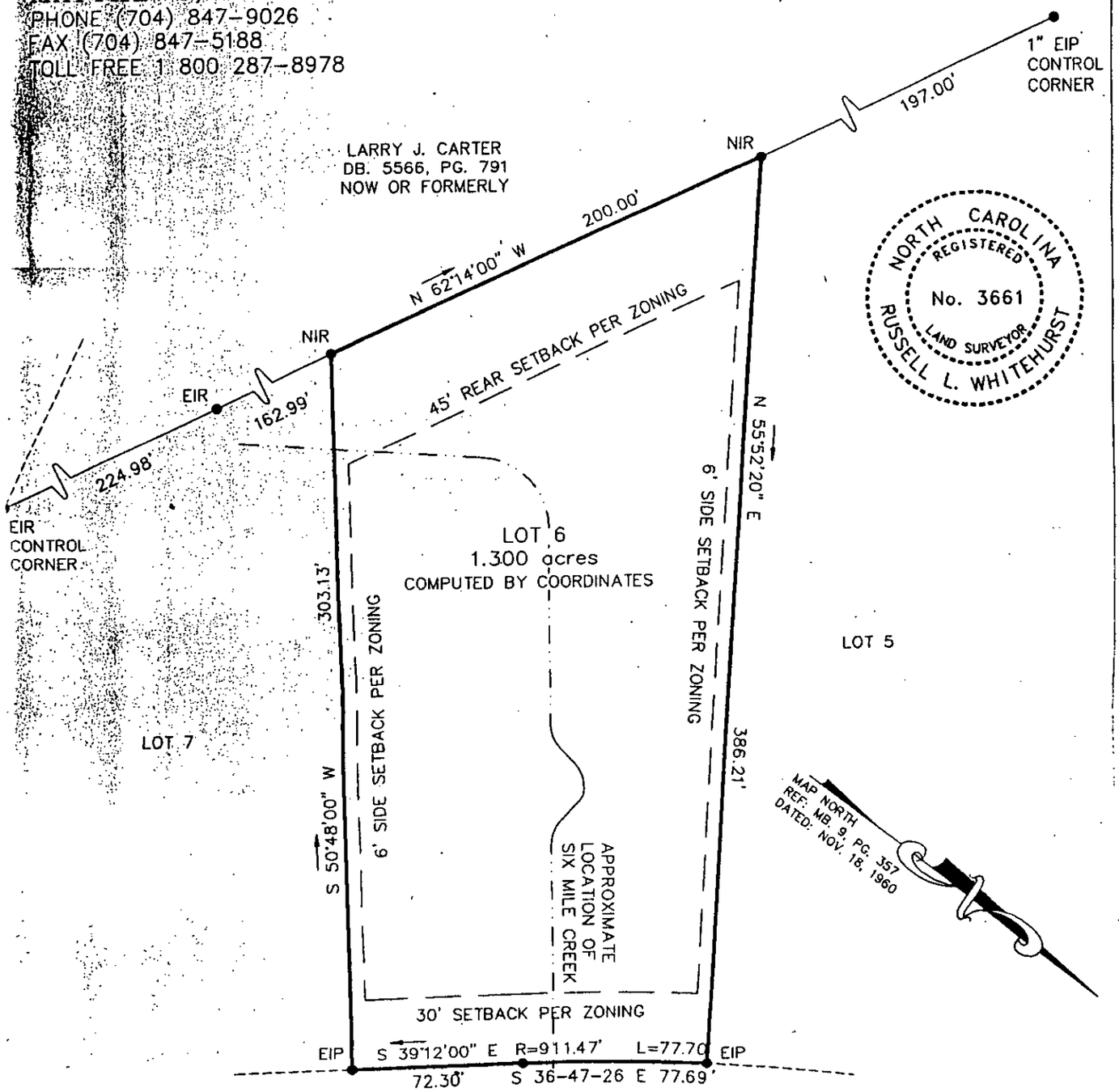
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THIS IS TO CERTIFY THAT ON THE 28th DAY OF JANUARY 1997, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING IF ANY ARE AS SHOWN HEREON.

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

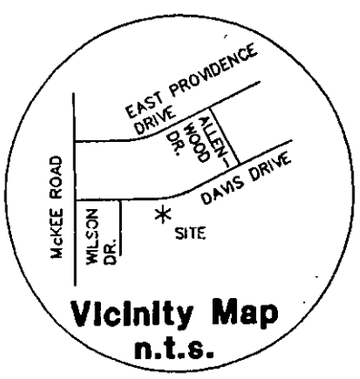
REGISTERED LAND SURVEYOR
RUSSELL L. WHITEHURST, N.C.R.L.S. #3661



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

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

NOTES:
1. EIP=EXISTING IRON PIPE.
2. EIR=EXISTING IRON REBAR.
3. NIR=NEW IRON REBAR.
4. TAX PARCEL #231-052-13.
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.



PHYSICAL SURVEY OF:

LOT 6, 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: 6EPE.DWG, DISK 375 FOLDER: 24 JANUARY 1997