

9109 LACROSSE DR

01727606

5/13/08

marliwr

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

100.00 2-3-04 Cash JKA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ND 67262 ACS

[ ] 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

File # 60

PERSON FILING APPLICATION:
NAME: Castro (last) Romulado (first) (mi)
ADDRESS: 9109 Lacrosse PHONE: (704) 392-0756
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

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

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-276-06
STREET ADDRESS: _____
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: LOT SIZE (in 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)
[X] Bedroom

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [X] 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 [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: Romulado castro Date: 2/3/04

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 Living Room/Storage Room addition. Keep >5' from septic tank.

[ ] 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

Tommy Nichols R.S. 2/5/04
Environmentalist Date

WATER : 122791

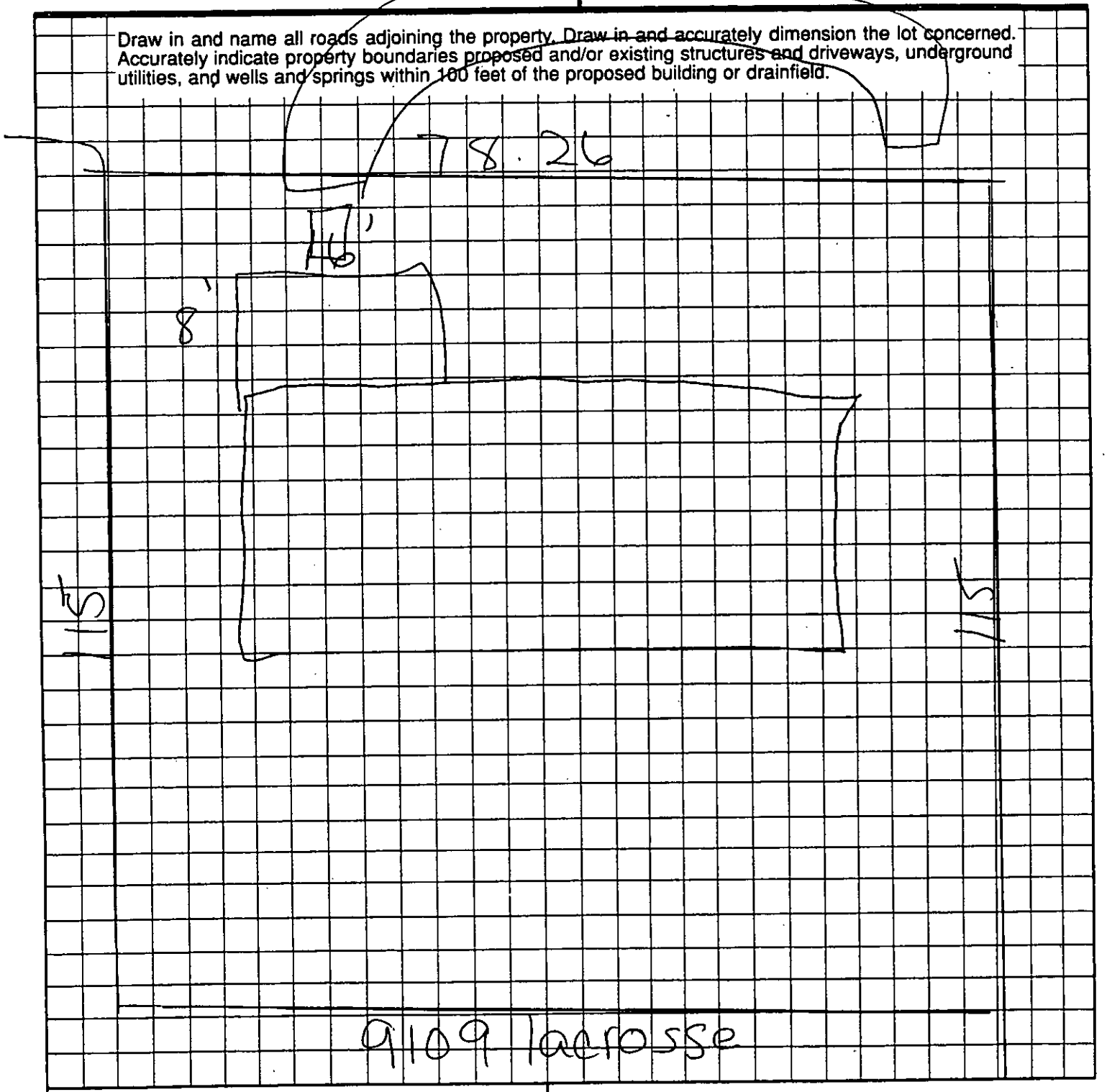
PROPOSED PLOT PLAN

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

FILE: 60

TC: 017-276-06

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.



Romulado Castro
OWNER/AGENT SIGNATURE

DATE 9/3/04

APPROVAL DATE _____

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

Serial No. 48

Date Issued 9/29/70 C of A (s) No. 60

T. C. No. 017-276-06

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hambright-McCoy Inc (LAST / FIRST / MIDDLE)

Location of Property Lot 220, Lacrosse Dr, Wildwood Green

Application Number 60 Permit Number 31

Inspection Data:

Liquid Capacity of Tank 1250 gals Tank Material Precast Concrete

Total Length of Drain Tile 500' Number of Lines 2 (12½'s 100')

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source — Distance from Water Source —

Excavation Inspected 9/29/70 (DATE) Tank Inspected 9/29/70 (DATE)

Nitrification Field Inspected 9/29/70 (DATE)

Washing Machine Line Inspected, If Applicable NA (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X installed or constructed, _____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health 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: James Stewart

Michael R Adams
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 9/18/70

Serial N° 31

ICAR(S) Permit No. 60

T. C. No. 017-276-06

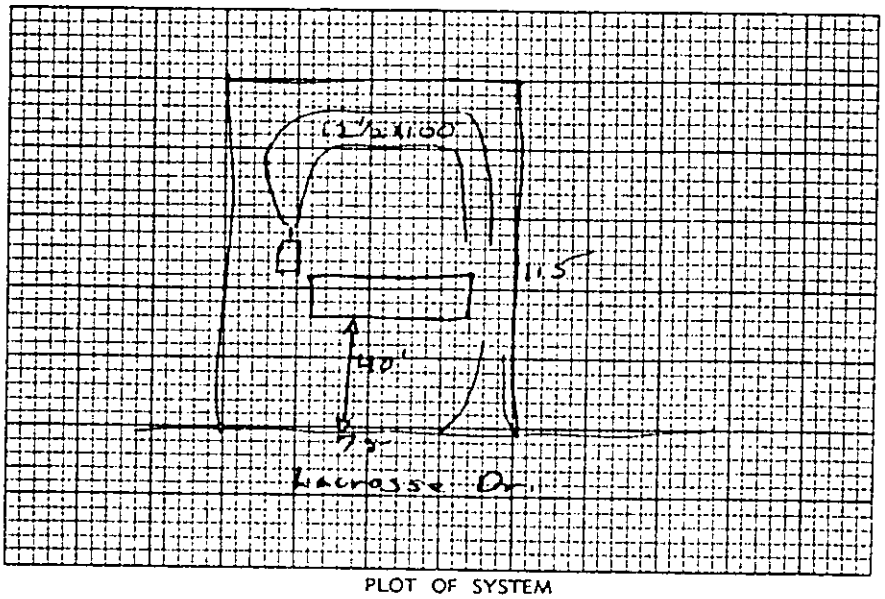
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 60, dated 7/15/70 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 95

Liquid Capacity of Tank 1250 gal

Tank Construction Precast

Absorption and/or Nitrification Lines:

Total Line Lenght 500'

Number of Lines 5 (2½x100)

Distance from House 10'

Distance from Property Line 10'

Distance from Well ____

NAME OF OWNER Hambright-McCoy, Inc

LOCATION OF PROPERTY Lot 220 Lacrosse Dr Wildwood Green

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: _____

R. L. McMillan
Division or Section Head

Michael R Thomas
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-7-1-70

HEALTH DEPARTMENT'S COPY

Mecklenburg County, NC
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 2/4/2004 10:03:23 AM

Parcel ID #: **01727606** ***GIS ID #:*** **01727606**	
Owner Name:	LONNIE HAGER
Mailing Address:	PO BOX 455 HUNTERSVILLE, NC 28078
Property Characteristics	
Legal Desc.:	L220 M15-55
Land Area:	1 LT
Fire District:	18-HUNTERSVILLE / CRAIGHEAD
Special District:	FIRE SERVICE D
Account Type:	INDIVIDUAL
Municipality:	6-HUNTERSVILLE
Property Use:	VACANT
Deed Reference(s) and Sales Price	
08072-838 (3/2/1995) $0.00 08064-556 (2/23/1995) $0.00 04307-946 (5/20/1980) $0.00	
Situs Addresses Tied to This Parcel	

9109 LACROSSE DR	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department
ETJ Area: HUNTERSVILLE	
6/30/03 Charlotte Annexation: NO	
Charlotte Historic Districts: NO	
Census Tract #: 62.07	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3701580030B
FEMA Flood Zone:	OUT
FEMA Panel Date:	03/02/93
Regulated Watershed Information	
Watershed Name:	Mtn. Island Lake
Watershed Class:	PA-2

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.