

8407 ISLAND POINT RD

19909137

1/8/2008

duponbj

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

Brandon

100.00 ft

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

704 392 1409 (Home) ☐ 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 # 5206B

Date: 4/4/2003

PERSON FILING APPLICATION:
NAME: Goodman (last) Deborah (first) L (mi)
ADDRESS: 2403 Mary Ann Dr. PHONE: (704 973 1180 (work)
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 19909137
STREET ADDRESS: 9407 Island Point Dr.
Charlotte 28278
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 11 M26 L82 LOT SIZE (in acres): .769

TYPE APPLICATION (check one):

[redacted]
☐ 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)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

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

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 (2) ☐ 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: Deborah Goodman Date: 4/4/03

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.

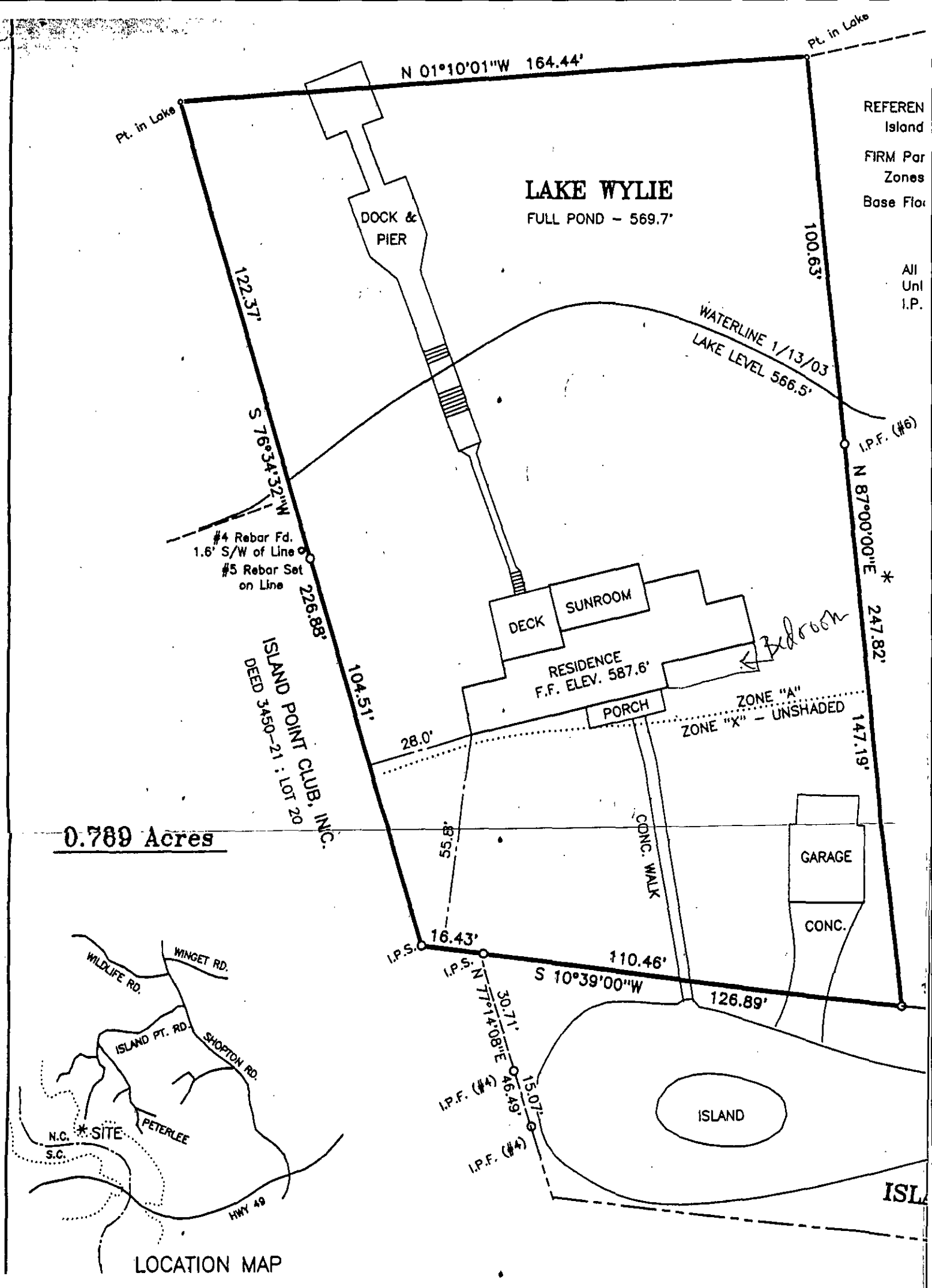
...This permit is not transferable.

...

☐ 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

WATER : 122791


Pt. in Lake
N 01°10'01"W 164.44'
Pt. in Lake
REFEREN
Island
FIRM Par
Zones
Base Flo
All
Unl
I.P.
LAKE WYLIE
FULL POND - 569.7'
DOCK & PIER
100.63'
122.37'
WATERLINE 1/13/03
LAKE LEVEL 566.5'
I.P.F. (#6)
S 76°34'32"W
N 87°00'00"E *
247.82'
#4 Rebar Fd.
1.6' S/W of Line
#5 Rebar Set
on Line
226.88'
DECK
SUNROOM
Bedroom
RESIDENCE
F.F. ELEV. 587.6'
PORCH
ZONE "A"
ZONE "X" - UNSHADED
28.0'
104.51'
ISLAND POINT CLUB, INC.
DEED 3450-21 ; LOT 20
147.19'
0.789 Acres
55.8'
CONC. WALK
GARAGE
CONC.
I.P.S.
16.43'
I.P.S.
110.46'
S 10°39'00"W
126.89'
N 77°14'08"E
30.71'
I.P.F. (#4)
46.49'
15.07'
I.P.F. (#4)
ISLAND
ISL
WINGET RD.
WILDLIFE RD.
ISLAND PT. RD.
SHOPTON RD.
PETERLEE
N.C.
S.C.
* SITE
HWY 49
LOCATION MAP

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/04/03	**Amount:**	100.00
Receipt #:	15691	**Tendered:**	100.00
Check / Auth #:	CHECK 1361	**Returned:**	0.00
Received By:	JOHNSK		

Account Information

Account #: 200000
Contractor: GOODMAN DEBORAH L
Attn:
Address: 2403 MARY ANN DR
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 2403 MARY ANN DR.		1	100.00	100.00

----------Outstanding Balances----------

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