

14609 PLEASANT HILL RD

21724113

8/19/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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$50
CK #1666
VW
5-26-98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

18902

400

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: J L PAYNE & ASSOCIATES (last) (first) (mi)
ADDRESS: 3927 ARBOR LANE PHONE: (__) 522-0733
CITY: CHARLOTTE STATE: NC ZIPCODE: 28209

Date:

PROPERTY OWNER:
NAME: RUSSELL & VICKEY DAVEY (last) (first) (mi)
ADDRESS: 14609 PLEASANT HILL Rd. PHONE: (__) 588-3098
CITY: CHARLOTTE STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-021-31
STREET ADDRESS: 14609 Pleasant Hill Rd
ZONING:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 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):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) - DECK
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] 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)
[X] 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: Jimmy L. Payne Date: 5-26-98

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
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...Use existing system

Louis C Higgins RS. 6/2/98
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

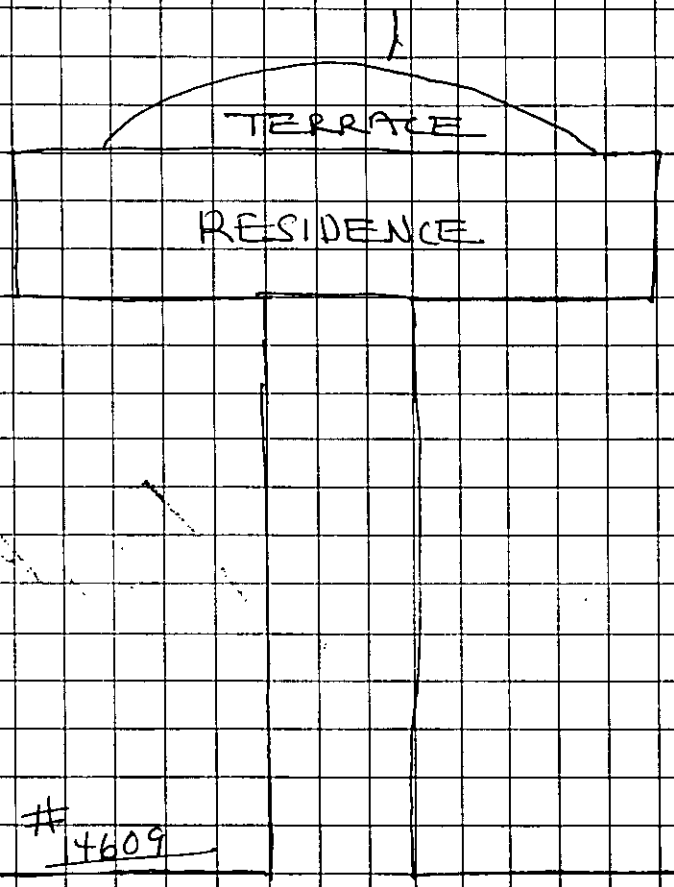
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 18902

TC: 217-021-31

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.



Jimmy L. Payne
OWNER/AGENT SIGNATURE

DATE 5-26-98

APPROVAL DATE _____

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

$50.00
CK #1666
11w
5-26-98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

18902 [] CRT

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Environmental Health Division
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ZONING:

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ADDRESS: 14609 PLEASANT HILL Rd. PHONE: (__) 588-3098
CITY: CHARLOTTE STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
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[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]
[redacted]
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[] COMMERCIAL OR INDUSTRIAL (N)
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
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[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WATER : 1227

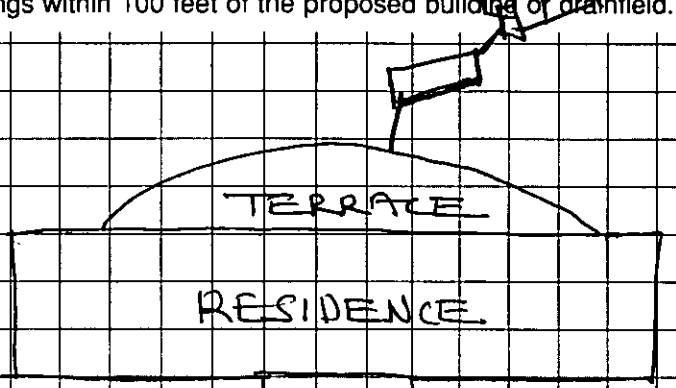
PROPOSED PLOT PLAN

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

FILE: 18902

TC: 217-021-31

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.



#4609

PLEASANT HILL ROAD

Jimmy L. Payne

OWNER/AGENT SIGNATURE

DATE 5-26-98

APPROVAL DATE JEH 5/98

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

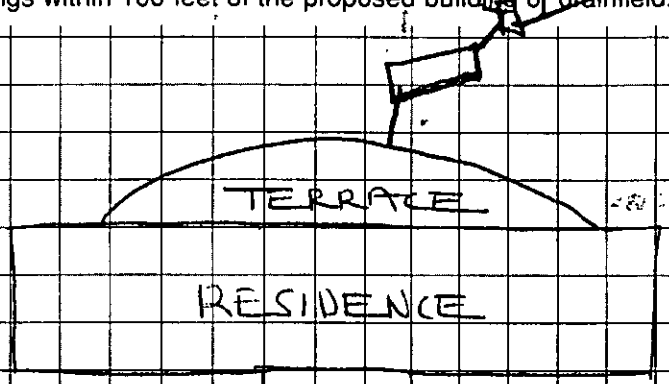
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PHONE (704) 336-5102

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Jimmy L Pope
OWNER/AGENT SIGNATURE

DATE 5-26 98

APPROVAL DATE JEH 5/98

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Pink - Owner's Copy

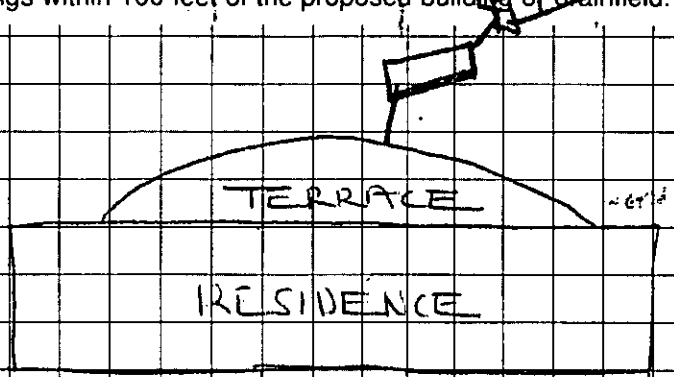
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PLEASANT HILL ROAD

OWNER/AGENT SIGNATURE

DATE 5-26 98

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Canary - E.H.S. Copy

Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3/21/96

18902

Cash #50.00

[ ] 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

COPY

PERSON FILING APPLICATION:
NAME: Clayborn Mark C
(last) (first) (mi)
ADDRESS: 14801 Lonesome Oak PHONE: (704) 588-2398
CITY: Cornelius STATE: N.C. ZIPCODE: 28278

Date: 3-20-96

PROPERTY OWNER:
NAME: Davey Russ
(last) (first) (mi)
ADDRESS: 14609 Pleasant Hill Rd PHONE: (__) _____
CITY: Cornelius STATE: N.C. ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 2170213
STREET ADDRESS: 14609 Pleasant Hill Rd
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 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):

[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Bdrm
[ ] COMMERCIAL OR INDUSTRIAL (N) * Number of Bdrms
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Bdrm Bath

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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):
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[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: [signature] Date: 3-20-96

NOTICE:

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... Use Existing system

[ ] 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

[signature] 3/26/96
Environmentalist Date

S Bateman for Daniel Grogan 4-3-96
Director or Authorized Section Head Date

WWATER : 122791

* Number of Bdrms and Baths remain the same

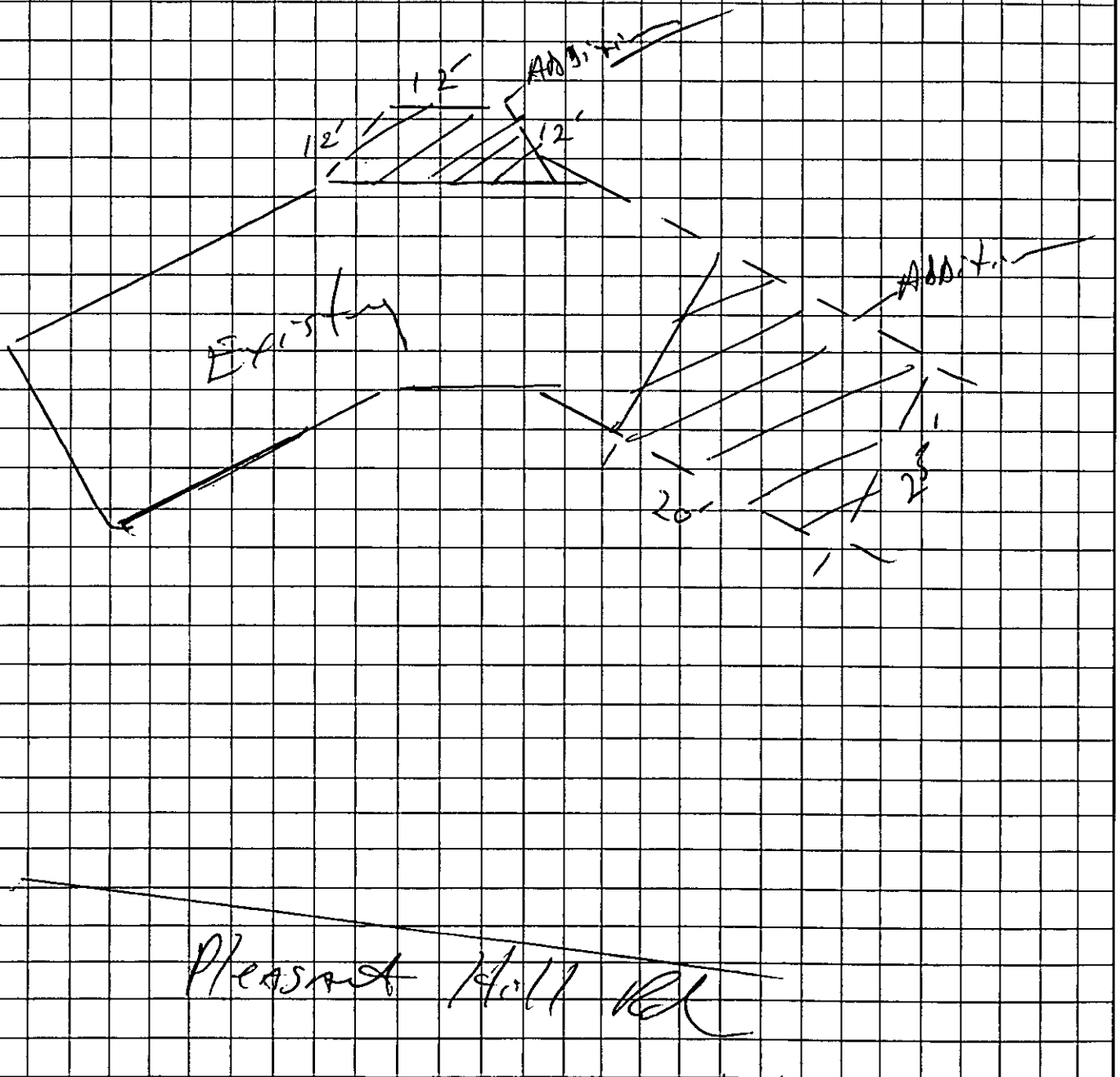
PROPOSED PLOT PLAN

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

FILE: 18902

TC: 217-021-31

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 3-20-96

APPROVAL DATE 3/26/96 JHB

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

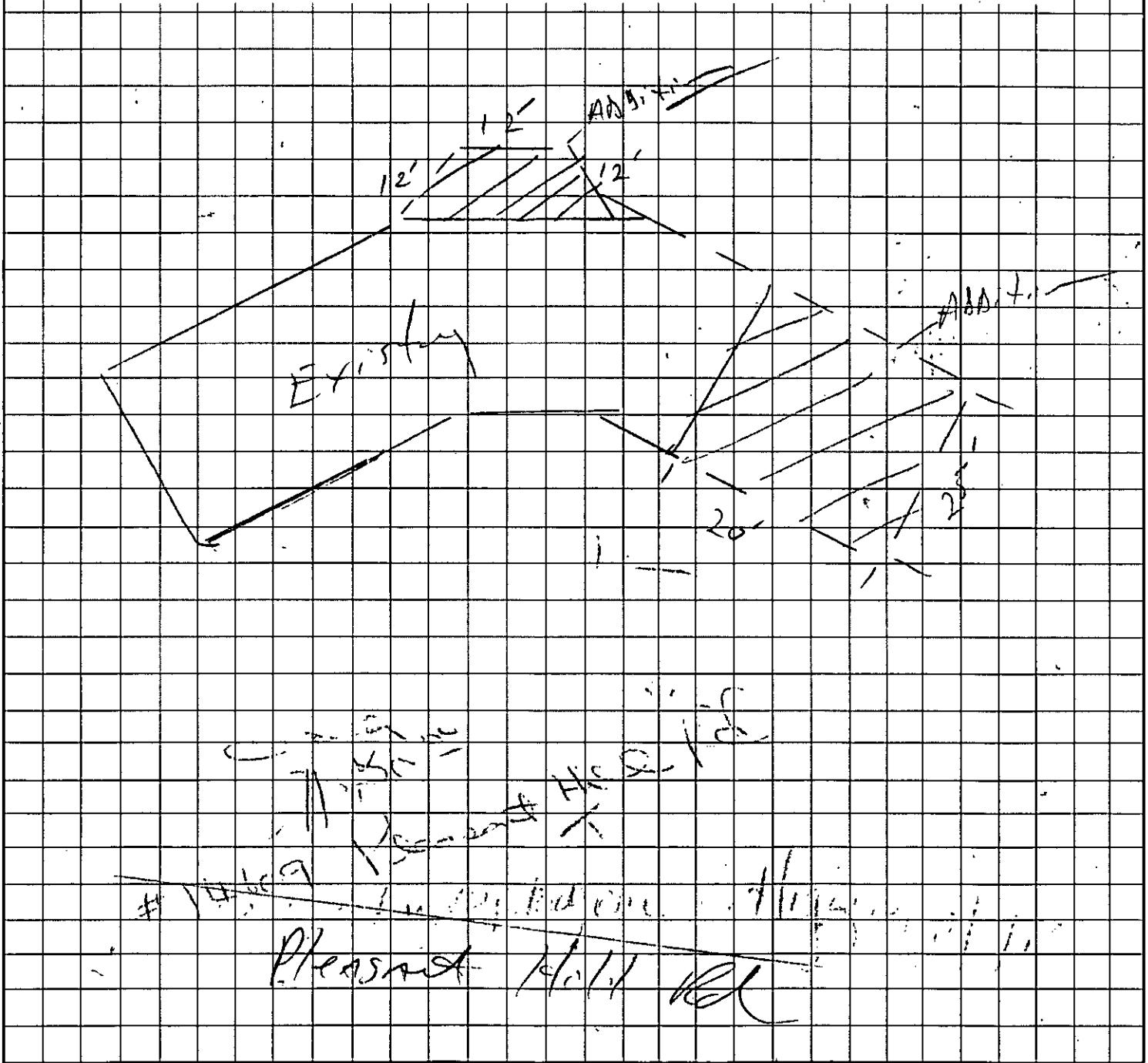
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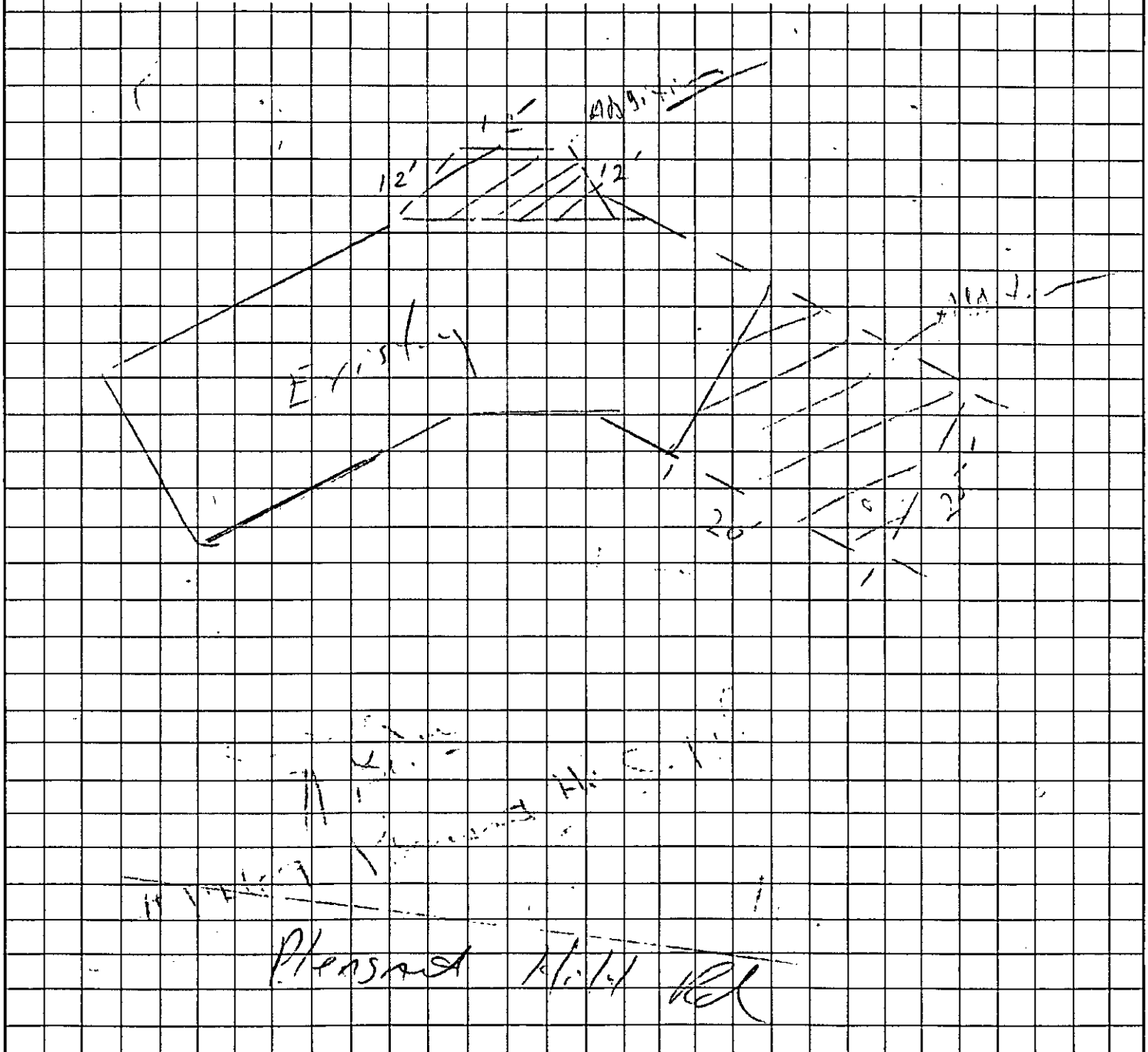
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FILE: 18902

TC: 317-021-31

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3/21/96
18902 Case #50.00 [] 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

Date: 3-20-96

PERSON FILING APPLICATION:
NAME: Clapham (last) Mark (first) C (mi)
ADDRESS: 14801 Lonesome Oak PHONE: (704) 588-2394
CITY: Chrl STATE: N.C. ZIPCODE: 28278

PROPERTY OWNER:
NAME: [redacted] Davey (last) Russ (first) (mi)
ADDRESS: 14609 Pleasant Hill Rd PHONE: (__) _____
CITY: Chrl STATE: N.C. ZIPCODE: 28273

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 21702131
STREET ADDRESS: 14609 Pleasant Hill Rd
ZONING:

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[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
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[redacted]
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[] COMMERCIAL OR INDUSTRIAL (N) * Owner of Bdrms
[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
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[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

* Owner of Bdrms and Baths pertain to Addition

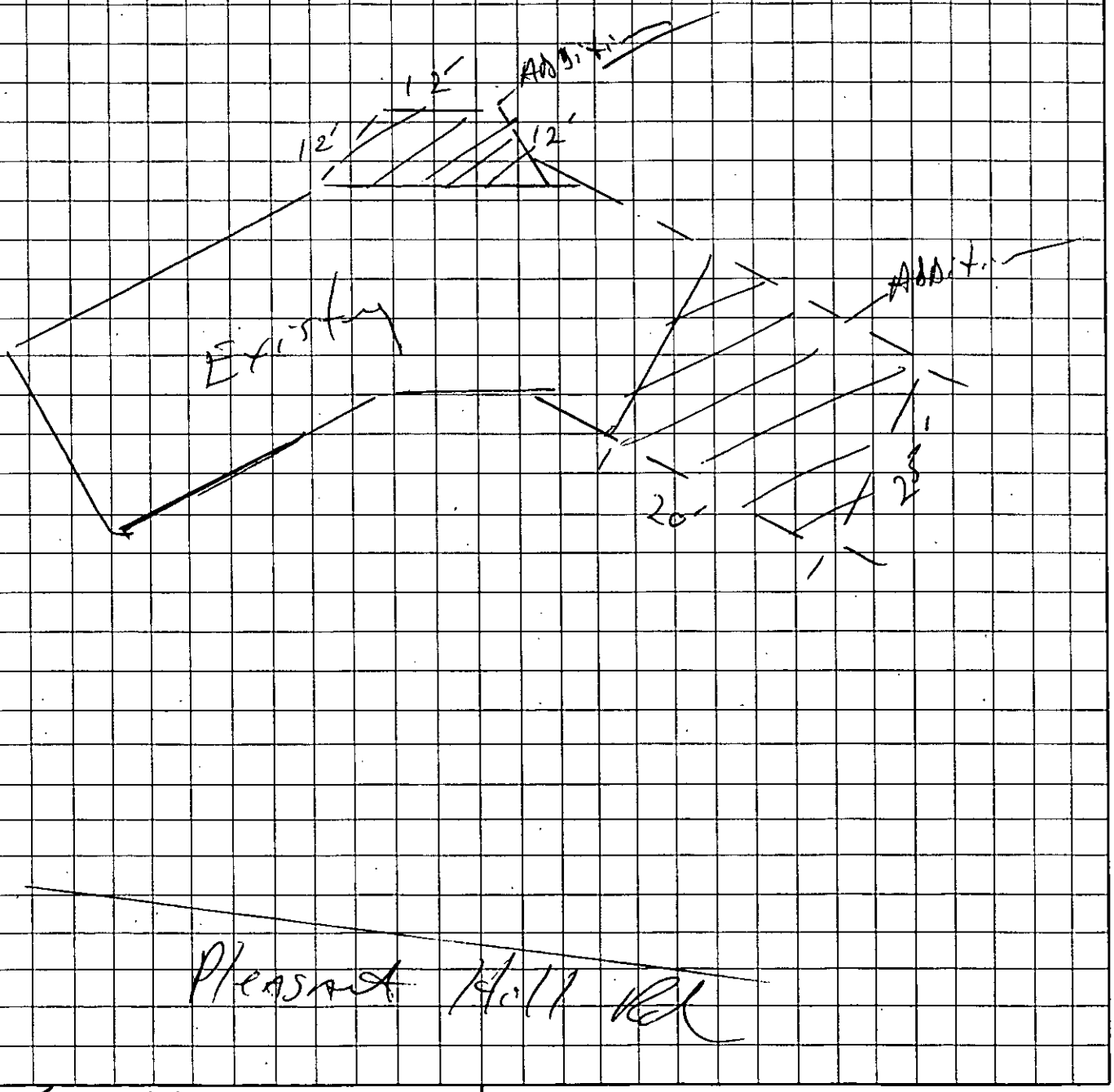
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DATE 3-20-96

APPROVAL DATE _____

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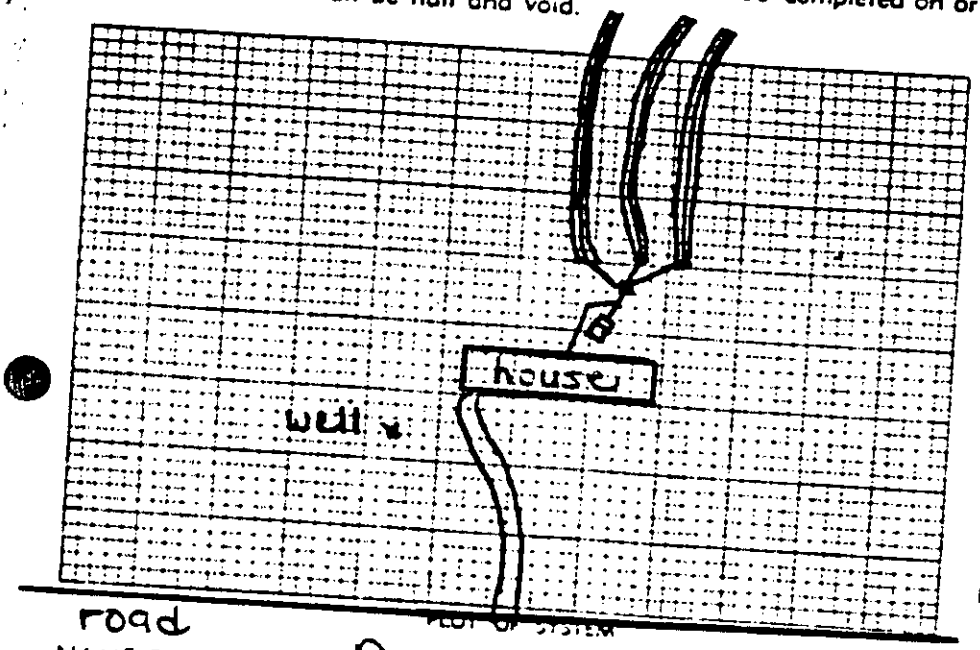
Date Issued 12-30-82 Serial No. 5931 ICAR(S) Permit No. 18902

T. C. No. 217-021-31

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 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 18902 dated 9-1-82 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 1-30-82 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ps.

Liquid Capacity of Tank 1500 gallons

Tank Construction precast concrete

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines 3

Distance from House >5'

Distance from Property Line >10'

Distance from Well >100'

NAME OF OWNER Dawey, Russell Allen

LOCATION OF PROPERTY 14609 Pleasant Hill Road

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.

Comments: 3 trenches - 3' wide x 100' long x 12" stone + hay cover
maximum of 2' cover

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 where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY