

15531 STUMPTOWN RD

00931105

5/1/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2847A ACS [X] 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 2847A

Date:

PERSON FILING APPLICATION:
NAME: EVANS (last) GARY (first) L. (mi)
ADDRESS: 15531 STUMPTOWN RD. PHONE: (704) 948 8573
CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
(009-081-38 SUB #)
TAX/PARCEL NUMBER: 009-311-05
STREET ADDRESS: 15531 STUMPTOWN RD Huntersville, NC 28078
ZONING:

PROPERTY OWNER:
NAME: EVANS (last) GARY (first) L. (mi)
ADDRESS: 15531 STUMPTOWN RD. PHONE: (704) 9488573
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres): .997

[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) DETACHED GARAGE
[redacted]

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):
[] 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
[X] 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: Gary L. Evans Date: 1-18-2000

NOTICE: House Built & Septic System 1991

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.

...Approval granted for a detached garage Addition

Use existing System

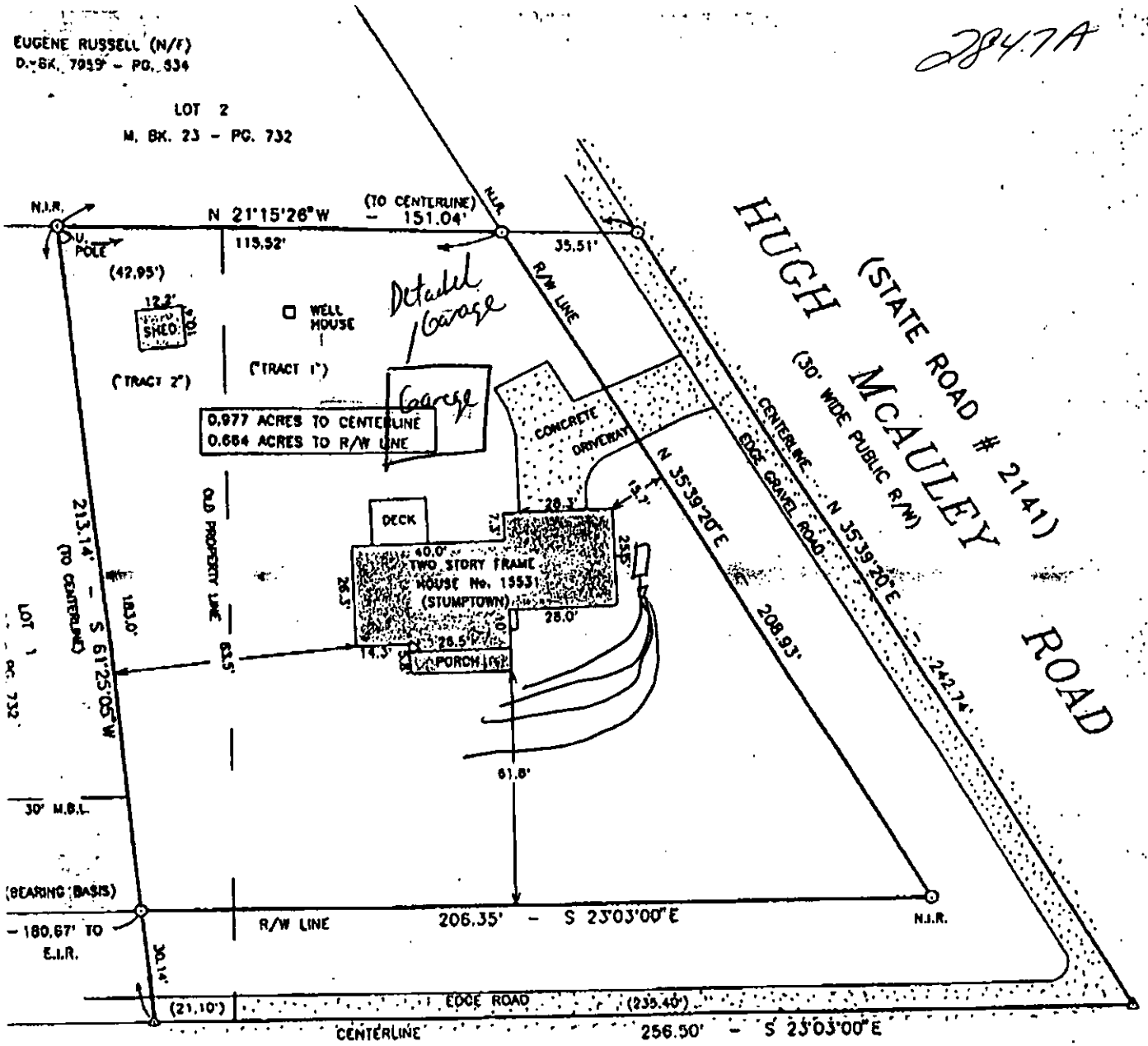
[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philip S. Walker RS. 1/20/00
Environmentalist Date

PW

WATER : 122791

2847A



STUMPTOWN ROAD

(60' WIDE PUBLIC R/W)

SURVEY PLAT

REFERENCES:
1.- TRACT MAP - NONE
2.- DEED RECORDED IN BOOK 5997, PAGE 868. (TRACT 1)
3.- DEED RECORDED IN BOOK 6285, PAGE 745. (TRACT 2)

NOTES:
1. PARCEL IS NOT LOCATED IN A REGULATED FLOOD HAZARD ZONE BY F.E.M.A.

"I HEREBY CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION ON THE 27 th. DAY OF AUG., 1999; THAT THE RATIO OF PRECISION OF THE UNADJUSTED SURVEY IS 1:21,500 AND THAT THIS SURVEY AND PLAT COMPLIES WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA."

Jeff S. Hladun — 8-31-99

JEFF S. HLADUN NCPLS # 3143 (Signature) DATE

NOTE: THIS PLAT DOES NOT MEET NCGS 47-30 STANDARDS AND IS NOT TO BE USED FOR RECORDATION PURPOSES.

1"=40' (40 20 0 40 80 FEET)

FOR CARY LEE EVANS
ELISA S. EVANS (wife)

OF PARCEL OF LAND
TOWN OF HUNTERSVILLE
MECKLENBURG Co., NO. CAROLINA

OWNER ERIC A. HANNON & LORRI KNOX HANNON

JEFF HLADUN
LAND SURVEYING INC.
5848 LEBANON ROAD
MINT HILL, NC 28227
Ph. (704) 545-8583
FAX (704) 545-5188

FILE # 993458.00
DISK # 98 .CRD / .DWG
TAX I.D. No. 009-311-05
DRAWN BY: JSH



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ISSI Operations Center Staff

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#8, 80-02
CA#S1747
2-5-92

MECKLENBURG WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

12479

Mecklenburg County Health Dept.
Environmental Health Division
[illegible] Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

PIN 6530-9302

PERSON FILING APPLICATION:

NAME: Hannon (last) Eric (first) A (mi)

ADDRESS: 15931 Hamptown Rd PHONE: (H) 875-8407 (W) 704 336 [illegible]

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 2/5/92

PROPERTY OWNER:

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

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 00910136PC

STREET ADDRESS: 15931 Hamptown Rd Huntersville, NC 28078

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME: _____

LOT NUMBER: _____ LOT SIZE (in acres): 1

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)
- [x] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Garage w/ apartment
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION: _____

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

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)
- [ ] Municipal (M)
- [x] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [x] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] 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: Eric A. Hannon Date: 2/5/92

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 [illegible] 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.

Use existing system

...Septic tank moved over appr. 15' from old location. Inspected 3/23/92

septic tank > 5' from proposed.

sewage location

- [ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- [ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- [ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Phila S. Walker 3/24/92
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122793

CHARGE

Pd
$100.
by
Check
#2176

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 1/18/2000

Name/Company: Gary L. EVANS

Sanitation _____

Vector Control _____

IWWS ✓

Service: Garage Addition
15531 Stumptown Rd

Fee: $ 100.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Judy Kuss
Completed by

Collected by