

7760 MCILWAINE RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1773/

PI # 150 5/11/95 # 1123

☐ 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: Wood (last) Rodney (first) G. (mi)

ADDRESS: 6206 Running Deer Rd. PHONE: (704) 393-3258

CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 5/11/95

PROPERTY OWNER:

NAME: Beard (last) William (first) M. (mi)

ADDRESS: 7508 McIlwaine Rd PHONE: (704) 8752123

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: PO 015-131-06

STREET ADDRESS: Off McIlwaine Rd

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:

LOT NUMBER: LOT SIZE (in acres):

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 N)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ 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 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)
☒ 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: William M Beard Date: 5/7/95

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 : 122°91

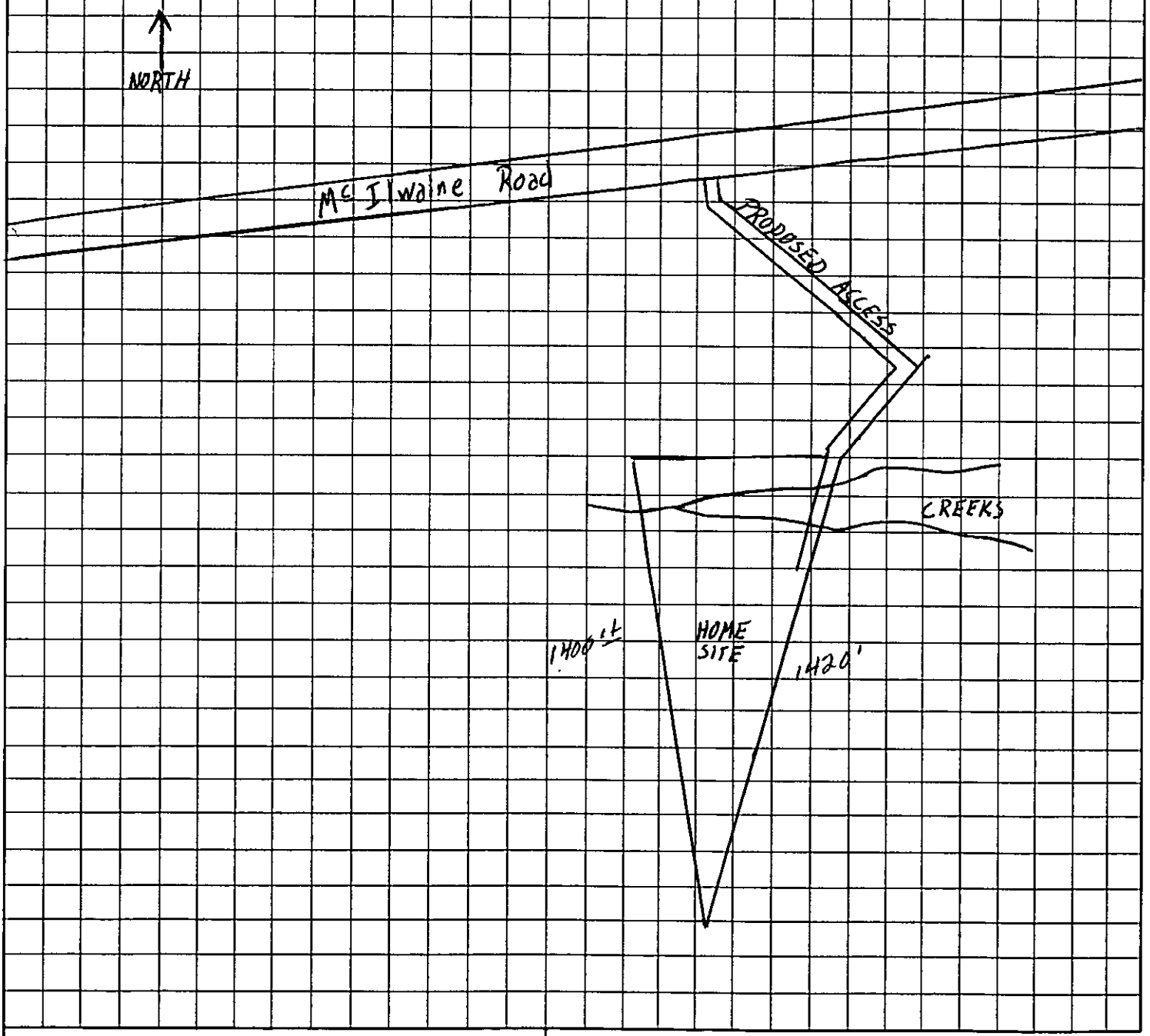
PROPOSED PLOT PLAN

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

FILE: 17731

TC: PO 015-131-06

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.



William M. Beard
OWNER/AGENT SIGNATURE

DATE 5/7/95

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

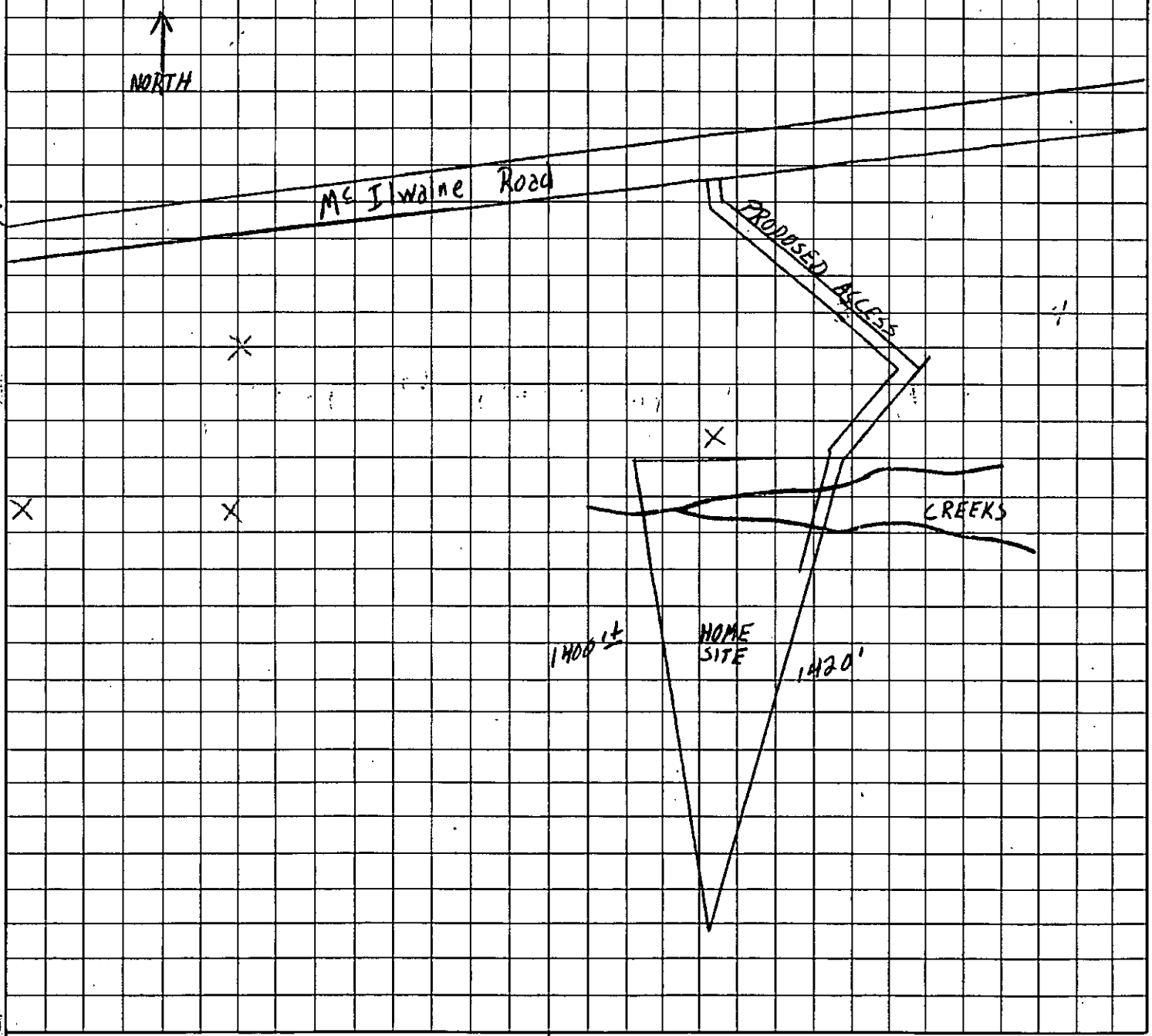
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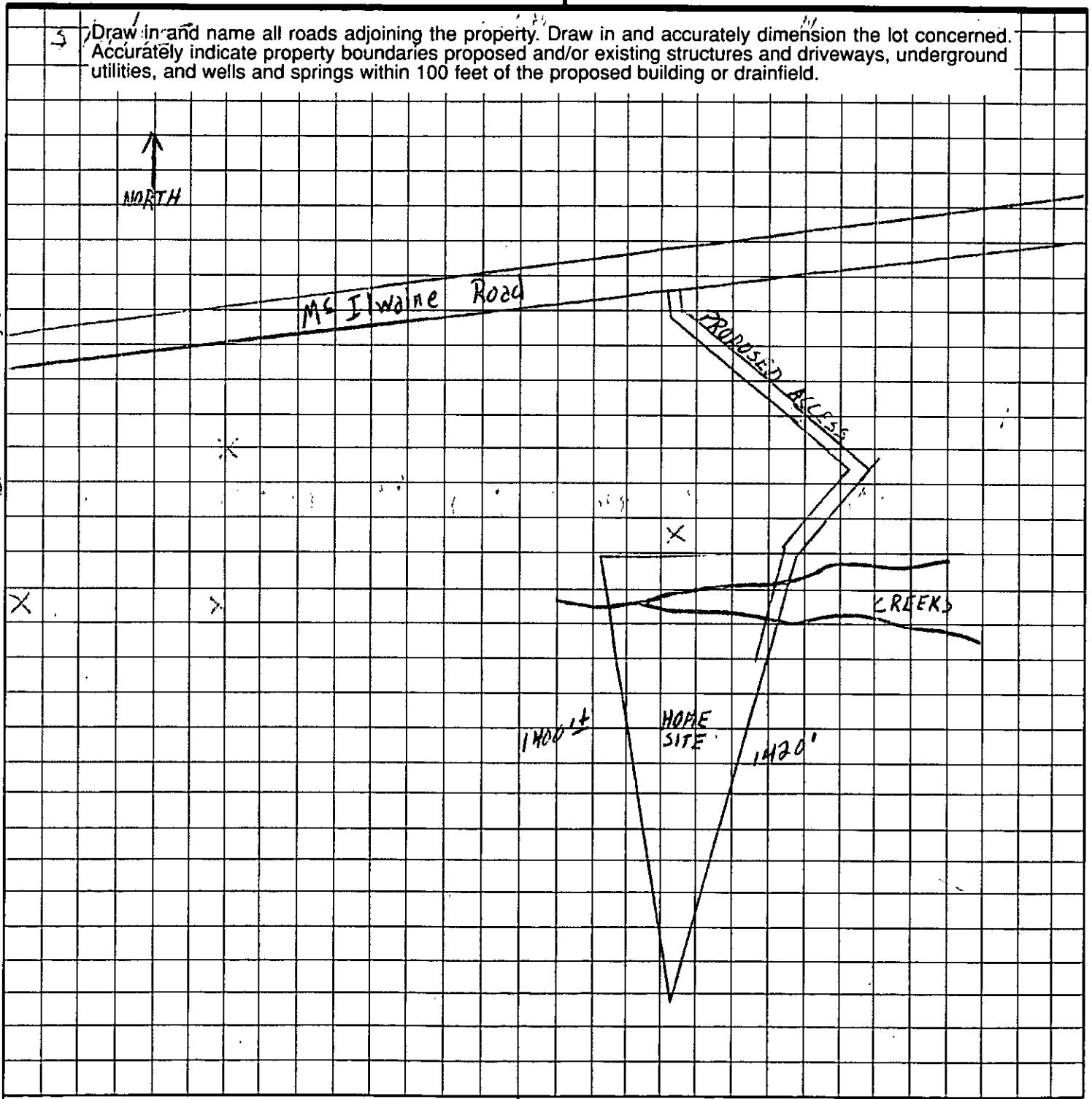
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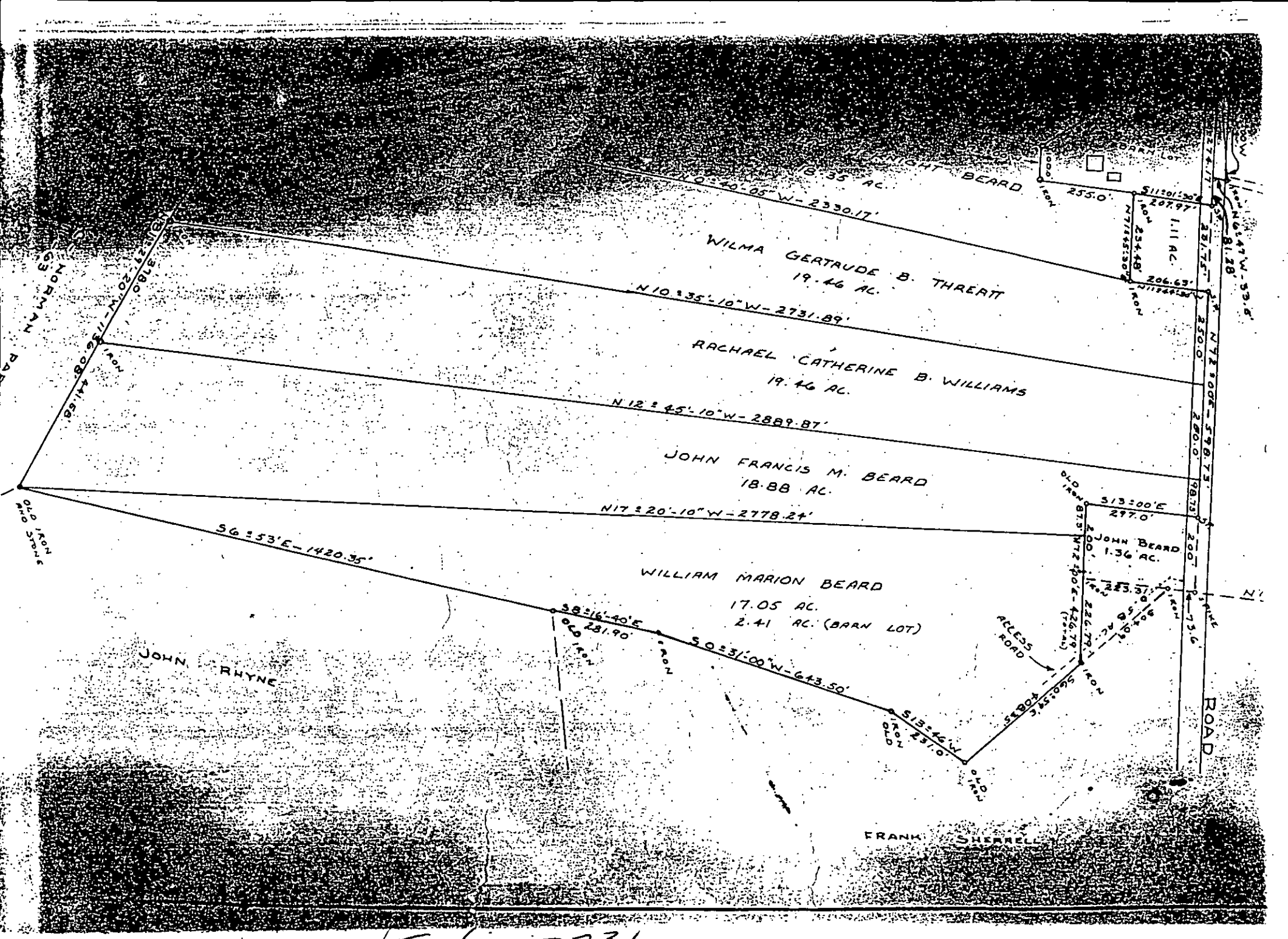


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WILMA GERTRUDE B. THREATT
19.46 AC.
RACHAEL CATHERINE B. WILLIAMS
19.46 AC.
JOHN FRANCIS M. BEARD
18.88 AC.
WILLIAM MARION BEARD
17.05 AC.
2.41 AC. (BARN LOT)
JOHN BEARD
1.36 AC.
1.11 AC.
JOHN RHYNE
FRANK SHERRELL
ROAD
ALLEYS ROAD
BARN LOT
N 0°40'05" W - 2330.17'
N 10°35'10" W - 2731.89'
N 12°45'10" W - 2889.87'
N 17°20'10" W - 2778.24'
S 6°53' E - 1420.35'
S 8°16'40" E 281.90'
S 0°31'00" W - 643.50'
S 13°40' W 231.0'
S 45°00' E 255.0'
N 71°55'30" E 234.48'
S 11°30' E 207.97'
N 72°00' E - 598.75'
S 13°00' E 297.0'
N 72°00' E - 426.79'
N 6°47' W - 83.6'
N 0°40' W - 81.28'
N 72°00' E 206.63'
N 11°24' W
S 11°30' E
S 45°00' E
S 13°00' E
N 72°00' E
N 72°00' E
N 72

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: May 16, 1995

Ref: File 17731/Off McIlwaine Road

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Deborah Wood originally paid $150.00 for an Improvement Permit for new construction on May 11, 1995.

A refund should be issued for $150.00 because Ms. Wood cancelled the request prior to the services being performed.

Please make check payable to:

Ms. Deborah Wood
6206 Running Deer Road
Charlotte, NC 28214

5/15/95

Mo Wood called to

Cancel

Refund due

DT

17731

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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R/I $150 5/11/95 Ck # 1123

☐ CRT

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WATER : 12291

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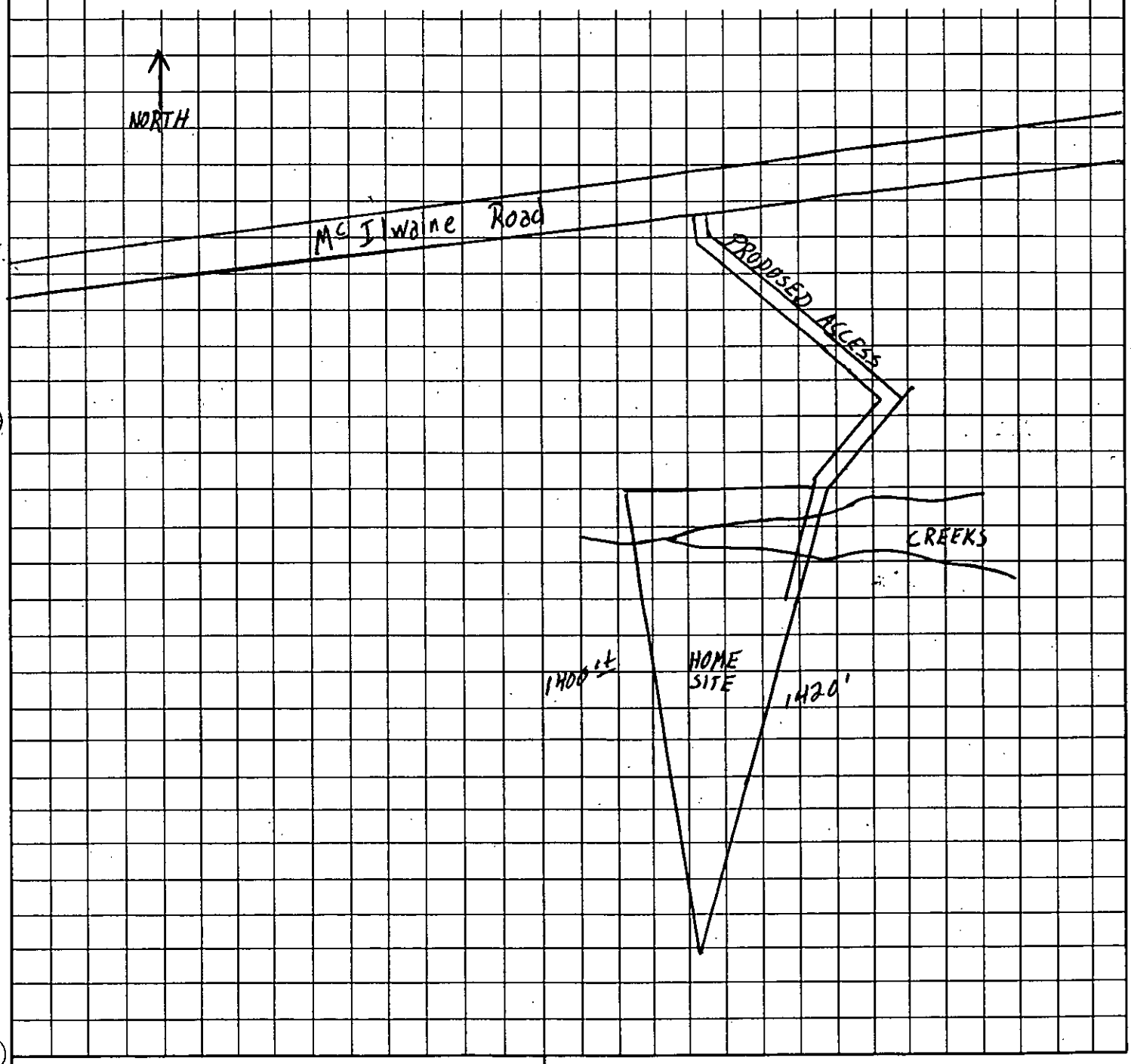
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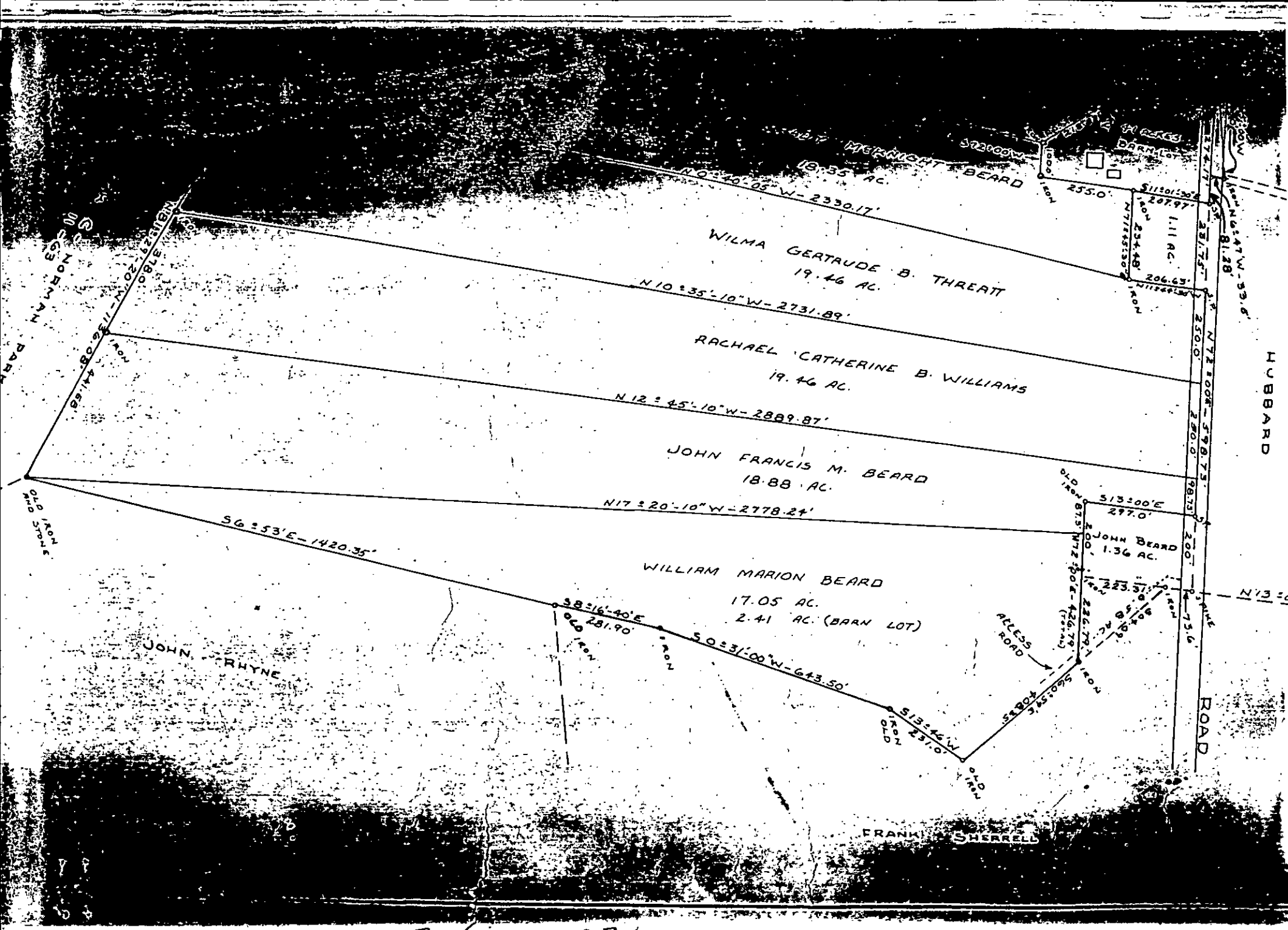


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200'
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HUBBARD ROAD
N 13°
OLD IRON
IRON
OLD IRON AND STONE

File 17731