

4704 QUAIL RIDGE DR

13537303

5/23/08

marliwr

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

5/6/97

Ready for your
signature
input on computer

4820

PD 50 chk # 4605 5/1/97 [ ] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: SCHMIDT (last) PAUL (first) A (mi)

ADDRESS: 4704 QUAIL RIDGE DR PHONE: (704) 545-1573

CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 135-353-03

STREET ADDRESS: 4704 Quail Ridge Dr

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 49-6 LOT SIZE (in acres): 3/4 ACRE

TYPE APPLICATION (check one):

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

[X] 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: 3 NUMBER OCCUPANTS: 2

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):
[X] 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: Paul Schmidt Date: 4-29-97

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.

...5/5/97 OSW. Approval to WXS for attached garage.

5/16/97 Mrs. Paul Schmidt in office - proposed garage changed from attached to detached. (See revised plot plan attached dated 5/16/97) Approved.

[ ] 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
Garage

Environmentalist Date 5/5/97

Director or Authorized Section Head Date

WWATER : 122791

File 4820
TC: 135-353-03

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) | STREET NAME | (AV,RD,ST, etc)

4704 | QUAIL RIDGE DRIVE

SUITE/UNIT(S):

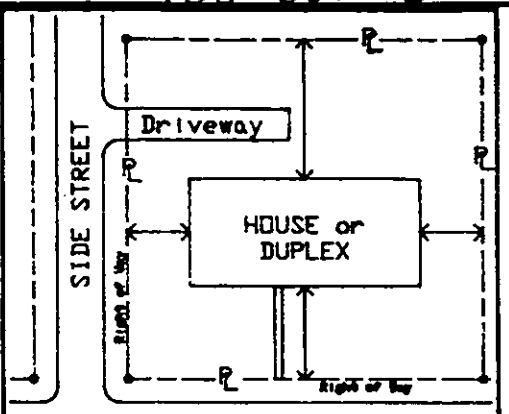
PERMIT #

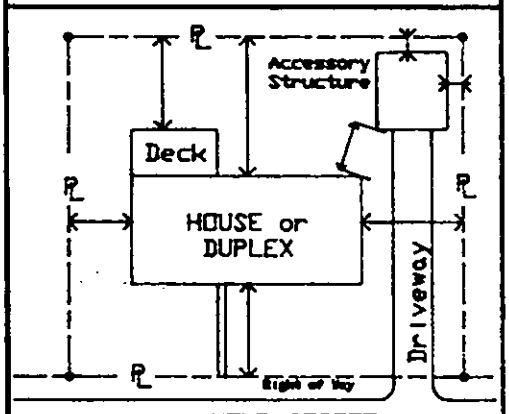
TAX JURISDICTION: (Check One)
- ☐ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☒ 7-Mint Hill

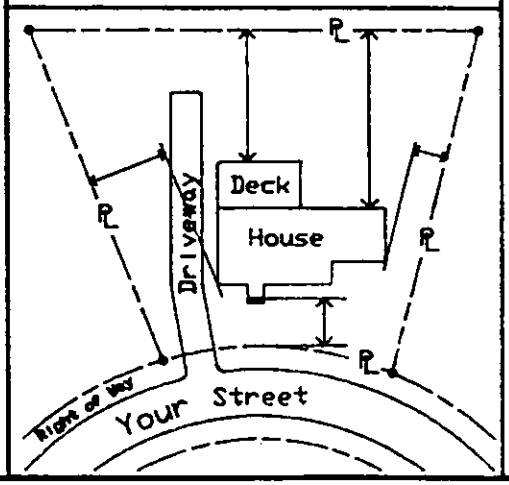
TAX PARCEL # 135-353-83

JOB #

EXAMPLES/PLOT PLAN



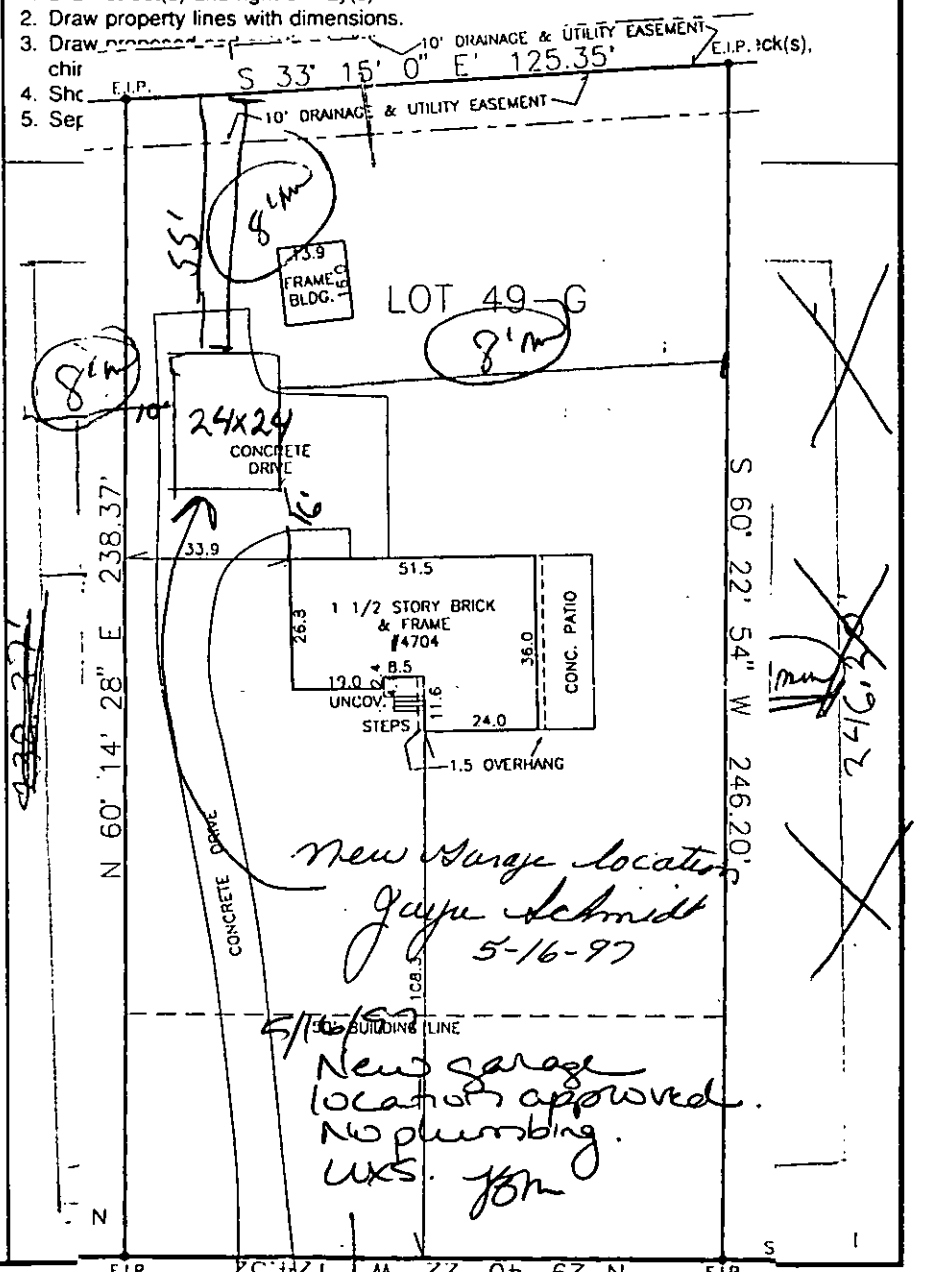




- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed ... chir
4. Sho
5. Sep



ALL EXISTING AND PROPOSED BUILDING

Paul Schmidt
APPLICANT'S SIGNATURE

4-29-97
DATE

PRINT APPLICANT'S NAME

APPROVED BY

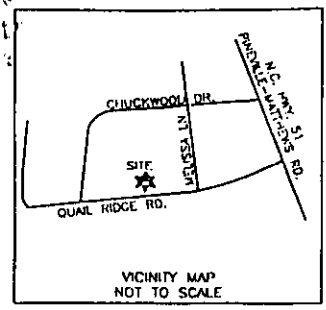
CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 · CHARLOTTE, NC 28231-1097 · 704/336-2821

THIS IS TO CERTIFY THAT ON THE 25 DAY OF SEPTEMBER 19 96 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 10 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

SIGNED James P. Cannon

R. G. PHARR & ASSOCIATES, REGISTERED SURVEYORS
1900 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-2186

CREW	DRAWN	REVISED
JH	KB	



VICINITY MAP
NOT TO SCALE

REFERENCE: MAP BOOK 17, PAGE 29

FARMWOOD SECTION #9
MAP BOOK 17, PAGE 298
LOT 22-K

LOT 21-K

10' DRAINAGE & UTILITY EASEMENT

S 33° 15' 0" E 125.35'

S 33° 28' 10" E 37.80'

E.I.P.

10' DRAINAGE & UTILITY EASEMENT

T.S.9 FRAME BLDG.

LOT 49-C

See 6/74 installation approval from

CONCRETE DRIVE

S.T.

LOT 48-G

PROPOSED GARAGE

238.37'

33.9

51.5

1 1/2 STORY BRICK & FRAME #4704

30'

26.3

8.5

39.9

CONC. PATIO

10.0

UNCOV. STEPS

11.6

24.0

1.5 OVERHANG

N 60° 14' 25" E

S 60° 22' 54" W 246.20'

LOT 50-G

5/5/97 LWS for garage addition. BM

3 DOOR SLIDING CONCRETE

108.3

50' BUILDING LINE

N 29° 39' 10" W 125.07'

E.I.P.

N 29° 40' 22" W 124.52'

S 29° 39' 16" E 125.05'

EDGE OF PAVEMENT

QUAIL RIDGE ROAD

(60' R/W)

PROPOSED PLOT PLAN

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

FILE: 4820

TC: 135-353-03

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.

Paul Schultz
OWNER/AGENT SIGNATURE

DATE 4-29-97

APPROVAL DATE _____

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

Serial No. 5366

ICARUS Permit No 4820

T C No 135-33-C3

Map Date 9-5-73

Date Issued 7 Jan 74

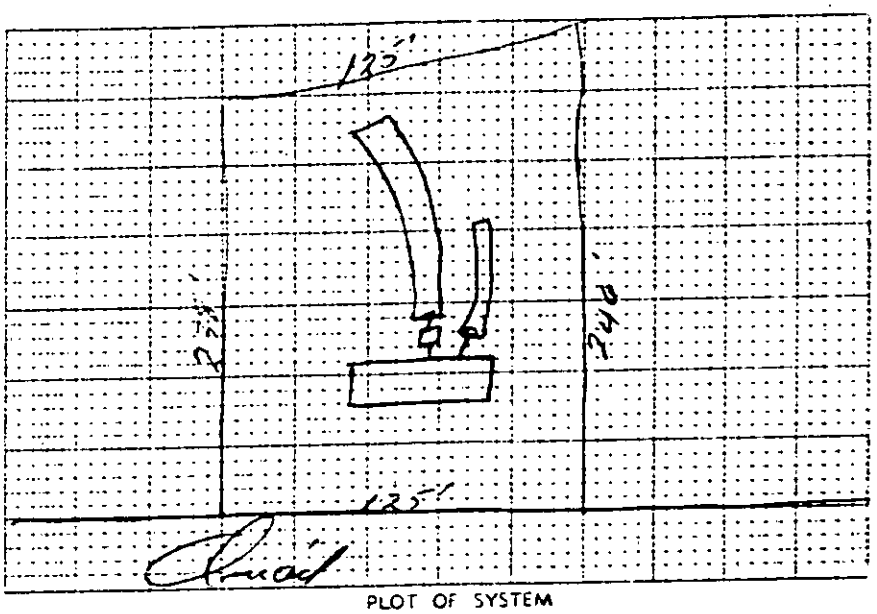
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4820 dated 19 Nov 73, 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 7-1-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600' & 150' & 4 @ 75' = 300' & 2 @ 117' = 534'

Number of Lines 6 @ 15' x 100' (1 @ 117')

Distance from Water 10'

Distance from Property Line 15'

Distance from Well Community

NAME OF OWNER Bob McLemore & Co. Inc.

LOCATION OF PROPERTY 4704 Quail Ridge Rd (49-E)

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 Shovill (Contr)

Director or Sanitarian Environmental

If this permit is for the installation or construction of a new system, it must be signed by the director or sanitarian of the Environmental Health Division in order to be valid. Only one permit shall be issued where an existing system is being altered or repaired.

E-5-9-1-72

HEALTH DEPARTMENT'S COPY