

13925 PHEASANTWOOD PL

22722504

1/2/2008

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[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 32&6B

Date:

PERSON FILING APPLICATION:
NAME: ~~Jeff Davis~~ Patricia Reed
(last) (first) (mi)
ADDRESS: 13925 Pheasant Wood PHONE: (704) 821-7986
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY OWNER:
NAME: Jeff Davis
(last) (first) (mi)
ADDRESS: 13925 Pheasantwood PHONE: (704) 821-7502
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 227225-04
STREET ADDRESS: 13925 Pheasantwood
ZONING: R1

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 87 LOT SIZE (in acres):

TYPE APPLICATION (check one):

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

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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: Patricia Reed Date: 12-20-98

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.

...12/22/98 - On site visit. No apparent problems - OK to use existing system.

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

Jeff Knight Environmentalist 12/22/98 Date

WATER : 122791

Jeff

COPY

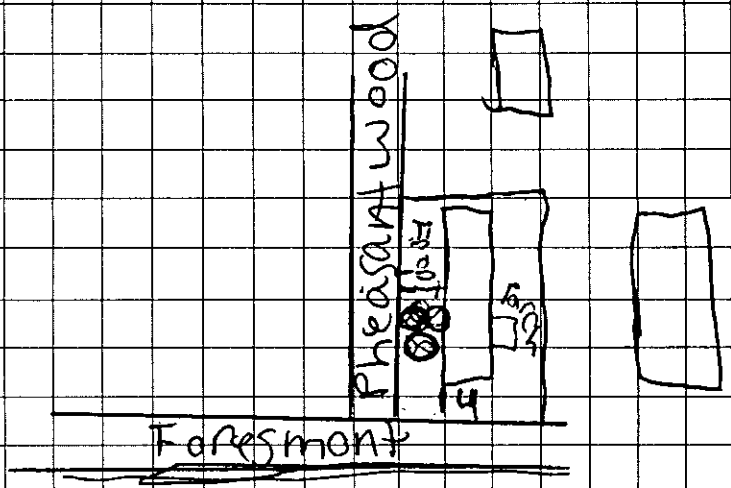
PROPOSED PLOT PLAN

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

FILE: 3286B

TC: 227-225-04

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.



Jeff DAVIS
OWNER/AGENT SIGNATURE

DATE 12-20-98

APPROVAL DATE _____

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

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 12/22/98 #2 [] CRT

Mecklenburg County Health Dept.
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c/o Hal Marshall Ctr., Suite 211
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(704)336-5102 32 & 6B

X PERSON FILING APPLICATION:
NAME: ~~Jeff DAVIS~~ Patricia Reed
(last) (first) (mi)
ADDRESS: 13925 Pheasant Wood PHONE: (704) 821-7986
CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

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

X NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: X Patricia Reed Date: 12-20-98

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

Jeff Knight 12/22/98
Environmentalist Date

WATER : 122791

Jeff

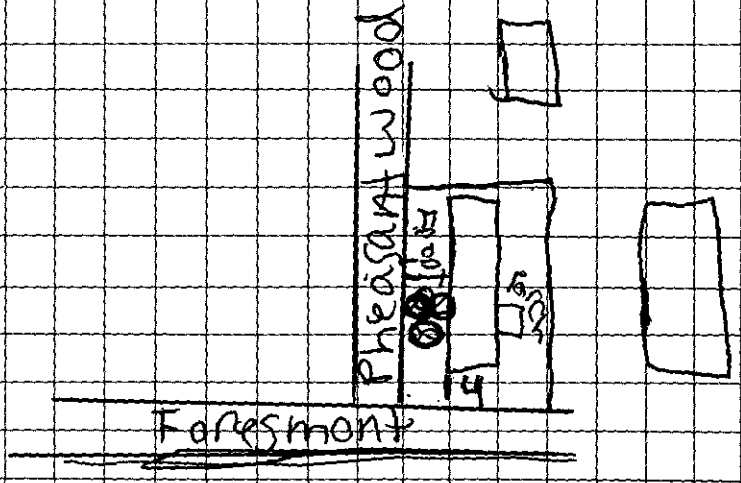
PROPOSED PLOT PLAN

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

FILE: 3286B

TC: 227-225-04

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.



Jeff DAVIS
OWNER/AGENT SIGNATURE

DATE 12-20-98

APPROVAL DATE _____

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

12400

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3286B DATE: 9/27/94

TC: 227-225.04 ☐ L ☐ CRT

SERIAL Nº 14375

Name of Owner: Dorothy J. Flowers Juris.:

Address of Property: 13925 Pheasantland Place

Inspection Data:

Tank Material

Total Length of Drainfield: 100'

Number of Lines: 6 @ 50' Red

Cover Depth: 2'-3'

Water Supply Source: Community

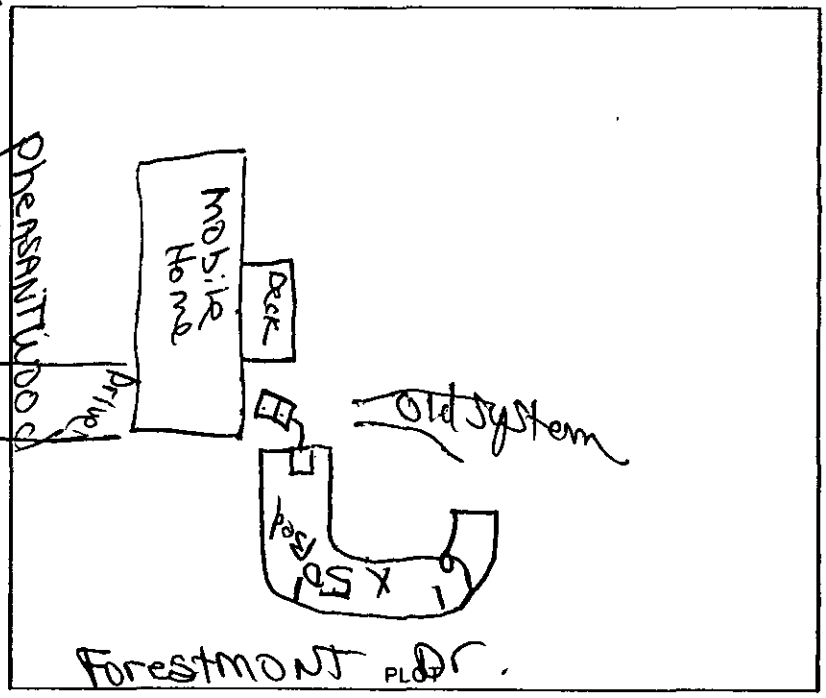
Distance to Water Source: >100'

Excavation Inspected: 9/27/94

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



Design: 1994 Septic Repair CTR# 167

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system 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. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Permit issued for 100' At Mrs Flowe's request. ~~Recommended~~ 200'+ plus - (Home is 3 bedroom home - INSUFFICENT Land Space to Add 400 System)

Original System 1967

Judy J. Kiser R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

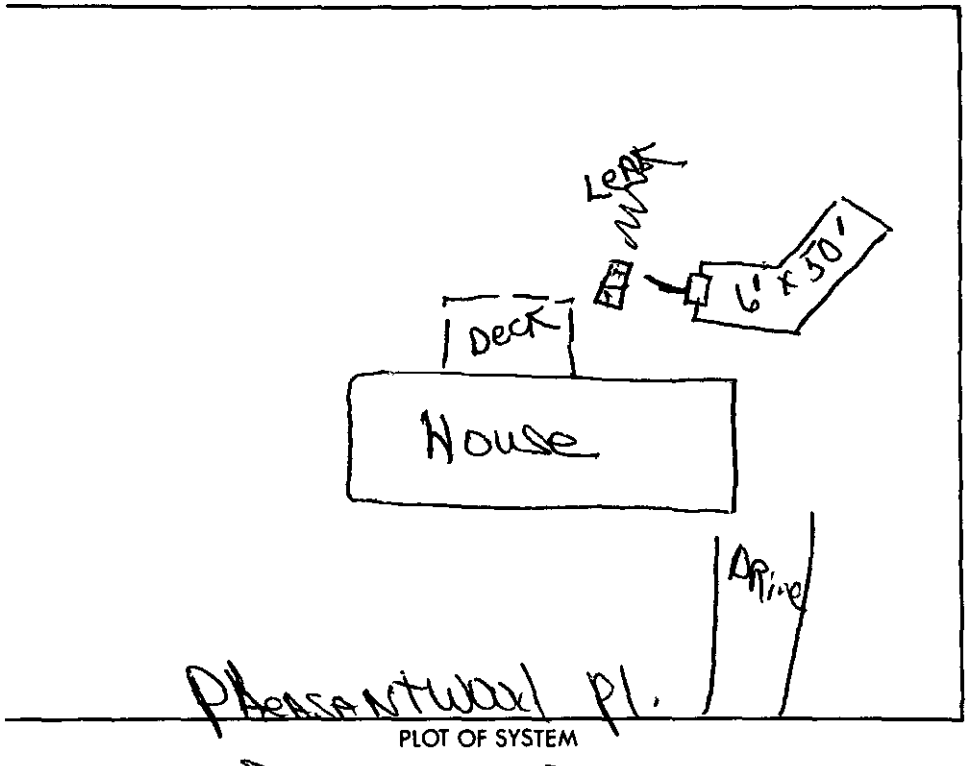
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3286B DATE: 9/20/94

TC: 227-225-04 ☐ L

SERIAL № 15741

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 the application dated 8/30/94. All work shall be completed on or before 10/20/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10[illegible].1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 6' X 50' Rec feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 18" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well Community feet
>100'

NAME OF OWNER Dorothy J. Howe

LOCATION OF PROPERTY 13925 Pleasantwood Place

Comments: Install a 6' x 50' x 18" Stone.
Original System 27 years old.

J Newell for S. David
Division or Section Head

Judy J Kerr R.S.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

D.K.

3286

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ 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: Flowe (last) Dorothy (first) J (mi)
ADDRESS: 13925 Pheasantwood PL PHONE: (704) 821-9178
CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: Flowe (last) Dorothy (first) J (mi)
ADDRESS: 13925 Pheasantwood PL PHONE: (704) 821-9178
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
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STREET ADDRESS: 13925 Pheasantwood PL
ZONING: Matthews, n.c.

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: Eastwood Forest

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 M)
☐ 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: 5

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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Signed: Dorothy J Flowe Date: 8-30-94

NOTICE:

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☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANC
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791