

10504 BUCCANEER RD

13927203

5/21/08

marliwr

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

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Paid $100 8/6/02

Land

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

3597

PERSON FILING APPLICATION:

NAME: Barbee (last) Steven (first) P (mi)

ADDRESS: 9631 Richard Sandy Rd PHONE: 704 485-8005

CITY: Oakboro STATE: NC ZIPCODE: 28129

Date: 8/6/02

PROPERTY OWNER:

NAME: McAuley (last) Clarence (first) (mi)

ADDRESS: 10504 Buccaneer Rd PHONE: 704 545-9845

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 139.272.03

STREET ADDRESS: 10504 Buccaneer 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: 59 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1972

[ ] 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)
expanding Master Bedroom + Bath 24X24

[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: 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):
[ ] 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: S Phillips Barbee Date: 8-6-02

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

...8/9/02 PC FROM STEVE BARBEE -
READY FOR DNSP.
8/10/02 OSU NOP. PROPOSED ADDITION WILL NOT IMPACT SEPTIC AREA
EXCEPT ADDITIONAL BEDROOM WILL REQUIRE DRAINFIELD ALTERATION.

Environmentalist 8/15/02 Date

WATER : 122791

8/13/02 PC. TO STEVE BARBEE. LEFT MESSAGE ON VOICE MAIL ADVISING OF NEED TO ALTER DRAINFIELD AND PAY ADDITIONAL FEES FOR ALTERATION PERMIT.

8/15/02 PC. TO MR. BARBEE, HE ADVISED HE WAS EXPANDING A BEDROOM, OK TO USE

8/7/02 8/10 A Plan and info from Land

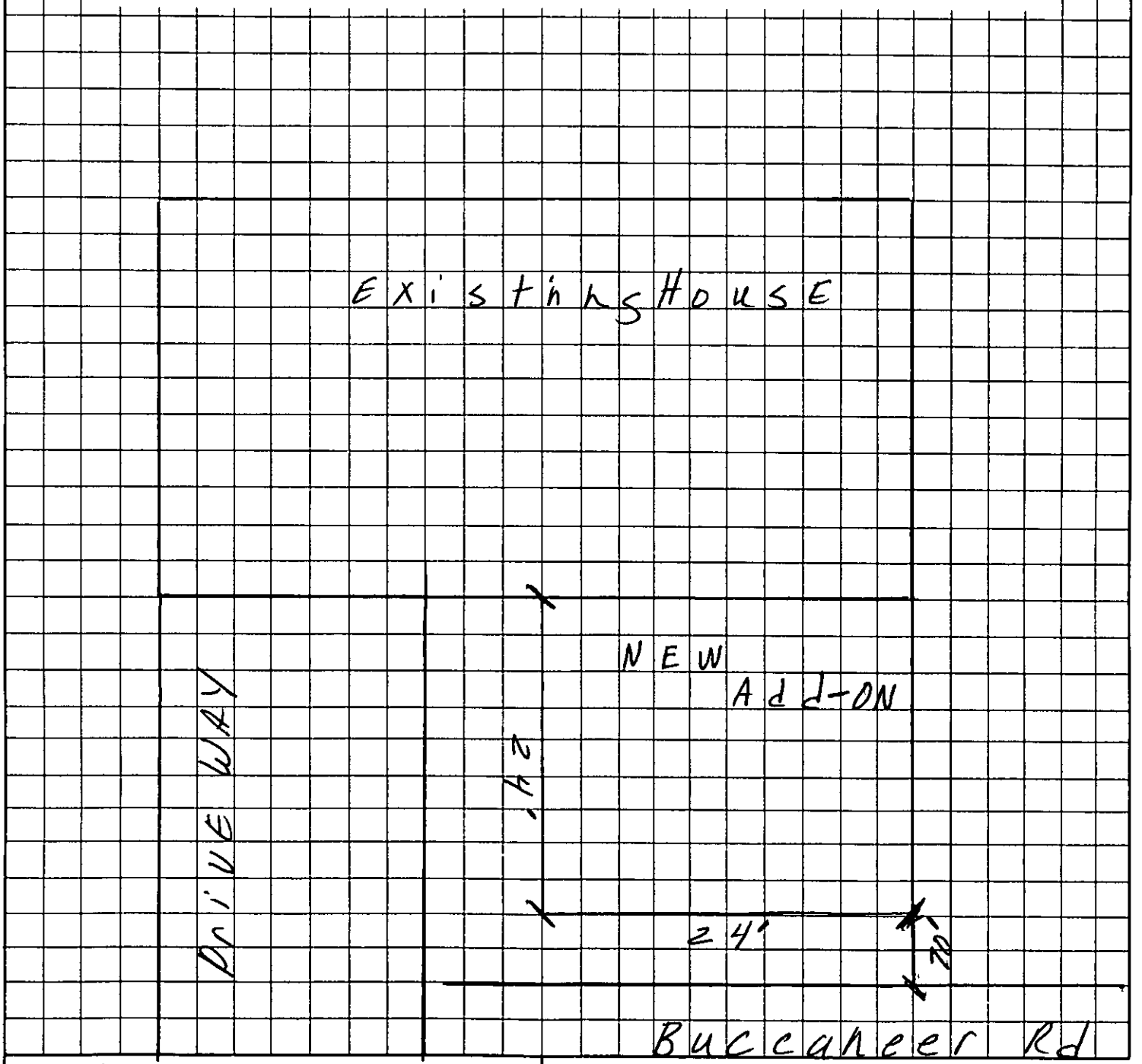
PROPOSED PLOT PLAN

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

FILE: 3597

TC: 139.272.03

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.



S. Phillip Barbee
OWNER/AGENT SIGNATURE

DATE 8-6-02

APPROVAL DATE _____

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

PROPOSED PLOT PLAN

ACS Land X

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10504 Buccaneer Rd

EXISTING HOUSE

OWEN OF RUST TO COME IN
THE BUILDER IS GOING TO APPLICATION TO ADD ROOMS
TO THE HOUSE NO CHANGE OF
FOUNDATION

IT 10

NEW
ADD-ON

PROPOSED ADDITION

8/9/02 PC FROM STEVE BARGER -
READY FOR INSP.
8/13/02 OSW NOR. PROPOSED ADDITION WILL NOT IMPACT SEPTIC AREA

8/15/02

Buccaneer Rd

EXCEPT FOR ADDITIONAL BEDROOM WILL REQUIRE DRAINFIELD ALTERATION.

APPROVAL DATE

OWNER/AGENT SIGNATURE

DATE 8/15/02

8/15/02 LEFT MESSAGE ON VOICE MAIL FOR STEVE BARGER. LET HIM KNOW OF NEED TO ALTER DRAINFIELD AND ANY ADDITIONAL FEES FOR ALTERATION PERMIT.

8/15/02 PC TO MR. BARGER. HE ADVISED HE WAS PLANNING A BEDROOM. OK TO ISSUE

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

PROPOSED PLOT PLAN

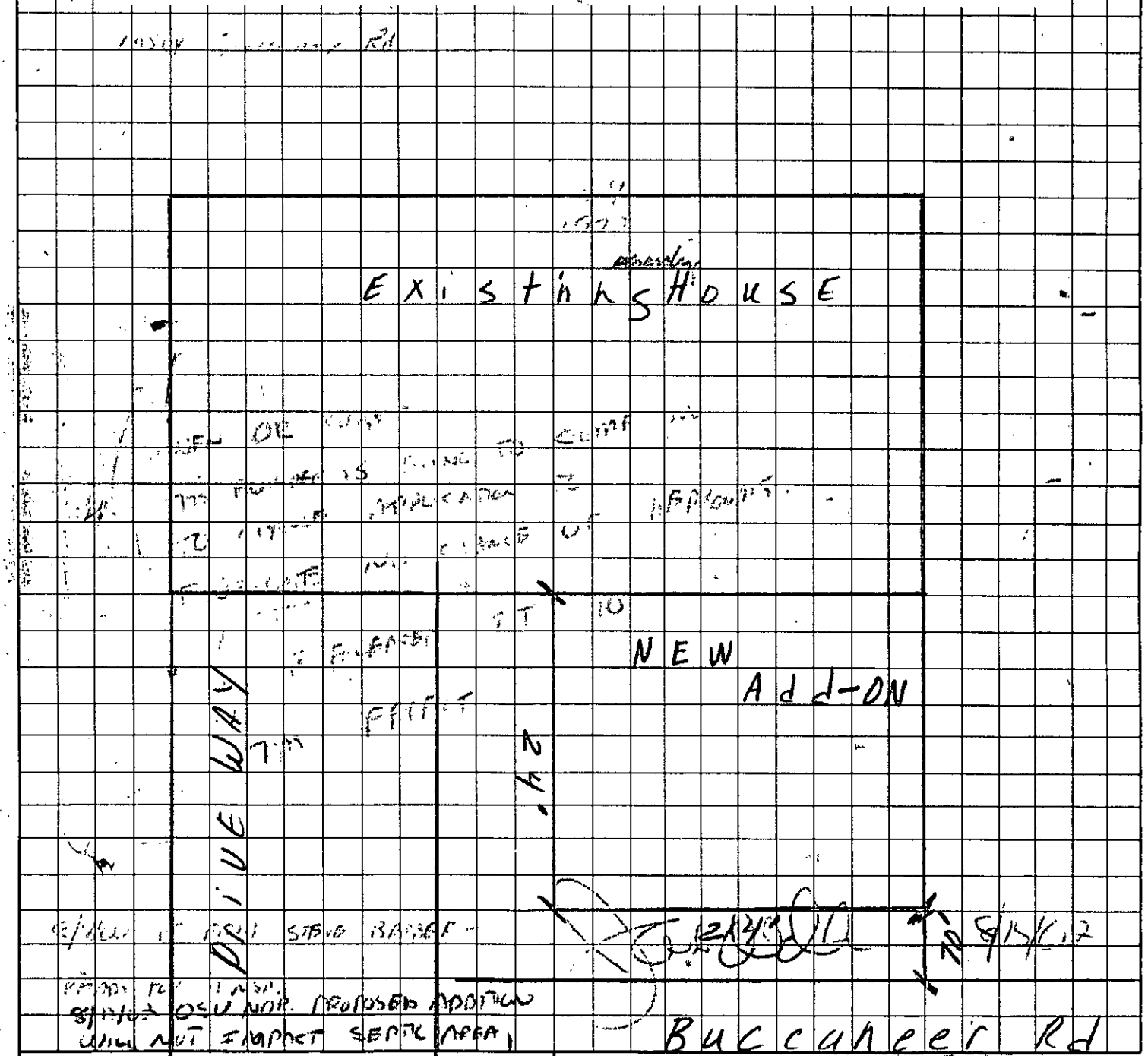
AC land X

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

FILE: 3597

TC: 137.272.03.

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.



EXCEPT FOR ADDITION OF BEDROOM WILL REDUCE DRAINFIELD ALTERATION.

OWNER/AGENT SIGNATURE STEVE ISAACS. LEFT MESSAGE ON VOICE MAIL

DATE 5/15/12 CONSIDER OF NEED TO ALTER DRAINFIELD AND PAY APPROPRIATE FEES FOR ALTERATION PERMIT.

APPROVAL DATE

5/15/12 PC TO MR. ROBBIE. IF ADDING IF CONSIDERING A BEDROOM OK

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

S SEPT SEE INSTRUCTIONS ON BACK

Date Received 4-18-72

ICAR (S) Application No. 3597

T. C. No. 139-222-03 004

Map Date Mar. 1, 72

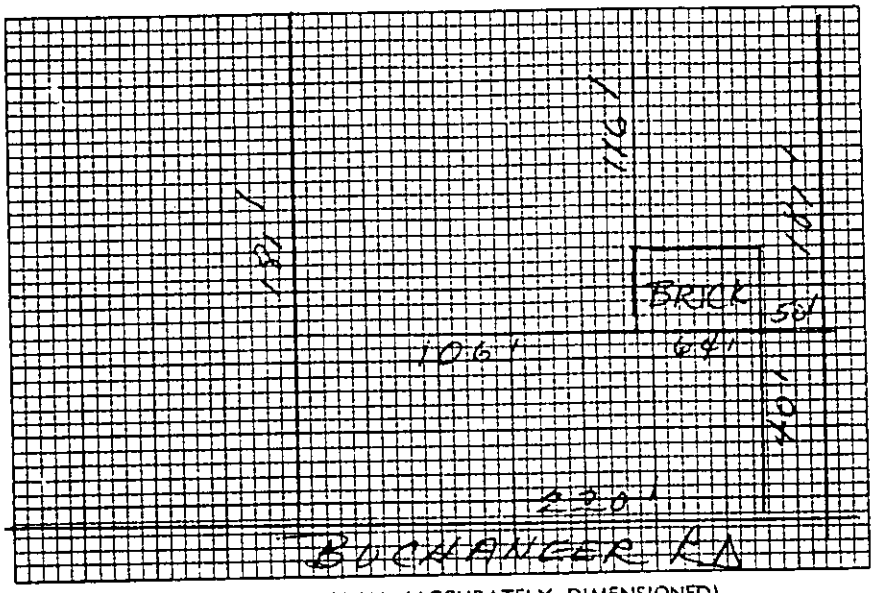
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher ____ Yes X No

9) Water Supply:
A) Individual Well X
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER McAuley (LAST) Clarence (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 3463 Marvin Rd., Aprt. #10, Charlotte, 28211

15) PHONE NO. Home 366-5015 Office 377-2634

16) LOCATION OF SYSTEM Bucheneer Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Butterfield Park Lot No. 59 & 60 Block No. _____

Map Book No. 12 Page No. 541

18) DEED REFERENCE — DEED BOOK 3359 AT PAGE 172

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES X NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

_____
DATE OF APPLICATION

Clarence D. McAuley
OWNER

FORM NO. E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7/28/72

Serial No. 2632

ICAR(S) Permit No. 3577

T. C. No. _____

Map Date _____

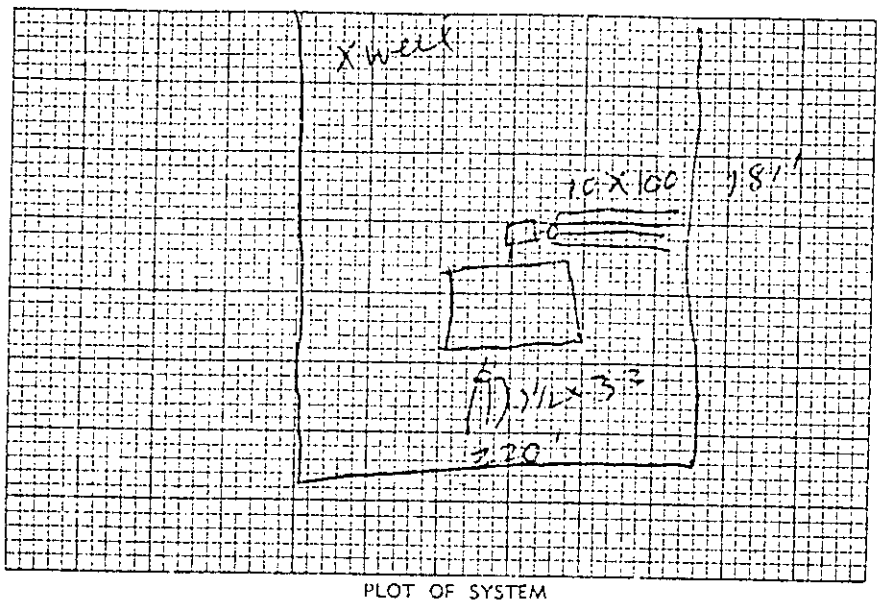
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3597, dated 4-8-72 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 8-10-72, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000

Tank Construction R-C

Absorption and/or Nitrification Lines:

Total Line Lenght 400+100

Number of Lines 4+3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Mc Auley, Clarence

LOCATION OF PROPERTY Buckeye Rd -

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: 10 X 100 S-T. 5 X 50 w.l.

_____
Division or Section Head

Ronald Hargrove
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7/29/72 Serial No. 2632 ICAR(S) Permit No. 3577

T. C. No.

Map Date

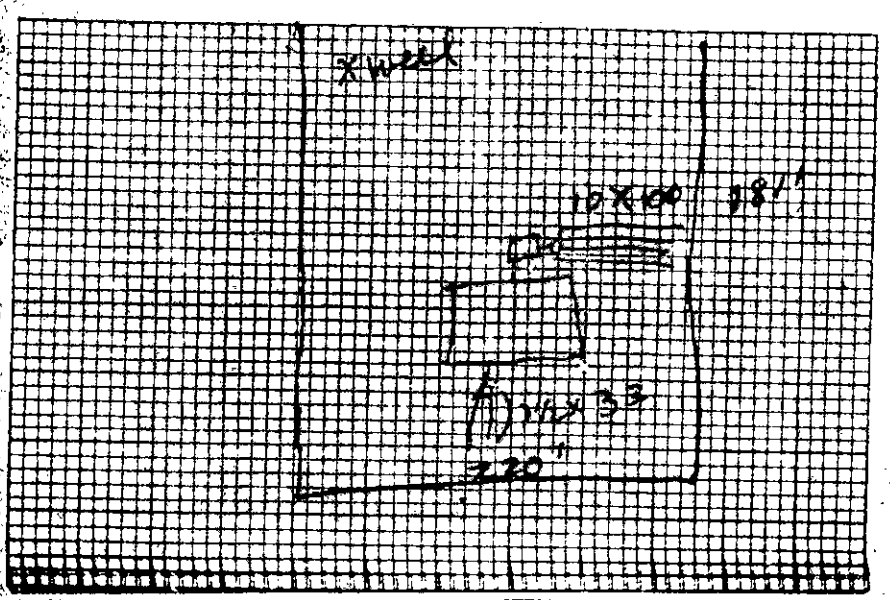
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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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 3577 dated 4-8-72 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 8-10-72, after which date this permit shall be null and void.



PLOT OF SYSTEM

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Liquid Capacity of Tank 1000

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Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER M E Auley, Clarence

LOCATION OF PROPERTY Buchanan Rd -

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Comments: 10 x 100 S-T, 5 x 50 w.l.

Division or Section Head

Environmentalist

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Rev. 6-1-71

HEALTH DEPARTMENT'S COPY

Paid $100. 8/6/02

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 3597

PERSON FILING APPLICATION:
NAME: Barbee (last) Steven (first) P (mi)
ADDRESS: 9631 Richard Sandy Rd PHONE: (704) 485-8005
CITY: Oakboro STATE: NC ZIPCODE: 28129

Date: 8/6/02

PROPERTY OWNER:
NAME: McAuley (last) Clarence (first) (mi)
ADDRESS: 10504 Buccaneer Rd PHONE: (704) 545-9845
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139.272.03
STREET ADDRESS: 10504 Buccaneer Rd
ZONING:

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

LOT NUMBER: 59 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1972

[] 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)
Master Bedroom + Bath 24X24

[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: 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):
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[] Municipal (M) [] Other 'spring' (O)
[✓] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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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.

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[] 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

8/7/02 8:10A placed info given but RQ

WATER : 122791

PROPOSED PLOT PLAN

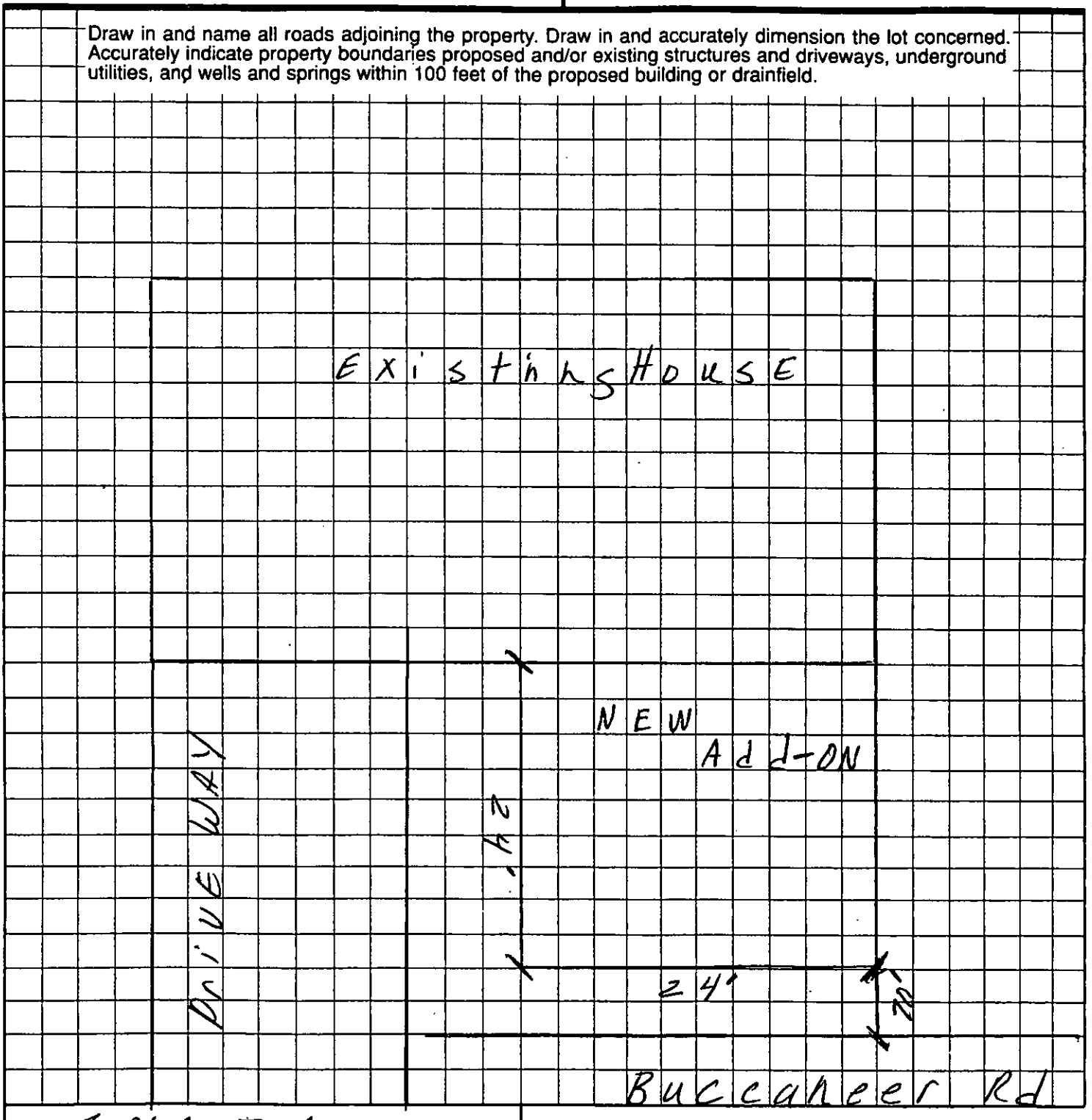
COPY

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ENVIRONMENTAL HEALTH DIVISION
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CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3597

TC: 139.272.03

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S. Phillip Barlee
OWNER/AGENT SIGNATURE

DATE 8-6-02

APPROVAL DATE _____

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