

9100 WESTMINSTER DR

01525407

1/3/2008

duponbj

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

PROPOSED PLOT PLAN

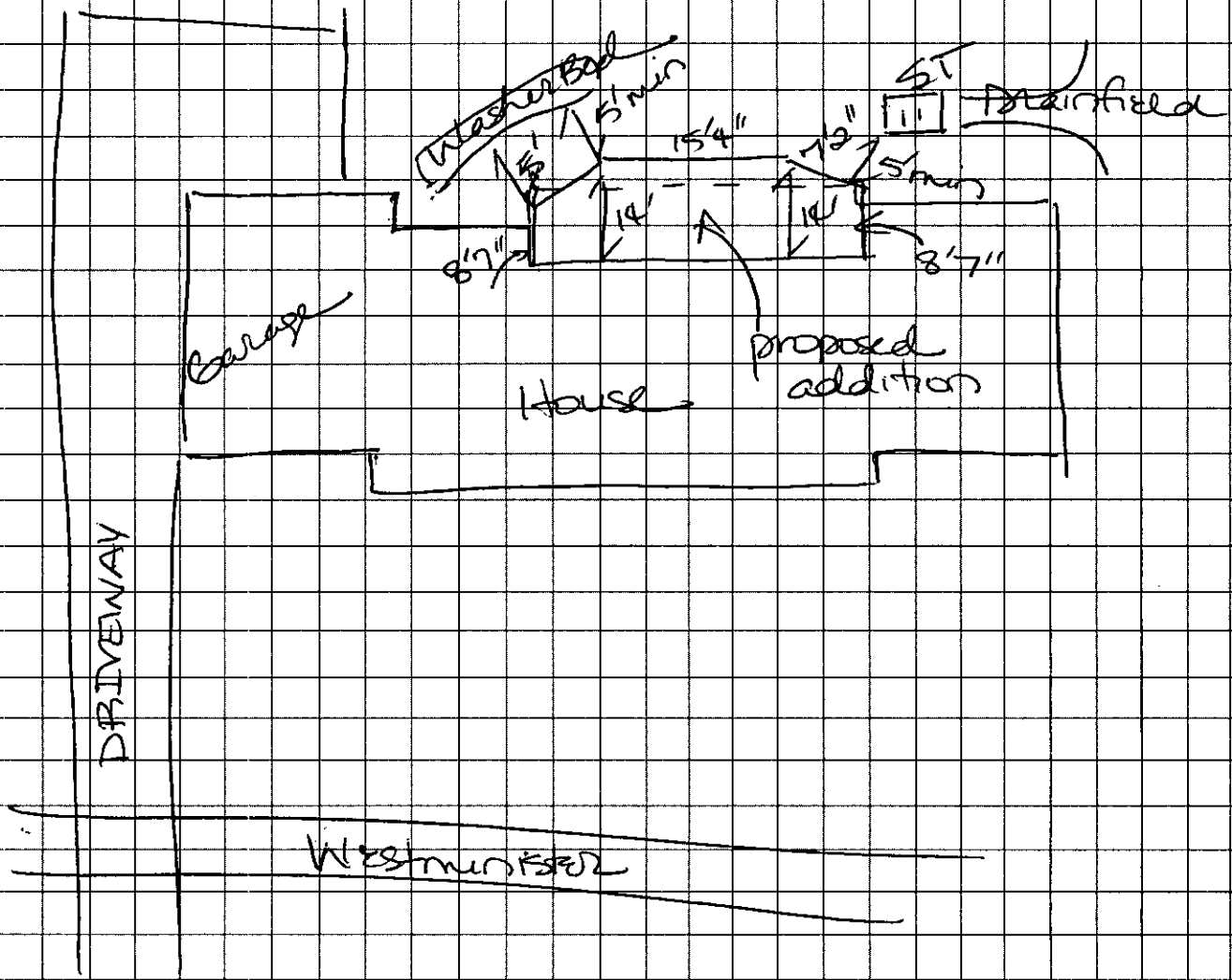
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 37873

TC: 015-254-07

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.

Living Room addition must be a minimum of 5' (five feet) from any portion of the sewage disposal system.



OWNER/AGENT SIGNATURE Lynn E. Pace

DATE 12-6-95

APPROVAL DATE 12/6/95

Lisa B. Mialik

Use existing system for living room addition

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

LM

Dwelling 1400

Plot Plan 11/7/95 50' 10/23/95 NA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3787B

[ ] 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

Date:

PERSON FILING APPLICATION:
NAME: PACE (last) LYNN (first) E (mi)
ADDRESS: 9100 WESTMINSTER DR. PHONE: 704 391-1962
CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-254-02
STREET ADDRESS: 9100 Westminster Dr
ZONING:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: (__) __
CITY: STATE: ZIPCODE:

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: 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Living room addition
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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)
[X] 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: Lynn E Pace Date: 10-26-95

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.

...Denial. See attached letter.
5' separation not met. jbm
per 10/27/95 OSV.

[ ] 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

Joan B. Mialik, RS 12/6/95
Environmentalist Date

for S. Daniel Program Chief 12-7-95
Director or Authorized Section Head Date

12/6/95 Proposed living room addition design changed to meet minimum 5' setback of system. Approval to use existing system - See plot plan dated 12/6/95

WWATER : 122791

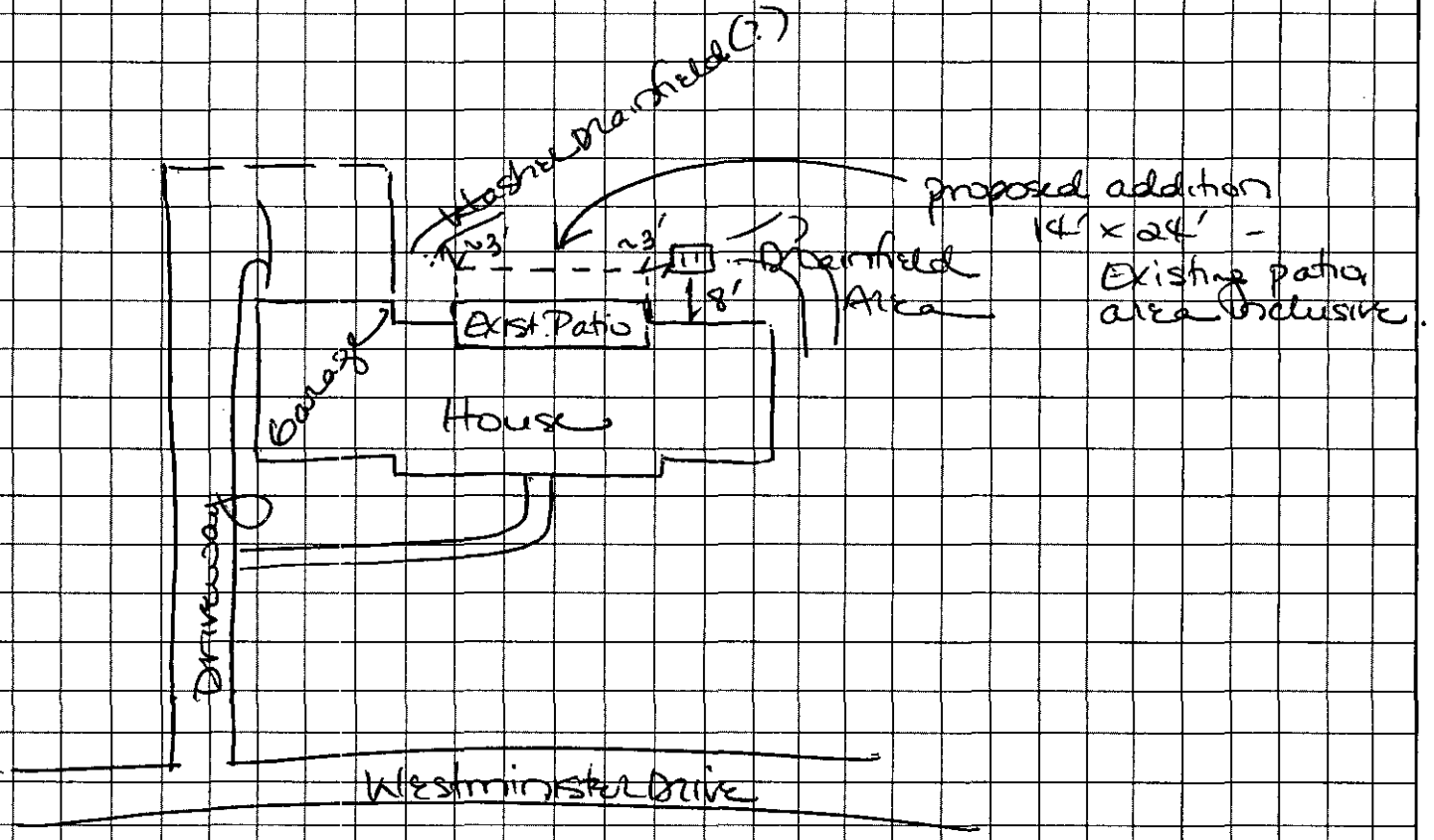
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

Disapproved. 5' setback unable to be met 10/27/95 with addition as proposed.

JBM

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Mecklenburg County
Health Department

October 30, 1995

Lynn E. Pace
9100 Westminster Drive
Huntersville, NC 28078

Re: 9100 Westminster Drive
File: 3787B
Parcel: 015-254-07

Dear Ms. Pace:

Receipt of your application for a living room addition at the above referenced location is hereby acknowledged.

Upon receipt of the application, a site evaluation was conducted and the request was reviewed in conjunction with provisions of 15A NCAC 18A .1900 "Sewage Treatment and Disposal Systems." It appears as though the septic tank and possibly a portion of the washing machine drainfield lie approximately three feet from the proposed fourteen foot addition to the rear of the residence. This was determined by probing the area. 15A NCAC 18A .1950, Location of Sanitary Sewage Systems (a)(10) states: "Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from...any building foundation, 5 feet."

For this reason, the request as submitted is disapproved. A smaller addition meeting the required setbacks could be approved if you so desire.

If you have any questions, please feel free to contact me at 336-5573.

Sincerely,

Lisa B. Mialik, RS.

Lisa B. Mialik, R.S.
Individual Water and Wastewater Systems

LM:gf

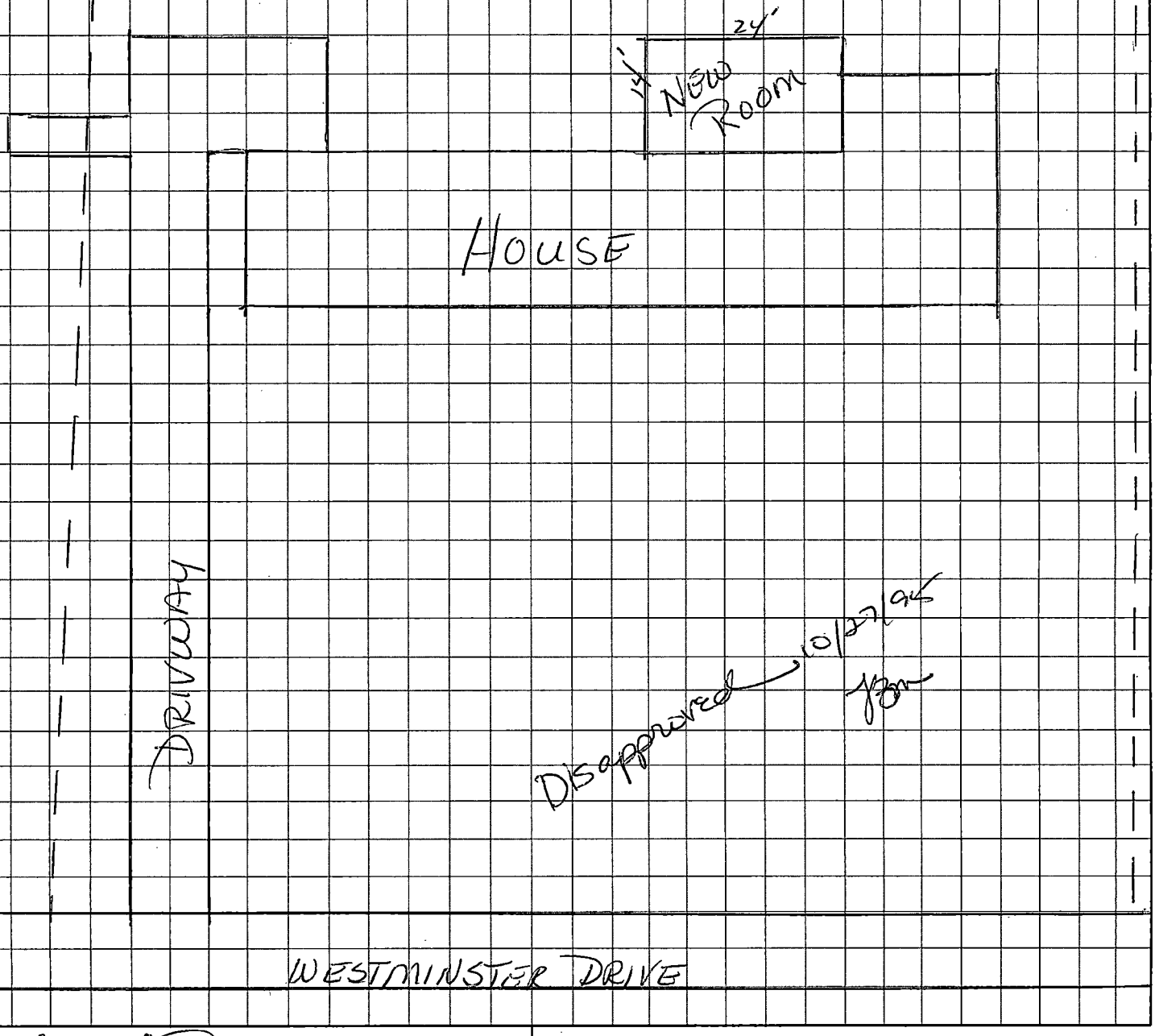
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Lynn L Pace
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