

10831 LAMESA PL

01728413

5/22/08

marliwr

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3817 DATE: 3/18/04

TC: 017-284-13 ☒ L ☐ CRT

SERIAL 19418

Name of Owner B+B Aquisitions Juris.: _____

Address of Property 10831 Lamesa Place

Inspection Data:

Tank Material existing

Total Length of Drainfield 100'

Number of Lines 2 @ 50'

Cover Depth 18"

Water Supply Source Community Well

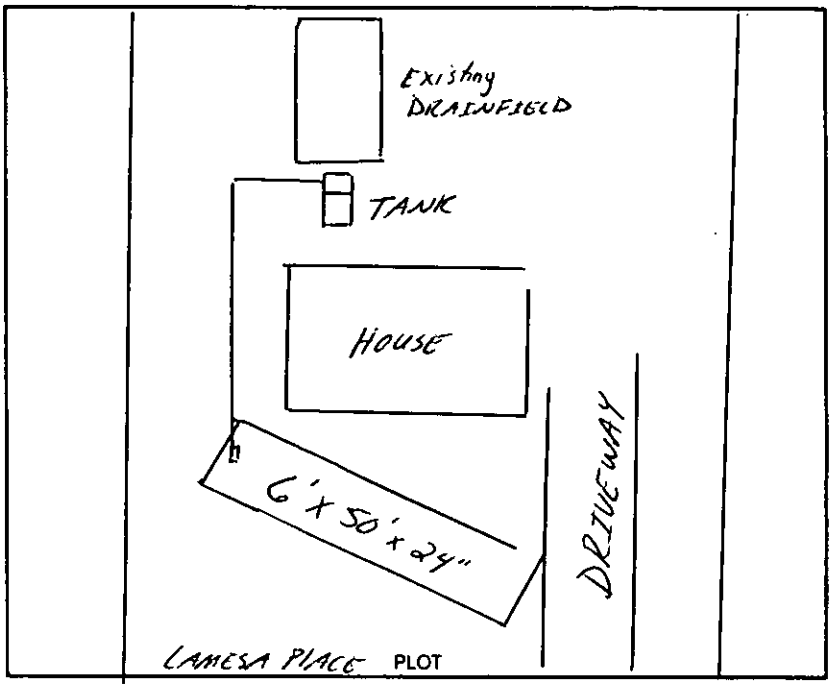
Distance to Water Source >100'

Excavation Inspected 3/18/04

Tank(s) Inspected existing

Wash Line Inspected —

High Water Alarm Inspected —



Design 2004 Repair, 300SFB, 24" Stone, CON CTR# Willy Christenbury

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Repair to 3 Bedroom Mobile Home

6' X 50' X 24" Stone Bed

Type II Conventional System

Lot 36 1996

Tommy Mickle R.S.
Environmental Health Specialist

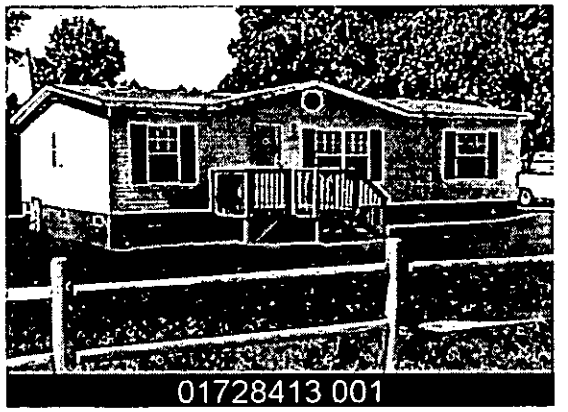
Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Mecklenburg County, North Carolina
POLARIS
Parcel Ownership and GIS Summary
Date and Time: 1/22/2004 9:02:49 AM

Parcel ID #: 01728413 GIS ID #: 01728413	
Owner Name:	LEO WYATT AND SPECIALTY PRODUCTS LLC B-ORGANIZED INSULATION &
Mailing Address:	10831 LAMESA PL HUNTERSVILLE, NC 28078.
Property Characteristics	
Legal Desc.:	L36 M14-475
Land Area:	1 LT
Fire District:	18-HUNTERSVILLE / CRAIGHEAD
Special District:	FIRE SERVICE D
Account Type:	INDIVIDUAL
Municipality:	6-HUNTERSVILLE
Property Use:	MANUFACTURED
Deed Reference(s) and Sales Price	
15100-147 (4/3/2003) $7,000.00 15100-143 (4/3/2003) $0.00 06245-826 (4/6/1990) $8,500.00	
Situs Addresses Tied to This Parcel	
10831 LAMESA PL	
Site Location Information	
Zoning Boundaries:	Contact Appropriate Planning Department or See Map.
ETJ Area: HUNTERSVILLE	
6/30/03 Charlotte Annexation: NO	
Charlotte Historic Districts: NO	
Census Tract #: 62.07	
Parcel Falls Inside SWIM Buffer?: NO	
FEMA Flood Information	
FEMA Panel #:	3701580030B
FEMA Flood Zone:	OUT
FEMA Panel Date:	03/02/93
Regulated Watershed Information	
Watershed Name:	Mtn. Island Lake
Watershed Class:	CA-2

Building Photography

PHOTO #1
Location: 10831 LAMESA PL



Information contained within this photo may be used as a visual aid and to generally locate, identify, and inventory parcels in Mecklenburg County, North Carolina. There are inherent errors and limitations associated with this type of electronic medium. Mecklenburg County cannot warrant or guarantee the information contained herein including but not limited to its accuracy or completeness.

Powered by

Mecklenburg County GIS
Geographic Information Systems

Bob Bruno
395-2003
900-7773

The information provided by this program is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

From: <BOrganizedIns@aol.com>
To: <michejp@co.mecklenburg.nc.us>
Date: 01/23/2004 11:41:44 AM
Subject: 10831 Lamesa Place-Huntersville, NC

We are receipt of your forms to be completed and faxed. Brian and Bob(the current owners of the property) are out of town & will not return until late pm today Friday 1/23/04.
They will fill out & fax them back to you on Monday 1/26/04.

Also, you spoke with my husband yesterday in regards to getting the system pumped out. I tried reaching Danny, I believe is his name from D&L but had no luck in getting any reponse from him as to whether or not he intends to do this work. I am facing a situation,that I am not sure what I should do. My son(Brian) will be back in town as I said above later today & I will let him know this is an matter that must be handled immediately.

Hopefully, we will hear from Danny(?) or someone from D&L or they will contact you as I have asked them to do as we need to get this work completed and resolved. However, should he not call us back, is there anyone in the area you recommend to do this work?
And should D&L contact you, please let us know.

Again, thank you for your help regarding this matter. Hope you have a good weekend. and may GOD Bless!

Sandy Hutto
B-Organized Insulation & Speciatly Products,CO.,LLC
704-395-0033

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

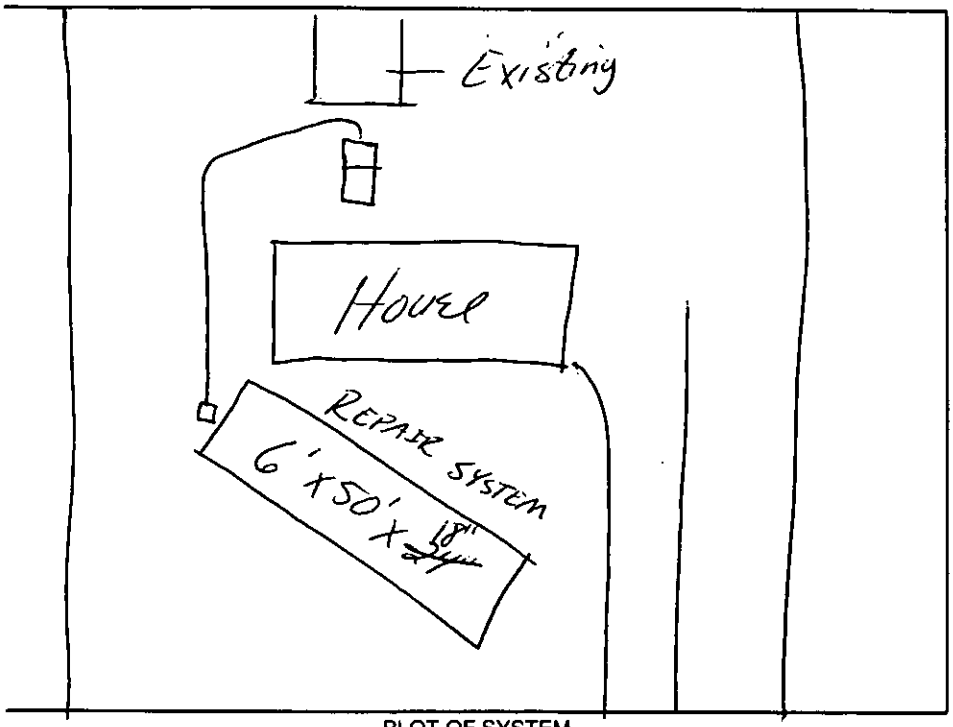
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3817 DATE: 1/18/04

TC: 017-284-13 ☑ L

SERIAL 19621

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 1/18/04. All work shall be completed on or before 2/18/04, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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

Lemesa Place

Liquid Capacity of Septic Tank existing gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Trench Depth 36"

Absorption and/or Nitrification Lines:

Trench Width 6' X 50' feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 2 X 50'

Depth of Stone ~~24"~~ 18" inches

Distance from House 75' feet

Distance from Property Line >10' feet

Distance from Well >100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER B+B Aquisitions

LOCATION OF PROPERTY 10831 Lamesa Place

Comments: Repair to system
Install 6' X 50' X 24" Bed
Type II Conventional System

Tony Mullis R.S
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: _____
DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 of 2

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #:

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION:

TAX/PARCEL NUMBER: 017-284-43

STREET ADDRESS: 10831 LANESA PLACE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP CHECK ONE:
___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

TYPE OF BUILDING (CHECK ONE):
___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 1150 S.F.

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:
___ WITHOUT BASEMENT ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE: _____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
INSTALL A NEW SEPTIC SYSTEM

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER: BRIAN CHRISTIANS

NAME: (LAST) Bruno (FIRST) Robert (MI) P.

ADDRESS: 857 Highland Moor CT

CITY: Concord STATE: N.C ZIP: 28025

DAYTIME PHONE: 704 400-7773

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) _____ (FIRST) _____ (MI) _____

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 2003

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Robert P. Bruno DATE: 1/28/04

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

DHS

3817

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 cash 1/16/96 #1 Ck

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: Cornelius (last) Kathy (first) S. (mi)
ADDRESS: 3201 Stephens Farm PHONE: (__) 597-1959
CITY: Charlotte STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-284-13
STREET ADDRESS: 10831 Lamesa Pl.
ZONING:

PROPERTY OWNER:
NAME: Wyatt (last) Leo (first) (mi)
ADDRESS: 10831 Lamesa PHONE: (__) 875-7983
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME: Millwood Grove

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

TYPE APPLICATION (check one):

LOT NUMBER: 36 LOT SIZE (in acres):

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

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 2 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: Kathy Cornelius Date: 1-16-96

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

...Use existing system for 2 bedroom mobile home - maximum occupancy of 4 people ONLY! See mobile home design on file.

Lisa B. Mialik, RS 1/25/96
Environmentalist Date

Waterman for Stanley Morgan, Chief 3-6-96
Director or Authorized Section Head Date

WATER : 22 91

1/29/96 S.R. to Plumb. Stds - check plumb. from m.h. to its connection into septic tank.
2/28/96 Follow up visit. Wanda Sharp, m.h. owner, present. Bookshelves constructed into closet, no closet door in office - See m.h. layout for

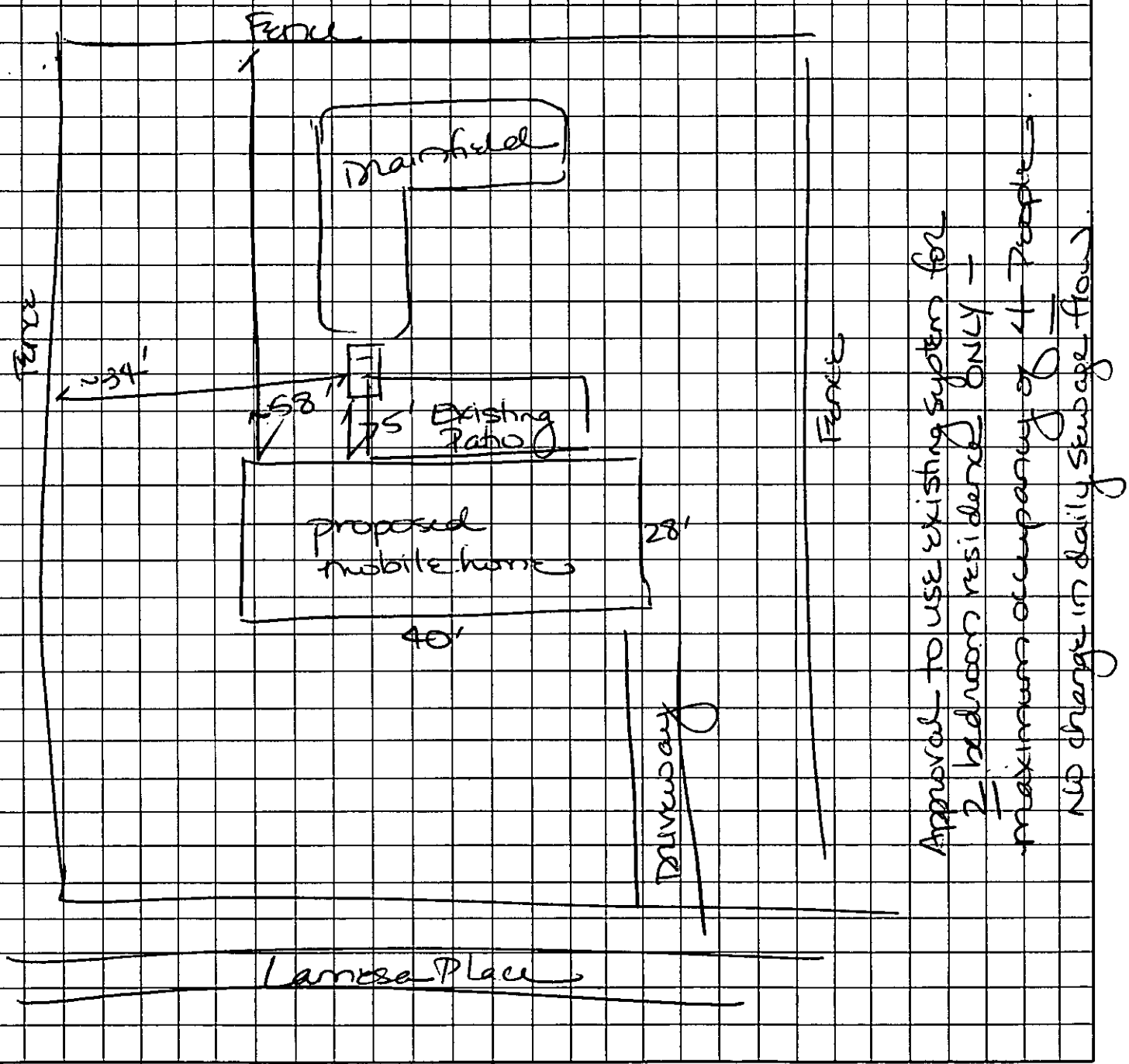
PROPOSED PLOT PLAN

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

FILE: 3817

TC: 017-284-13

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.



Wanda Shoup
OWNER/AGENT SIGNATURE

DATE 1-25-96

APPROVAL DATE 1/25/96 Jiba B. Mialik

Wanda + Charles Shoup are owners of mobile home to be moved onto lot, in process of purchasing lot.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Retain as part of File 3817

A FAX FROM FOXWOOD HOME CENTER CHARLOTTE, N.C.



TO: Lisa

FROM: Roger

COMMENTS: Wanda Sharp (Hons e)

PAGES: 2

DATE: 01-23-96

PHONE: 704-597-1861

FAX: 704-597-5209

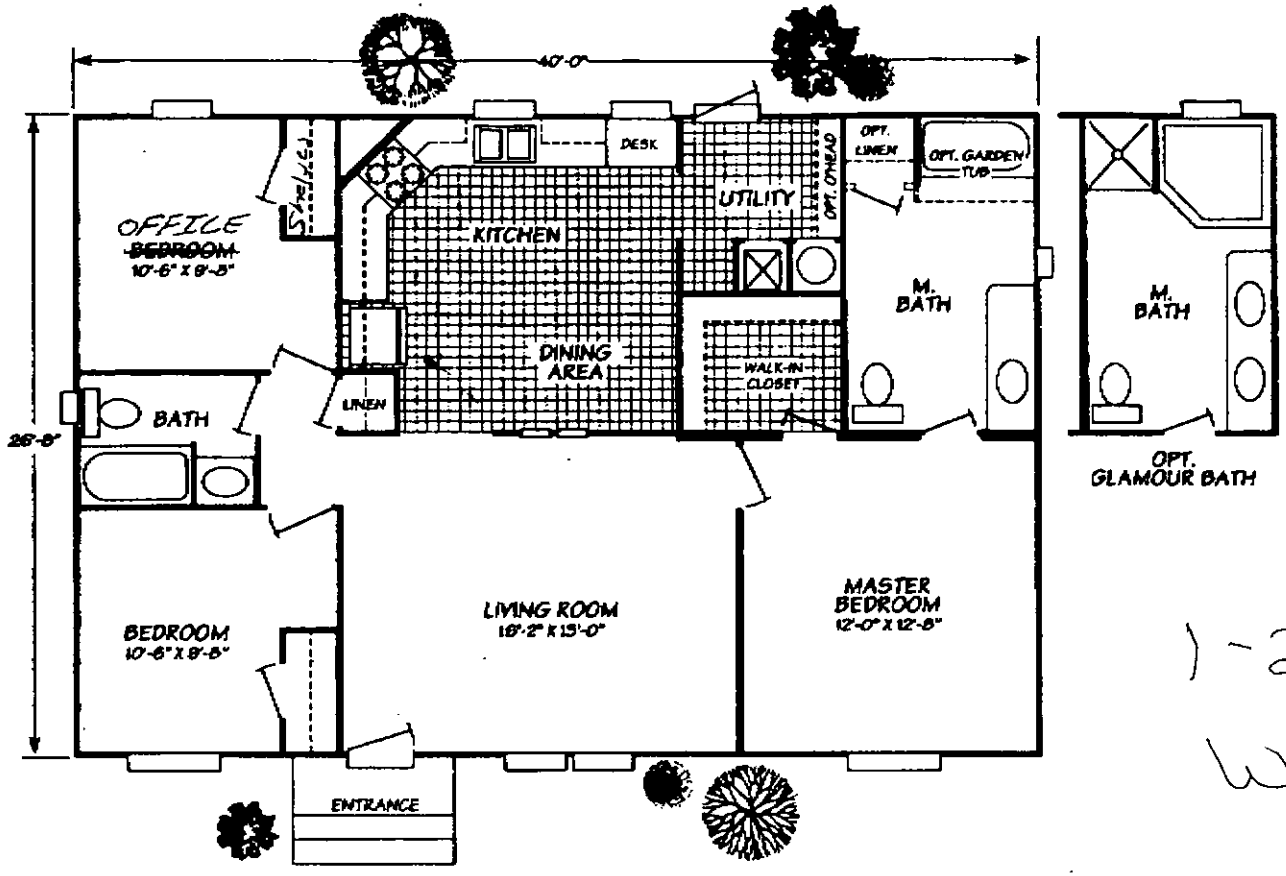
P02

BUILDING

The American Dream

01-23-96 04:58PM P02

Retain as part of file 3817



1-25-96
WS

MODEL 4403B

3 BEDROOMS, 2 BATHS
APPROX. 1,067 SQ. FT.

ACCENT MOBILE HOMES
6315 N. Tryon Street
Charlotte, NC 28213
(704) 597-1802

SANDALWOOD
BY FLEETWOOD

TWI6SNAF23

FLEETWOOD

FAX 0 A

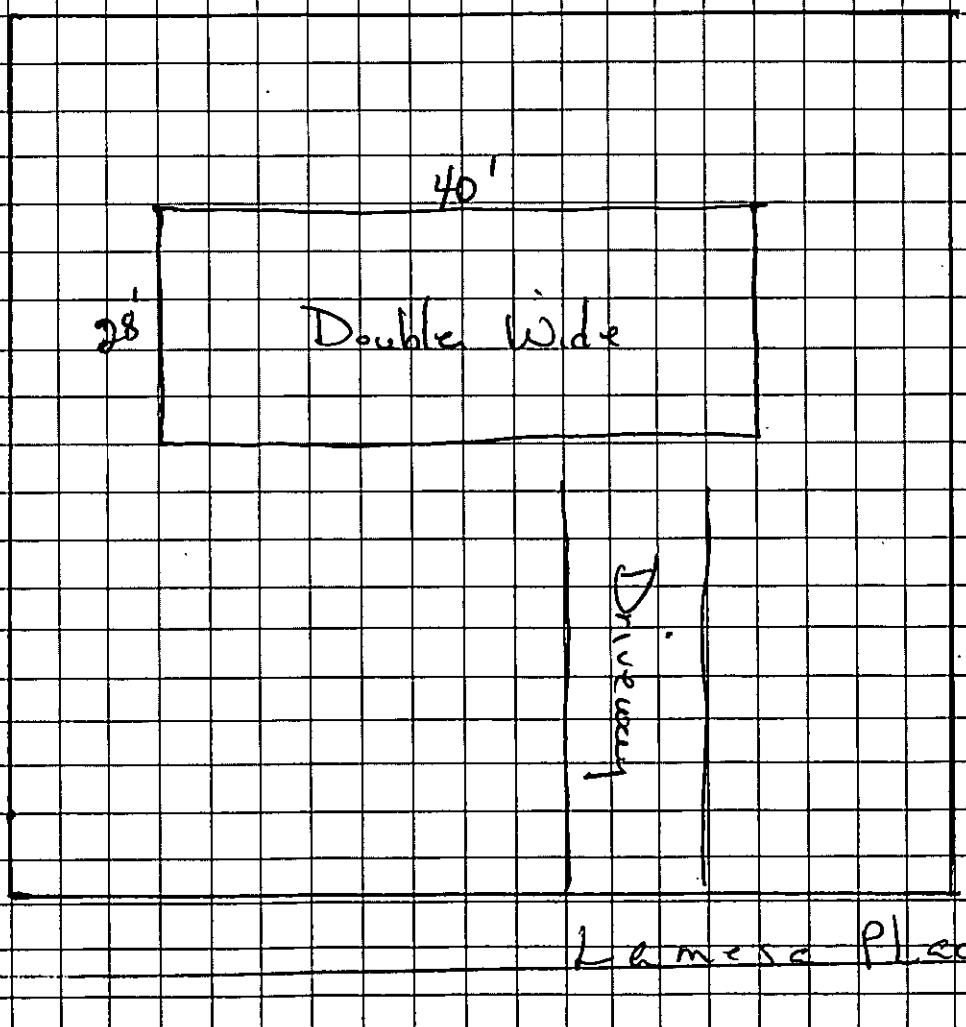
PROPOSED PLOT PLAN

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

FILE: 3817

TC: 017-284-13

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.



OWNER/AGENT SIGNATURE

DATE 1-16-96

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

1/29/96

REQUEST FOR SERVICE

LOCATION

017-284-13

PERMIT #

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

10831 | Lamesa | Pl

SUITE/UNIT(S):

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

property owner.

OWNER Leo Wyatt + wf Linda ADDRESS

CITY STATE ZIP PHONE ~~875-7983~~

ZONING MAP # JOB # USDC# 040

TAX PARCEL #

REQUEST

REFERRED TO:

		OTHER DEPTS.	
BU	☐ BLDG.	CC	☐ CD (CITY)
EL	☐ ELECT.	CT	☐ CDOT
ME	☑ MECH.	CE	☐ CITY ENG.
PL	☑ PLBG.	CF	☐ CITY FIRE
ZO	☐ ZONING	PC	☐ CMPC
HO	☐ HOUSING	CU	☐ CMUD
FI.	☐ FIRE	EN	☐ ENG. (CO.)
AC	☐ ACCOUNT.	EH	☐ ENV. HLTH.
AD	☐ ADMIN.	EP	☐ ENV. PROT.
CD	☐ CD (COUNTY)	PO	☐ PARK OPER.
PR	☐ PLAN REV.	OT	☐ OTHER
PW	☐ PER. WRIT.		
RE	☐ RECORDS		

TYPE OF REQUEST

AV	☐ Abandoned Veh	GL	☐ Gas Leak	SR	☐ Screening
AL	☐ ABC License	HC	☐ Handicapped	SH	☐ Sect. 8 Hsng.
BR	☐ Bldg. Reconnect	HW	☐ Hazardous Wiring	SW	☐ Sewage/Septic
BL	☐ Bond/License	HD	☐ Historic Dist.	SN	☐ Sign
RH	☐ CD/Rehab	IN	☐ Insulation	SS	☐ Substandrd Hsng
CC	☐ Change of Contr.	JV	☐ Junked Veh	UB	☐ Unsafe Bldg.
CU	☐ Change of Use	LF	☐ Landfill	VT	☐ Venting/Drain
DC	☐ Day Care	MH	☑ Mobile Home	WD	☐ Water Damage
ES	☐ Exit/Safety Equip	NP	☐ No Permit	WH	☐ Water Heater
FD	☐ Fire Damage	PK	☐ Parking	ZB	☐ Zoning Bd. Adj.
FI	☐ Fire Safety	PR	☐ Pier	OT	☐ Other: Describe
FS	☐ Fire Suppression	PD	☐ Plan Deviation		
FP	☐ Flight Path Encro.	PV	☐ Plan Verify		
FW	☐ Floodway	PU	☐ Property Use		
FN	☐ Furnace	SC	☐ School		

RECEIVED BY: (#_____) DATE: TIME: HOW REC'D. ☐ Phone ☐ Mail ☐ Person

RECEIVED FROM: Lisa Mialik ADD: Meck. Co. Health - IWWS PHONE X5573

OCCUPANT: Chad + Wanda Shoup ADD: PHONE 875-7983

CONTRACTOR: ADD: PHONE

REMARKS

DESCRIBE REQUEST FOR SERVICE

m.h. owner - Chad + Wanda Shoup, 10831 Lamesa Pl, Hunt.
Phone # 875-7983

M.H exchange.

Check plumbing from m.h. all the way to its connection into septic tank

ACTION REQUESTED: ☐ Investigate ☑ Respond in writing ☐ FYI

SPECIAL INSTRUCTIONS FOR INVESTIGATOR: (1) Call before going out? ☐ Yes ☐ No Time:
(2) Is building open? ☐ Yes ☐ No
(3) Person to contact Phone #

OTHER INSTRUCTIONS

HOLDS	PROCESSED BY		APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-85 10M 3/89

APPLICANT

• THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUMBER

INWS File 3817

1/29

• COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.
• SHADED AREAS FOR DEPARTMENT USE ONLY.

JORDAN GRAPHICS, INC. 23548

Jim Grahl mobile 617-1918

REQUEST FOR SERVICE

LOCATION

017-284-13

PERMIT #

STREET # (N,S,E,W) 10831 STREET NAME Lamesa (AV,RD,ST, etc) Pl

SUITE/UNIT(S):

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

property owner.
OWNER Leo Wyatt w/ Linda ADDRESS

CITY STATE ZIP PHONE ~~295-7983~~

ZONING MAP # JOB # USDC# 040

TAX PARCEL #

REQUEST

REFERRED TO:

		OTHER DEPTS.	
BU	☐ BLDG.		
EL	☐ ELECT.	CC	☐ CD (CITY)
ME	☐ MECH.	CT	☐ CDOT
PL	☑ PLBG.	CE	☐ CITY ENG.
ZO	☐ ZONING	CF	☐ CITY FIRE
HO	☐ HOUSING	PC	☐ CMPC
FI	☐ FIRE	CU	☐ CMUD
AC	☐ ACCOUNT.	EN	☐ ENG. (CO.)
AD	☐ ADMIN.	EH	☐ ENV. HLTH.
CD	☐ CD (COUNTY)	EP	☐ ENV. PROT.
PR	☐ PLAN REV.	PO	☐ PARK OPER.
PW	☐ PER. WRIT.	OT	☐ OTHER
RE	☐ RECORDS		

TYPE OF REQUEST

AV	☐ Abandoned Veh	GL	☐ Gas Leak	SR	☐ Screening
AL	☐ ABC License	HC	☐ Handicapped	SH	☐ Sect. 8 Hsng.
BR	☐ Bldg. Reconnect	HW	☐ Hazardous Wiring	SW	☐ Sewage/Septic
BL	☐ Bond/License	HD	☐ Historic Dist.	SN	☐ Sign
RH	☐ CD/Rehab	IN	☐ Insulation	SS	☐ Substandrd Hsng
CC	☐ Change of Contr.	JV	☐ Junked Veh	UB	☐ Unsafe Bldg.
CU	☐ Change of Use	LF	☐ Landfill	VT	☐ Venting/Drain
DC	☐ Day Care	MH	☑ Mobile Home	WD	☐ Water Damage
ES	☐ Exit/Safety Equip	NP	☐ No Permit	WH	☐ Water Heater
FD	☐ Fire Damage	PK	☐ Parking	ZB	☐ Zoning Bd. Adj.
FI	☐ Fire Safety	PR	☐ Pier	OT	☐ Other: Describe
FS	☐ Fire Suppression	PD	☐ Plan Deviation		
FP	☐ Flight Path Encro.	PV	☐ Plan Verify		
FW	☐ Floodway	PU	☐ Property Use		
FN	☐ Furnace	SC	☐ School		

RECEIVED BY: (#_____) DATE: TIME: HOW REC'D. ☐ Phone ☐ Mail ☐ Person

RECEIVED FROM: Lisa Mialik ADD: Meck Co. Health - INWS PHONE X 5573

OCCUPANT: ADD: PHONE

CONTRACTOR: ADD: PHONE

REMARKS

DESCRIBE REQUEST FOR SERVICE

m.h. owner - Chad & Wanda Shoup; 10831 Lamesa Pl, Hunt.
Phone # 875-7983

M.H. exchange.
Check plumbing from m.h. all the way to its connection into septic tank

ACTION REQUESTED: ☐ Investigate ☑ Respond in writing ☐ FYI

SPECIAL INSTRUCTIONS FOR INVESTIGATOR:
(1) Call before going out? ☐ Yes ☐ No Time:
(2) Is building open? ☐ Yes ☐ No
(3) Person to contact Phone #

OTHER INSTRUCTIONS

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT

Serial No. 1630

Date Issued May 11, 1972

T. C. No. 617-284-13

Map Date 9/1/70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Copeland (LAST) William (FIRST) Conrad (MIDDLE)

ADDRESS OF OWNER Route 3, Box 618, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Lancea (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood Green Mobile Home Park LOT NO. 36 BLOCK NO.

MAP BOOK NO PAGE NO.

The above described lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of *, on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 3817. This approval is subject to the following terms and conditions:

1. That the installation field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

* May use present system.

W. L. Bixby
Environmentalist

John Gibson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-10-72

ICAR (S) Application No. 3317

T. C. No.

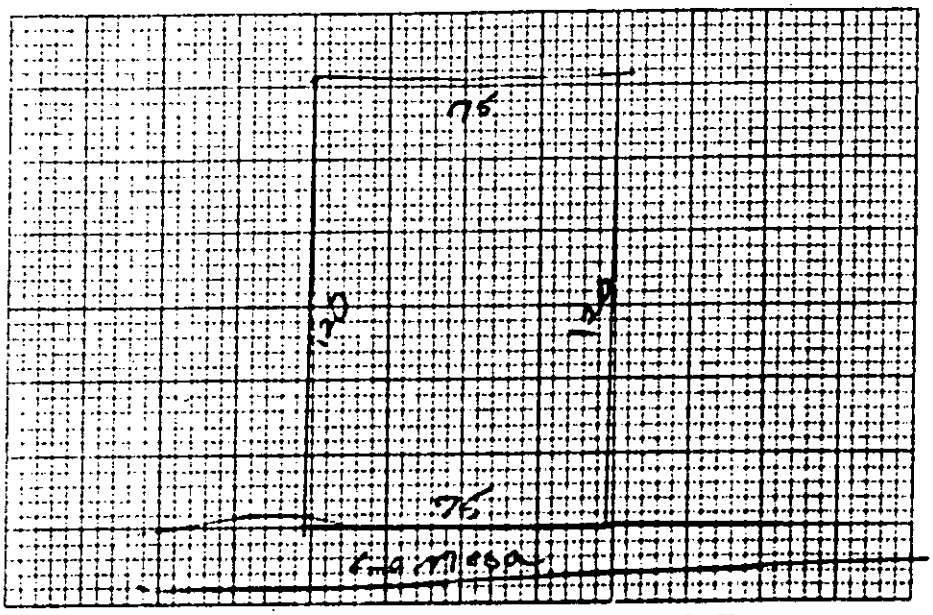
Map Date

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 the property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) ____ 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 2

5) Business Use — Max No Employees ____

6) Washing Machine ✓ Yes ____ No

7) Garbage Disposal ____ Yes ✓ No

8) Dishwasher ____ Yes ✓ No

9) Water Supply:
- A) Individual Well ____
- B) Governmental System ____
- C) Community System:
  - 1. Well source ✓
  - 2. Governmental source ____

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

11) FHA Case No. ____

12) VA Case No. ____

13) NAME OF OWNER Copeland (LAST) William (FIRST) Conrad (MIDDLE)

14) ADDRESS OF OWNER RT 3 Box 618 Huntersville

15) PHONE NO. Home — Office 372-3030

16) LOCATION OF SYSTEM LaMesa (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Green Section No. 36 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ 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

Susan Copeland
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

RECEIVED
APR 7 1987
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)
FILE: N/A
TC:
SERIAL: Nº 13039
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 10831 LAMESA PL. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: Huntersville N.C. ④ TAX PARCEL NO.: 01728413
⑤ SUBDIVISION: Wildwood Green ⑥ LOT: 36 ⑦ BLOCK:

OWNER

⑧ NAME: Clarence (FIRST) C. (MIDDLE) Dees (LAST)
⑨ MAILING ADDRESS: 3609 Tuckaseegee Rd
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) ⑭ (HOME) 394-0564

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☒ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home
㉒ Number of bedrooms? 2 (My Build another Room on later)
㉓ Maximum occupancy? 4
㉔ Basement? ☐ yes ☒ no
㉑ ☐ Business or place of public assembly
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☒ Community well
D ☐ Community system

㉙ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Clarence C. Dees
Date: 4-7-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 permit is issued by this Department.

. . . This permit is not transferable, and shall become null and void ~~36~~ months from the date of issuance. Well/Existing system

B R Ferguson (Environmentalist) 4-9-87 (Date)
S L Davis (Director or Authorized Section Head) 4-10-87 (Date)

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.