

4813 CARVING TREE DR

13528166

5/29/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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6788

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 cash 9/14/95 JK

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: Lancaster (last) Richard (first) A (mi)
ADDRESS: 4813 Carving Tree Dr PHONE: ( )
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY OWNER:
NAME: Lancaster (last) Richard (first) A (mi)
ADDRESS: 4813 Carving Tree Dr PHONE: (704) 545 2401
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-281-66
STREET ADDRESS: 4813 Carving Tree Dr Charlotte NC
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
- ☐ 0 Mecklenburg County
- ☐ 1 Charlotte
- ☐ 2 Davidson
- ☐ 3 Cornelius
- ☐ 4 Pineville
- ☐ 5 Matthews
- ☐ 6 Huntersville
- ☐ 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 (T)
- ☐ 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) utility bldg
- ☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- ☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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)
- ☐ Municipal (M)
- ☐ Private Well (P)
- ☐ Shared Well (S)
- ☐ Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- ☐ Swimming Pool
- ☐ Garage
- ☐ Jacuzzi
- ☐ Storage Building
- ☐ Stable/Barn
- ☐ Deck/Patio
- ☐ Workshop
- ☐ Bedrooms
- ☐ None
- ☐ 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: Richard A Lancaster Date: 9-14-95

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.

... Use existing septic system
Keep storage building at
least 5' off of septic
system - System was
marked while I was on-site.

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

Kenny B Thompson Jr. 9-15-95
Environmentalist Date

Robert C Hamil Program Chief 9-15-95
Director or Authorized Section Head Date

WATER

PROPOSED PLOT PLAN

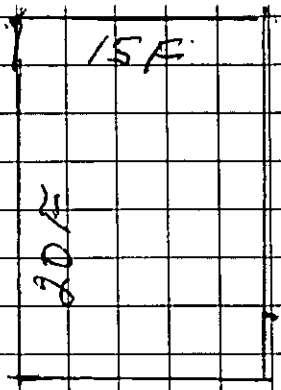
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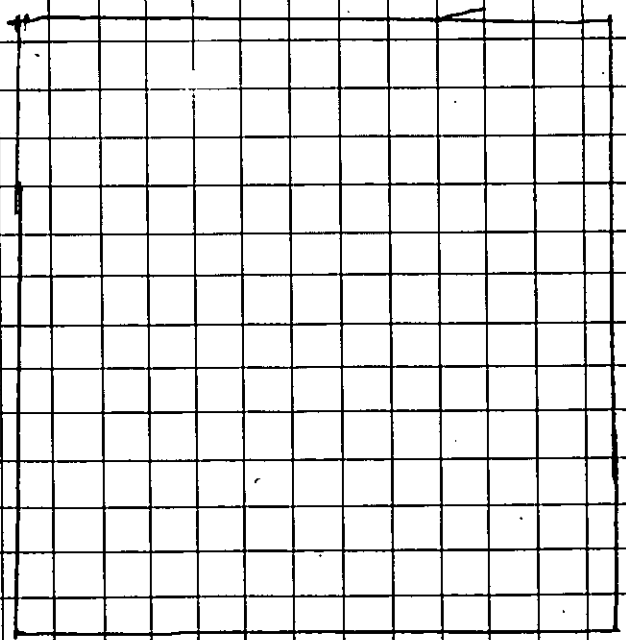
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6788

TC: 135-281-66

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.





Richard A Lancaster
OWNER/AGENT SIGNATURE

DATE 9-14-95

APPROVAL DATE _____

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

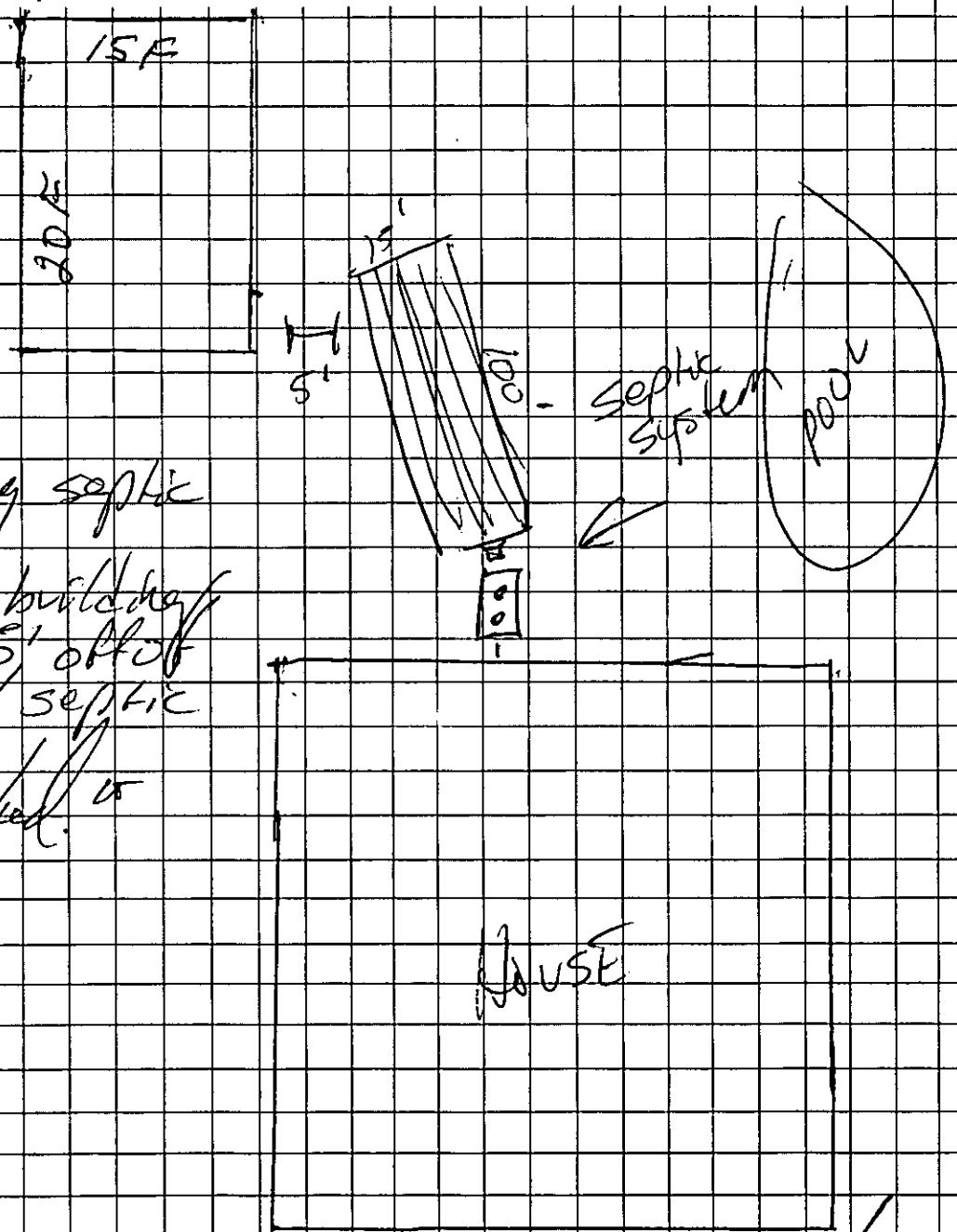
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* Use existing septic system.
* Keep storage building off at least 5' off any part of septic system.
* System marked at

Richard A Lancaster
OWNER/AGENT SIGNATURE

DATE 9-14-95

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Washer Line

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