

2421 THORNRIDGE RD

21113203

7/12/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

FEE: 100
DATE: 1/4/08
CRT [illegible]

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 7789A

TYPE APPLCATION: 3132 CS

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

PERSON FILING APPLICATION:
NAME: JAMES DERR
ADDRESS: 2421 THORNRIDGE RD
CITY: CHARLOTTE
STATE: NC ZIP: 28226
PHONE: 704.366.5867
ALTERNATE PHONE: 704.582.1999

PROPERTY OWNER:
NAME: SAME
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 211-132-05
STREET ADDRESS: 2421 THORNRIDGE RD
CITY: CHARLOTTE
STATE: NC **ZIP:** 28226
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

TOWNSHIP:
- [ ] 0-MECKLENBURG
- [X] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY:
- [X] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [ ] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

NO NET BEDROOM ADDITION - BDR 2 OFFICE TO BE REDEVELOPED INTO MASTER BATH

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- [X] BEDROOM
- [X] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:
- [ ] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH / DECK
- [ ] 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

James W Derr — 1/4/08
Owner's/Agent's Signature — Date

*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 y this Department.
- This permit is not transferable.

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

OK TO USE EXISTING SYSTEM

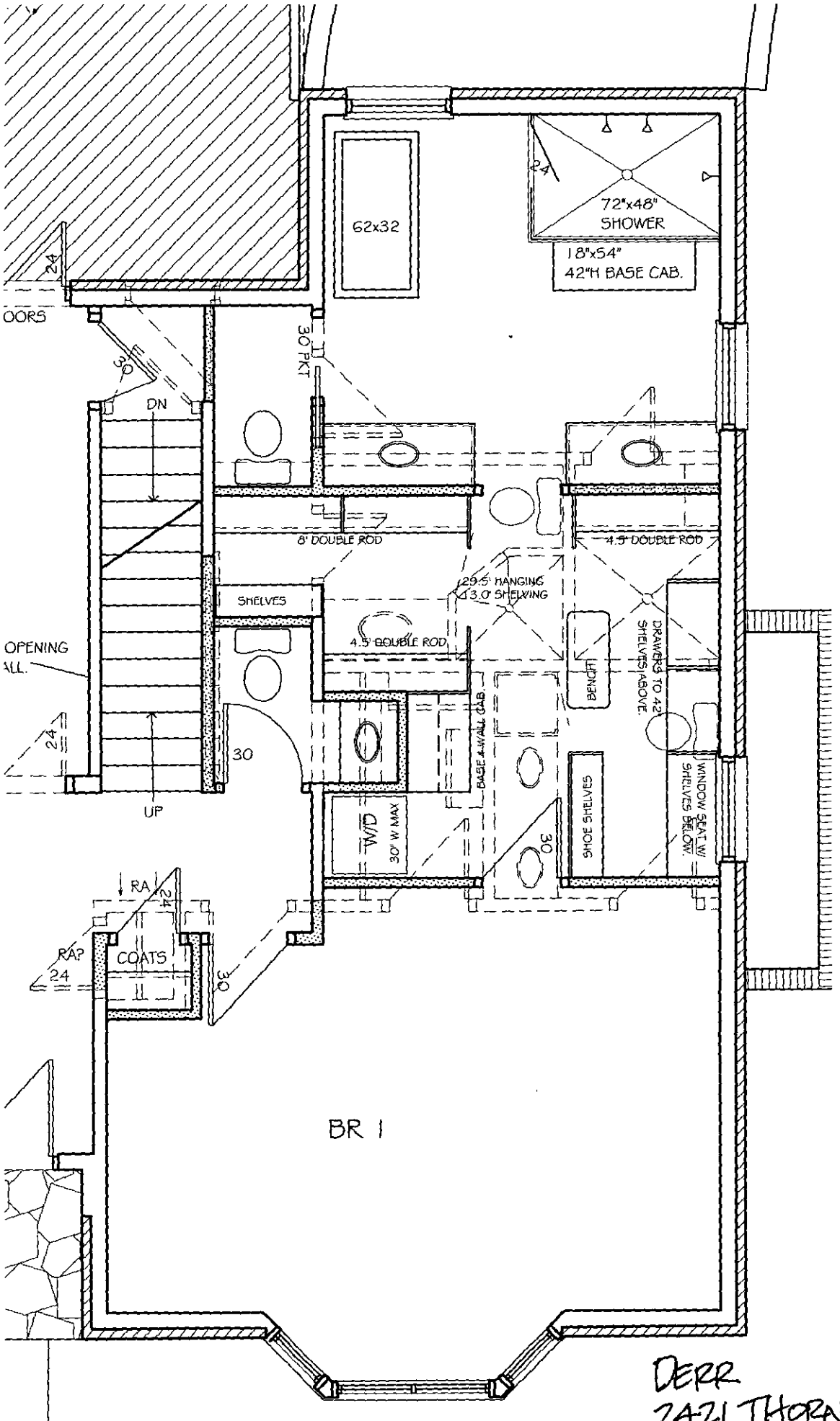
Christopher M Shirley — 1/8/08
EHS Signature — Date

704-502-1999 TOM STUART. PD

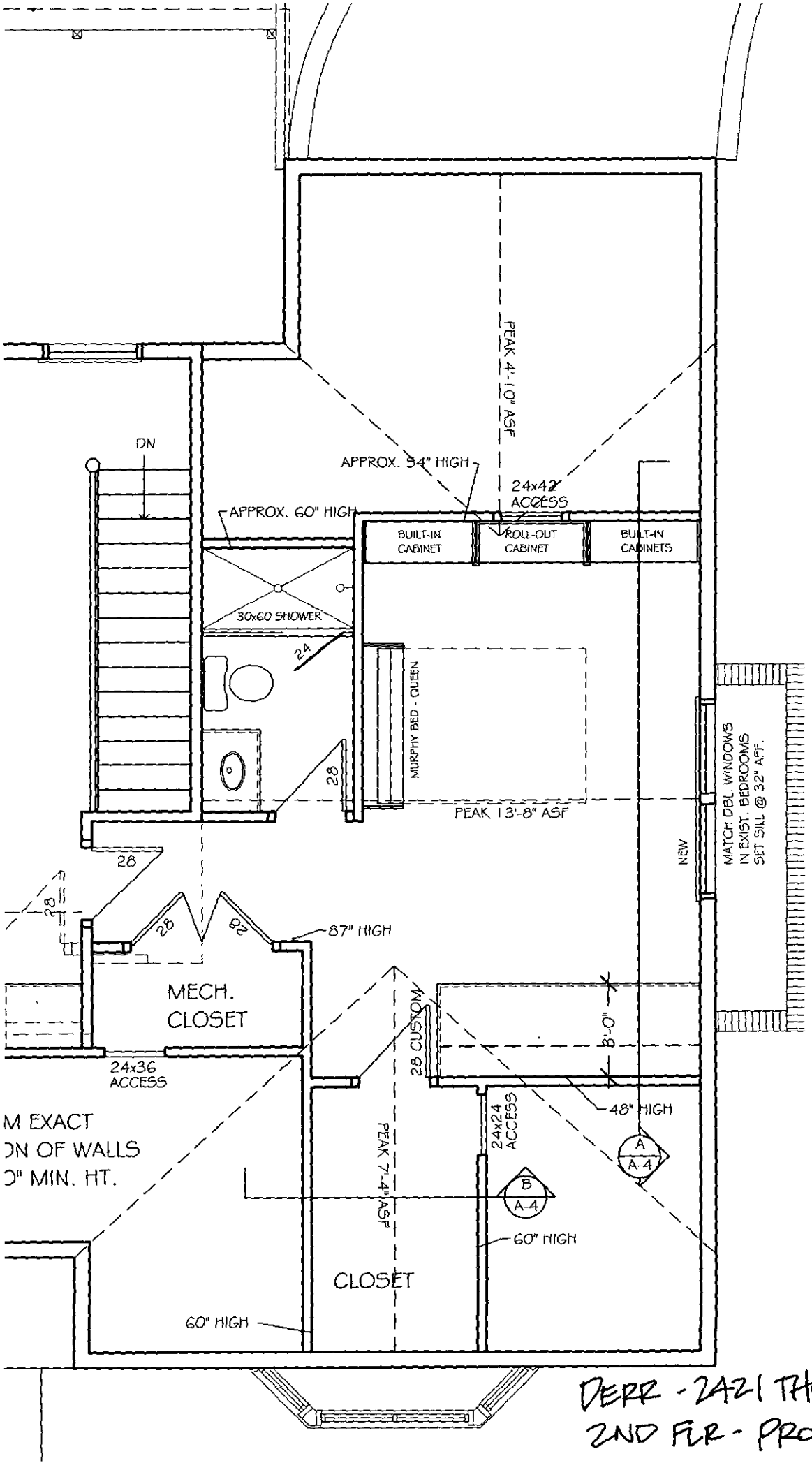
NOT INCREASING FOOTPRINT -

HOWEVER ADDING BDR →

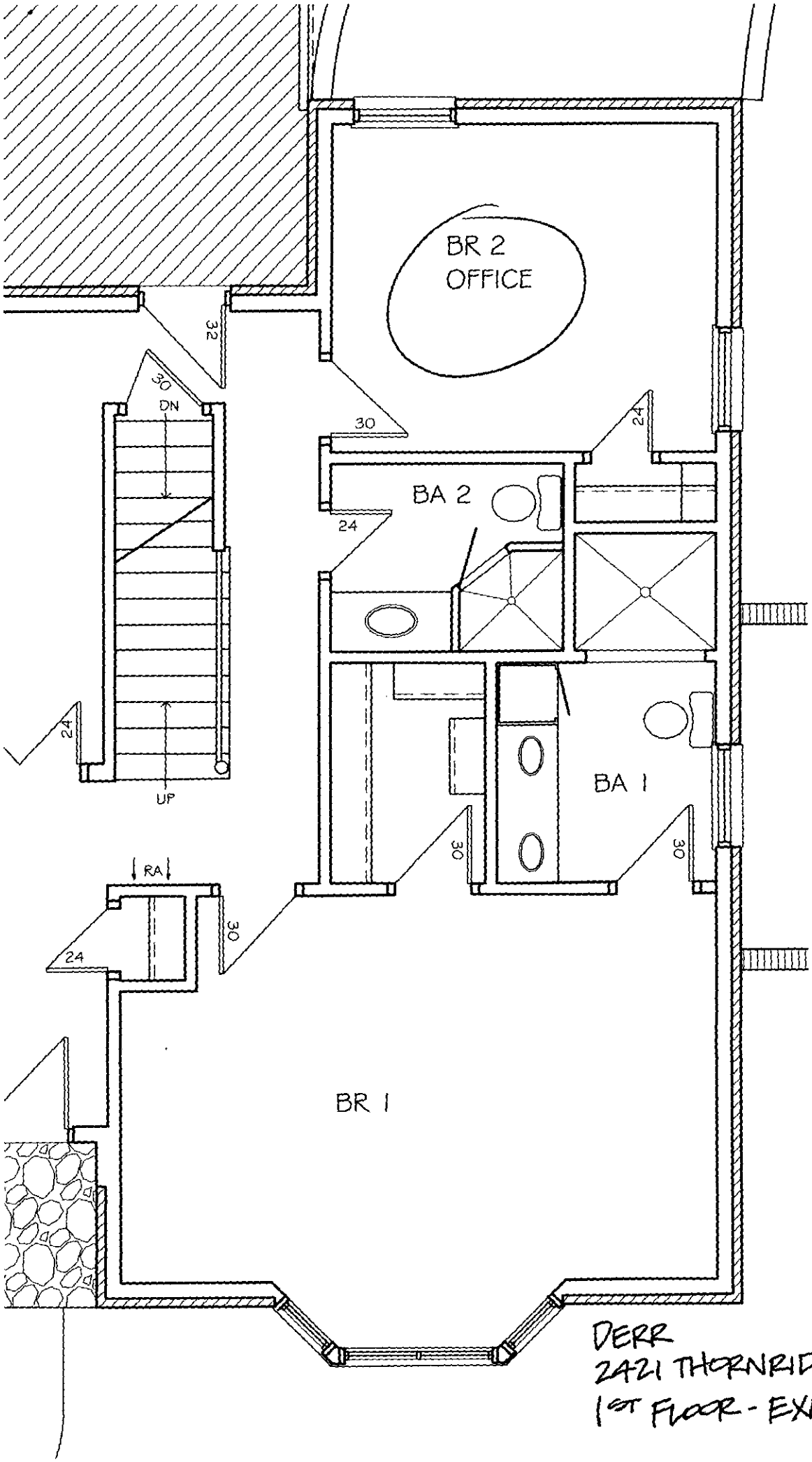
- DID NOT ASK FOR PLANS -
- DID NOT HOUSE OFF BDRS.
- CERT SAYING EVERYTHING OK



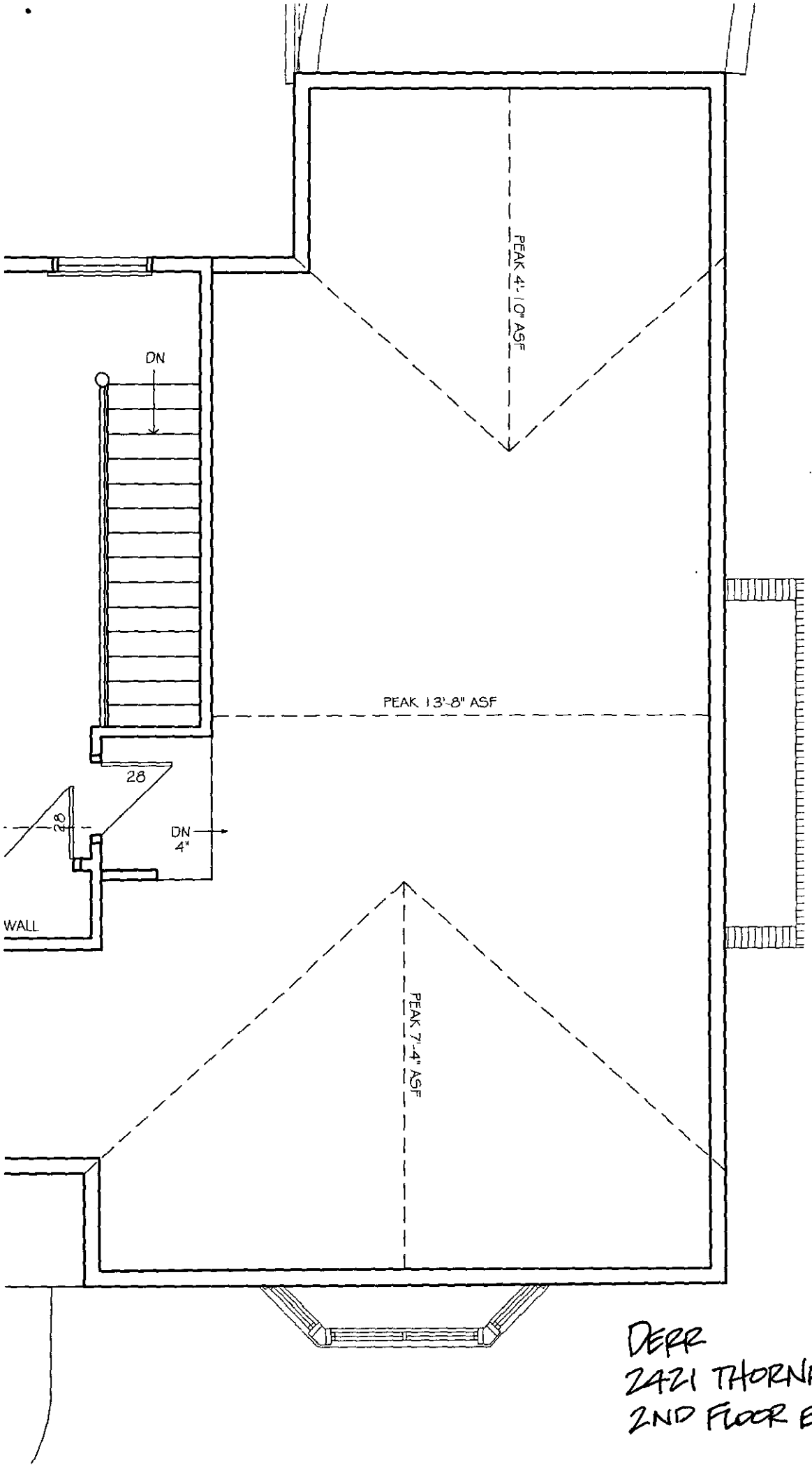
DERR
2421 THORNRIDGE RD
1ST FLOOR PROPOSED



DERR - 2421 THORNRIDGE
2ND FLR - PROPOSED



DERR
2421 THORNRIDGE RD
1ST FLOOR - EXISTING



DERR
2421 THORNRIDGE RD
2ND FLOOR EXISTING

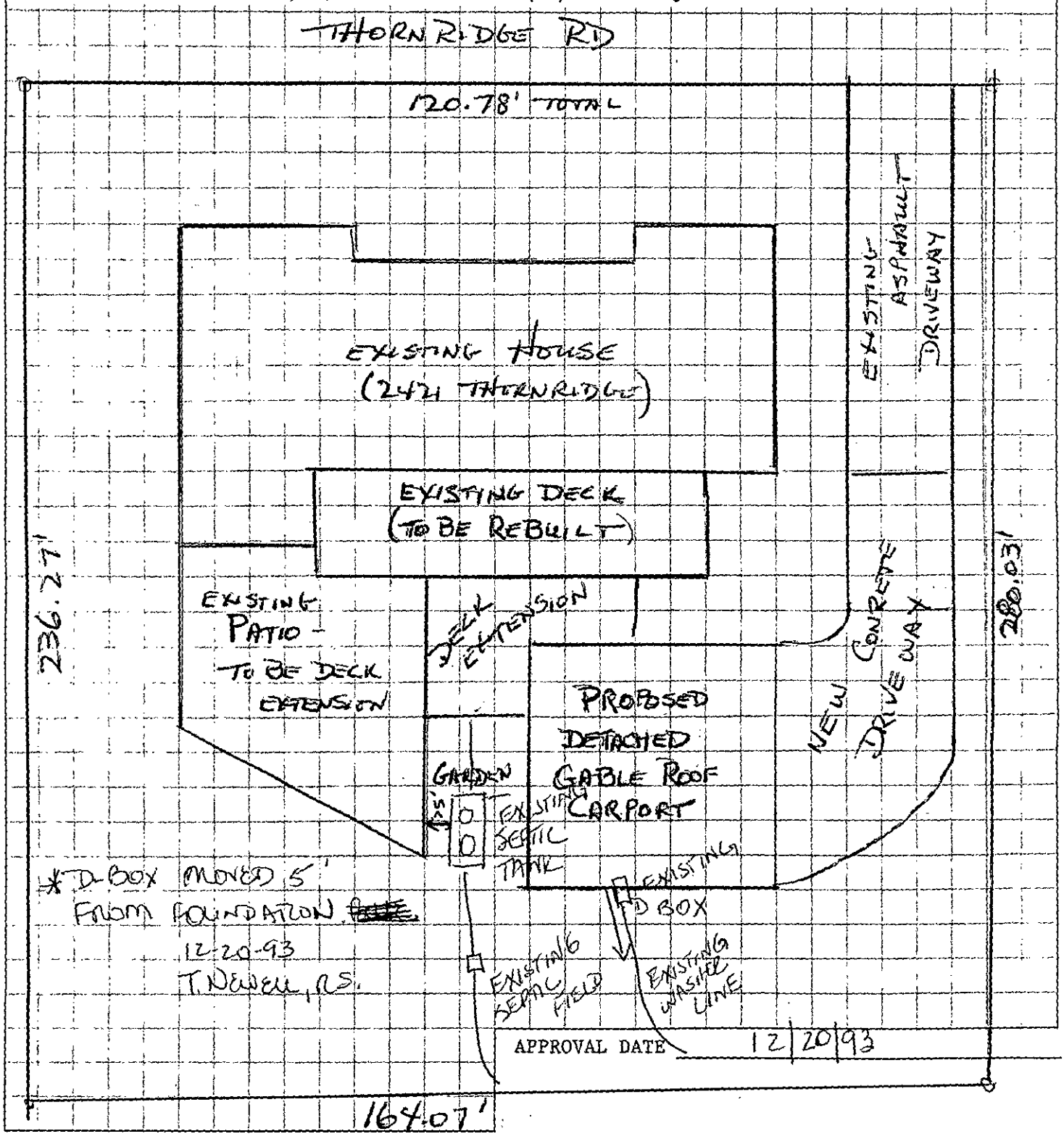
PROPOSED PLOT PLAN

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

FILE: 7789A

TC: 211-132-03

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.



*D-BOX MOVED 5' FROM FOUNDATION ~~BOX~~
12-20-93
T. NEWELL, R.S.

APPROVAL DATE 12/20/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

APPLICATION FOR BUILDING PERMIT

TYPE PERMIT: [X] Single Family [ ] Two Family [ ] Commercial [ ] Mobile Home [ ] Modular

PERMIT #

ADDRESS

STREET # 2421 | (N,S,E,W) | STREET NAME THORNRIDGE RD | (AV, RD, ST, etc) RD

SUITE/UNIT(S):

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

SITE DATA

PROJECT/SUBDIVISION NAME WILTON WOOD | PHASE | SECTION | PROJECT # 267-261

OWNER JAMES DERR | ADDRESS 2421 THORNRIDGE RD

CITY CHARLOTTE | STATE NC | ZIP 28216 | PHONE # 704.366.5867

TAX PARCEL # | CENSUS | LOT # | BLOCK # | LAND AREA (sq. ft.)

ZONING | JURIS 1 | MAP # | R/W

SPECIAL (Circle) C D N P S | FLOOD PLAIN [ ] Yes | FLOOD ELEV | FIRE DIST. [ ] Yes

LOT [ ] CORNER [ ] THROUGH | FRONT SHEET (if different)

MINIMUM SETBACKS: FRONT | LEFT SIDE | RIGHT SIDE | REAR | REQ. PARK'G

APR'D

PROJECT

JOB # | USDC # 424

TYPE WORK: [ ] New [ ] Addition [ ] Accessory [X] Upfit [ ] Shell [ ] Demolish [ ] Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # RESIDENCE / BEDROOM & BATH

PURPOSE

AREA (sq. ft.): Heated 400 | Unheated | Deck(s) | # STORIES 2 | BASEMENT [X] Yes

OCC. TYPE

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS 2 | # BEDROOMS 1 | # BATHS 1

Work includes: [ ] Attached Carport [ ] Attached Garage [ ] Masonry Fireplace(s)

CONST

SPRINKLERS [ ] Yes | # UNITS | MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL

Power Company DUKE ENERGY | Service: [ ] New [X] Existing | Total Amps 200 | # Circuits 15

Connections 120 Volts 10 | # Connections over 120 Volts 5

MECHANICAL:

Gas Company PNGC | # Gas Conn 1 | # Appliances 1 | [ ] Heat Only [ ] Central A/C Only [X] Heat and A/C

[X] 1-Heat Pump [ ] 2-Central A/C [ ] 3-Elect. Baseboard [ ] 4-Elect. Furnace [ ] 5-Elect. Ceiling [ ] 6-Gas/Oil Furnace

[ ] 7-Gas/Oil Steam [ ] 8-Gas Pack [ ] 9-Pre-Fab Fireplace [ ] 10-Chimney [ ] 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) 3 | # of Appliances (Dishwasher, Water Heater, etc.) 1

UTILITIES: [ ] New [X] Existing

Public: 1-Individual Meter/Connection [X] Water [ ] Sewer | 2-Master Meter/Connection [ ] Water [ ] Sewer

Private: 3-Individual [ ] Well [X] Septic | 4-Community [ ] Well [ ] Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
	Bldg JAMES DERR	Phone 704.366.5867	Lic #	Bldg $ 15,000	
	Add 2421 THORNRIDGE RD	City/St CHAR NC	Zip 28216		
	Elect A SCOT ELECTRIC	Phone 7045452800	Lic # 12692-U	Elect. $ 2,500	
	Add 5300 RICHMOND RD	City/St CHAR NC	Zip 28227		
	Mech CHARLOTTE COMFORT SYSTEMS	Phone 704.366.1661	Lic # 17729	Mech. $ 6,000	
	Add 3125 TUCKASEEGEE RD	City/St CHAR NC	Zip 28208		
	Plbg PREAULT PLUMBING	Phone 704 509 3777	Lic # 22548	Plbg. $ 4,000	
	Add 2927 STARNES RD	City/St CHAR NC	Zip 28214		
PLANS [ ]	Arch./Eng	Phone	Lic #	Total Const. Cost $ 27,500.00	
	Add	City/St	Zip		

OTHER

FT [ ] | TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ | FT FEE $

REMARKS: NO KITCHEN OR EXTENSIONS | OTHER FEES $

TOTAL FEE $

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

APPLICANT'S SIGNATURE | DATE 11/4/07 | JAMES W DERR PRINT APPLICANT'S NAME

METHOD OF PAYMENT [ ] CASH/CHECK [ ] ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
700 N. TRYON STREET • CHARLOTTE, NC 28202 • 704/336-2831

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/04/08	**Amount:**	100.00
Receipt #:	54410	**Tendered:**	100.00
Check / Auth #:	VISA 053592	**Returned:**	0.00
Received By:	WALKEVA		

Account Information

Account #: 200000
Contractor: DERR, JAMES
Attn:
Address: 2421 THORNRIDGE ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28226

Item	Description	Permit#	Quantity	Unit Price	Total Price
0702	Optional Site Evaluations 2421 THORNRIDGGE ROAD		1	100.00	100.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

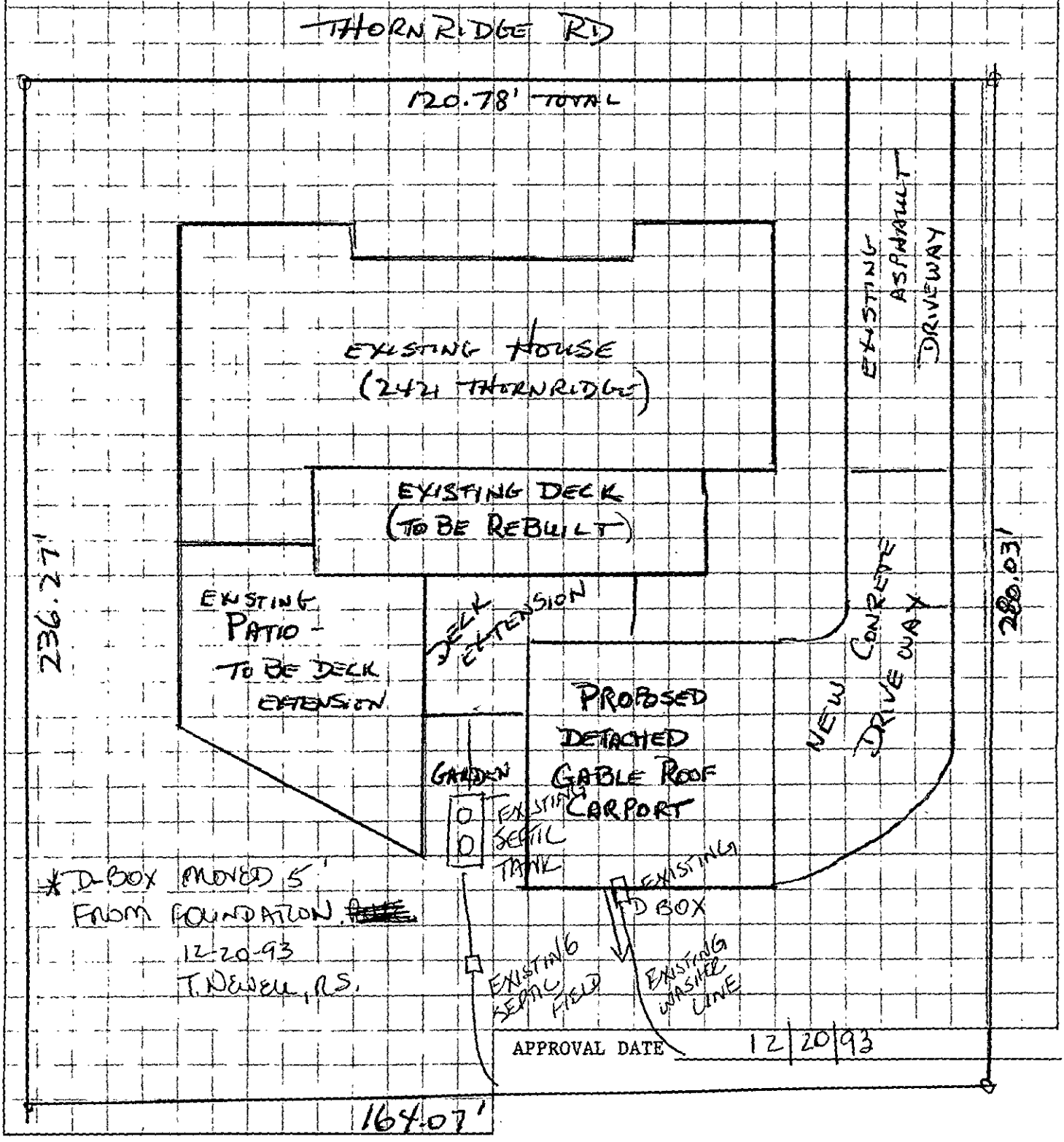
PROPOSED PLOT PLAN

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

FILE: 7789A

TC: 211-132-03

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.



APPROVAL DATE 12/20/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

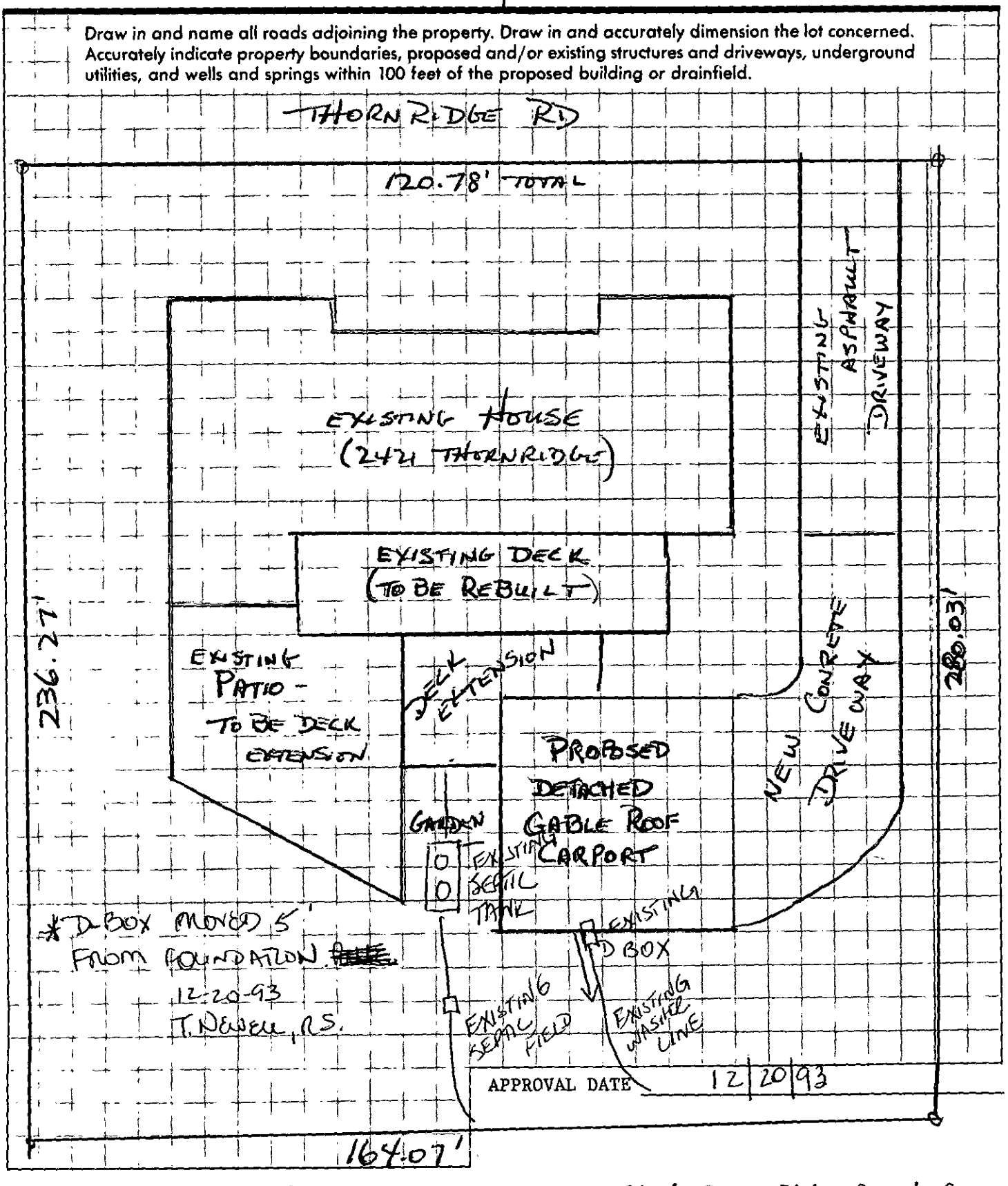
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White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County
Health Department

November 13, 1991

Mr. James B. Hinson
2421 Thornridge Road
Charlotte, NC 28226

Re: Property located at: 2421 Thornridge Road
File 7789A

Dear Mr. Hinson:

Receipt of the plans and specifications for the driveway, garage and patio addition at the above referenced property is hereby acknowledged. Upon receipt of the plan, a site evaluation was conducted with your architect John Ferris. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

1. The proposed garage and patio as proposed are approved.

2. The new driveway as planned is located over the existing septic nitrification field. Section .1950 (c) states in part..."Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic."

For this reason, the plan as submitted is disapproved.

If you desire to relocate the new driveway or building additions, please resubmit a plan and contact me at 336-5571 between 4 and 5 p.m.

Another option is connection to the city sewer line. I have confirmed with the Charlotte-Mecklenburg Utility Department that city sewer is available. You may tap onto their sewer line and abandon the existing septic system, thereby eliminating the approval of this department.

Please call me if I may be of further assistance.

Sincerely,

Judy J. Kiser, R.S.

Judy J. Kiser, R.S.
Individual Water and Wastewater Systems

Q400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P.D. 50.00 Ck 1st 11/19/93 D/K CRT

77894

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: HINSON (last) JAMES (first) B (mi)

ADDRESS: 2921 Thornridge Dr PHONE: (704) 364-2728

CITY: CHARLOTTE STATE: NC ZIPCODE: 28226

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 211-132-03

STREET ADDRESS: SAMUEL HUNTLEY ROAD

ZONING: R3

PROPERTY OWNER:

NAME: SAMUELS ABOUD (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
[X] 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) CARPORT / EXTENDING DECK
[] 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: 4 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 [X] Deck/Patio [] Bedrooms [X] Other CARPORT

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: James B Hinson Date: 11/19/93

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

... D-BOX WAS LOCATED ON NEW LINE CARPORT PROPOSED FOUNDATION. NO INSTALLATION PERMIT WAS ISSUED DUE TO THE FACT THE DISTRIBUTION BOX WAS DESTROYED. THE EXISTING LINE DUG OUT FOR 5 FEET AND A NEW DBOX WAS INSTALLED 5 FEET FROM NEW PROPOSED FOUNDATION TO ACCOMODATE 5 FEET FROM BUILDING FOUNDATION RULE. NO LINE WAS INSTALLED AND WASHER LINE WAS NOT SURFACING ON THE GROUND. DISTRIBUTION BOX WAS MOVED ON 12-20-93 BY STEVE AUSTIN.

Environmentalist — Date 12/24/93

Director or Authorized Section Head — Date

WATER : 122791

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd
#25.00
10/8/91

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 11151H
TC: _____
SERIAL: Nº [illegible] ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 2421 (STREET NO.) Thornridge Rd. (STREET) ② FILE: _____
③ JURISDICTION: Charlotte ④ TAX PARCEL NO.: 211-132-03
⑤ SUBDIVISION: Hiltonwood ⑥ LOT: 3 ⑦ BLOCK: C

OWNER

⑧ NAME: James (FIRST) B. (MIDDLE) Hinson (LAST)
⑨ MAILING ADDRESS: 2421 Thornridge Rd.
⑩ CITY: Charlotte, ⑪ STATE: N.C. ⑫ ZIP: 28226
⑬ PHONE: (WORK) 536-6594 ⑭ (HOME) 364-2728

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Use existing system. Case failed

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? ~~4~~ 3
㉕ Type? _____
㉓ Maximum occupancy? 2.
㉖ Maximum number of employees? _____
㉔ Basement? ☑ yes ☐ no
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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] (agent for owner)
Date: 10/6/91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

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

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

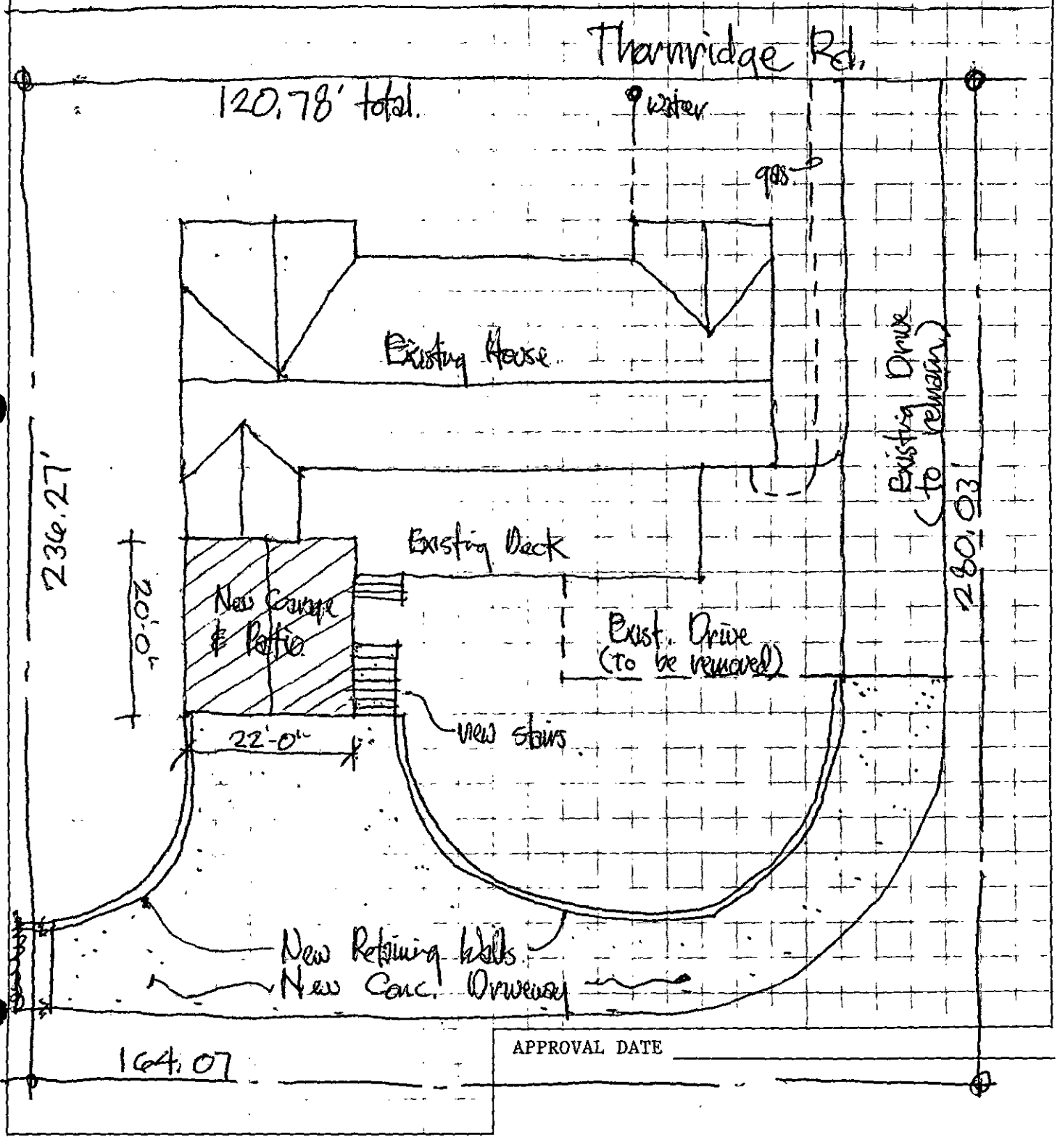
PROPOSED PLOT PLAN

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

FILE: 7789A

TC: _____

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

JTK

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid #25.00 10/08/91 Check # 690

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7789A
TC:
SERIAL: № 0019963
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 2421 Thornridge Rd. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: Charlotte ④ TAX PARCEL NO.: 211-132-03
⑤ SUBDIVISION: Wiltonwood ⑥ LOT: 3 ⑦ BLOCK: C

OWNER

⑧ NAME: James (FIRST) B. (MIDDLE) Hinson (LAST)
⑨ MAILING ADDRESS: 2421 Thornridge Rd.
⑩ CITY: Charlotte, ⑪ STATE: N.C. ⑫ ZIP: 28226
⑬ PHONE: (WORK) 536-6594 ⑭ (HOME) 364-2728

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Use existing system.

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉒ Number of bedrooms? ~~3~~ 3
㉓ Maximum occupancy? 2
㉔ Basement? ☑ yes ☐ no

㉑ ☐ Business or place of public assembly
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

㉘ Water supply from (present or proposed):

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

e undersigned, owner of the property described above as the OCATION" has read the foregoing application, acknowledges contents of same are true, and authorizes agents of the ENBURG COUNTY HEALTH DEPARTMENT to enter onto the for the purpose of processing this request.

John H. Hinson, Jr. (agent for owner)
10/8/91

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 60 months from the date of issuance.

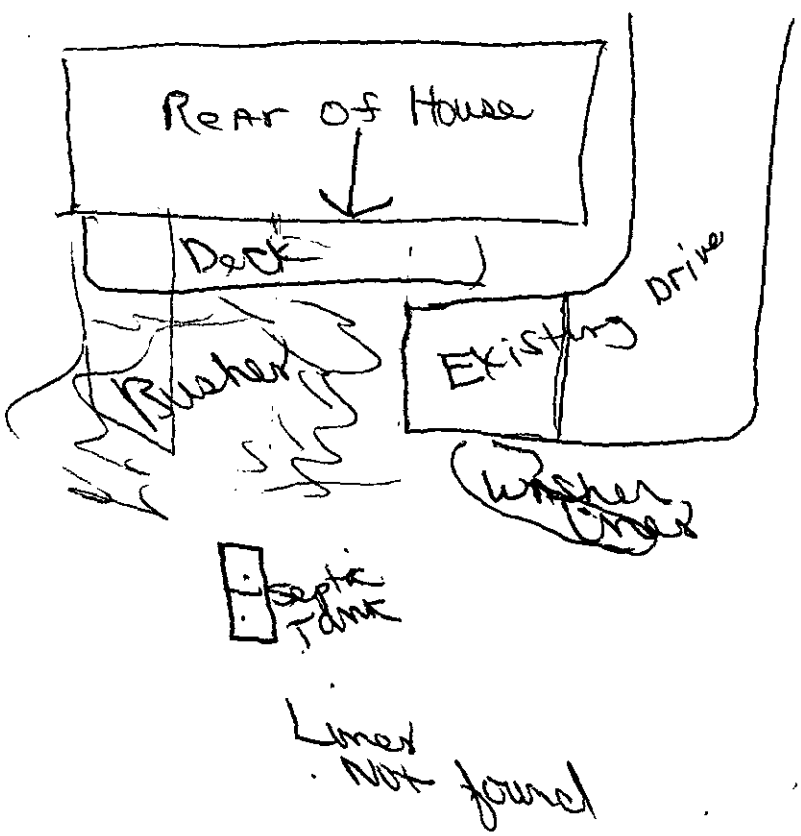
Environmentalist / Date

Director or Authorized Section Head / Date

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

1792A

9/10/91
Site visit w/ John Jarvis Architect To locate Septic System.



Advised Mr. Jarvis to uncover Tank D-BX ~~Called~~ us to view but I Advised Him due to topography I feel proposed driveway would be over the Septic field - City Sewer is available at front of the House

7789A 211-132 43

Jim Jarvis
130 2:00
2421 Thornridge
Larry Norwood
365-1919