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Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: February 17, 1995

Ref: File #3120B/Tilly Morris Road (Lot #13)

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Ann A. Sawyer originally paid $125.00 for Soil Investigation (2.3 acres) on April 25, 1994 Check #1554 (fee at that time was $50.00 per acre and $25.00 for each additional part of an acre).

A refund should be issued for $125.00 because property was not marked properly and after several conversations with the client informing her that the property needed to be clearly marked. Ms. Sawyer decided to cancel the request and ask for a refund on February 16, 1995.

Please make check payable to: Ms. Ann A. Sawyer
1714 Hobbs Road
Greensboro, North Carolina 27410

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3620B/9491A

[] 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: 4-20-94

PERSON FILING APPLICATION:

NAME: SAWYER (last) ANN (first) A (mi)

ADDRESS: 1714 HOBBS RD PHONE: (910) 288-5764

CITY: GREENSBORO STATE: NC ZIPCODE: 27410

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231 - 111 - 13

STREET ADDRESS: TILLEY MORRIS RD.

ZONING: RESIDENTIAL SINGLE FAMILY

PROPERTY OWNER:

NAME: ANN A SAWYER JOHN W SAWYER (last) (first) (mi)

ADDRESS: 1714 HOBBS RD PHONE: 910 288-5764

CITY: GREENSBORO STATE: NC ZIPCODE: 27410

TAX LINE MAP BOOK 231 PAGE 11

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 13 LOT SIZE (in acres): 2.31

TYPE APPLICATION (check one):

[X] 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)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] 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: 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) [] 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: Ann A Sawyer Date: 4-20-94

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

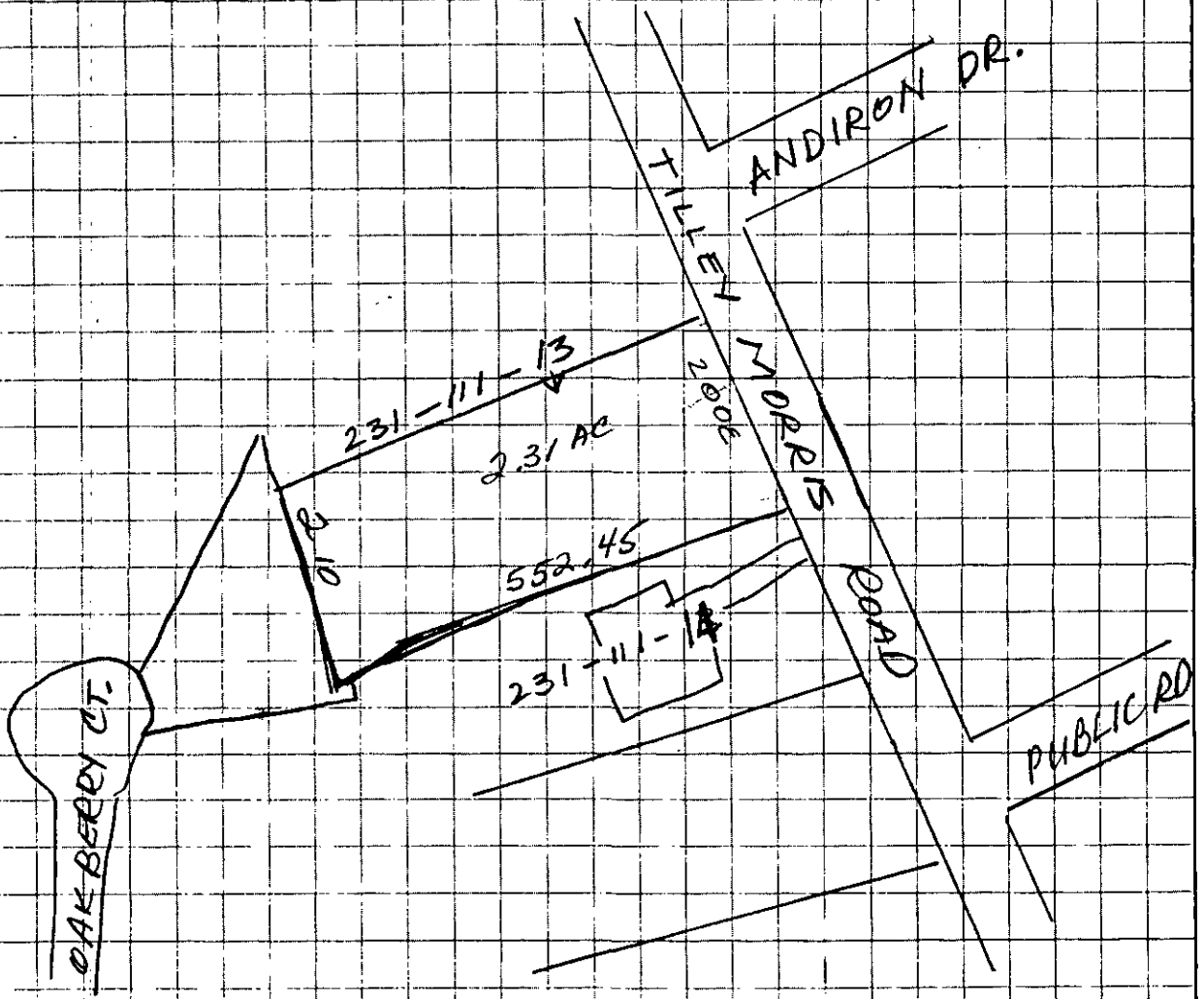
PROPOSED PLOT PLAN

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

FILE: 3120B1949IA

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

1992 CITY OF CHARLOTTE
MECKLENBURG COUNTY N.C.

BILL NO.	TAXPAYER'S NAME	
2269881	SAWYER JOHN W	
REAL ESTATE PROPERTY DESCRIPTION		
2.31AC TILLEY MORRIS RD		
ACCOUNT NUMBER	CITY TAXES PROPERTY TAX	COUNTY TAXES PROPERTY TAX
231-111-13		304.00
REAL ESTATE VALUE	SPECIAL DISTRICT	DOG
40,000		
PERSONAL VALUE	AUTO FEE	LISTING PENALTY
EXEMPTION	LISTING PENALTY	
TAXABLE VALUE	TAX RATE	TOTAL TAX
40,000	.76	304.00

SUBJECT TO LEVY, GARNISHMENT, OR FORECLOSURE AFTER JAN. 5, 1993.
10% + $20.00 ADDITIONAL COST FOR RETURNED CHECKS. PLEASE RETAIN
THIS PORTION FOR YOUR RECORDS. RECEIPTS WILL NOT BE MAILED.

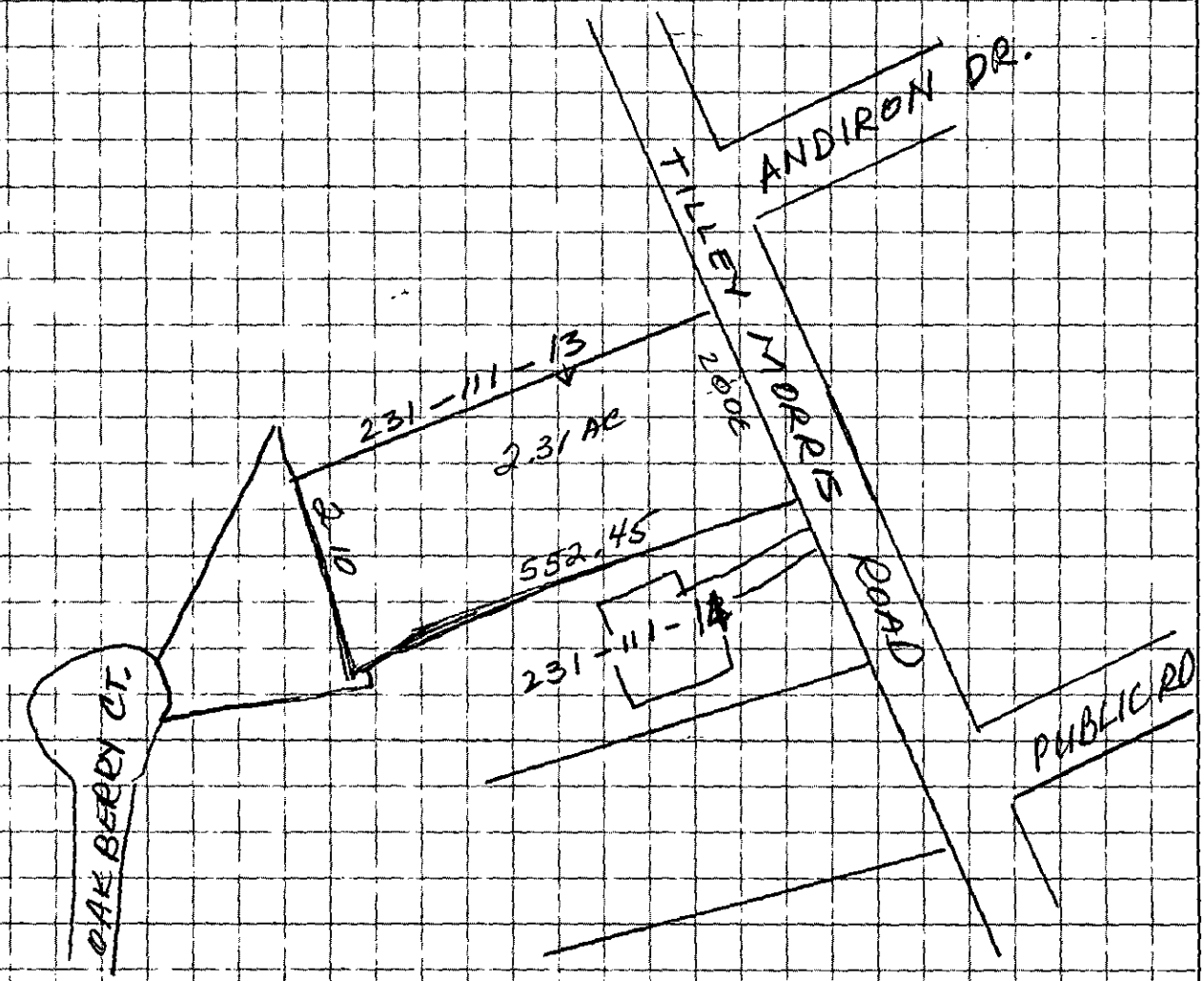
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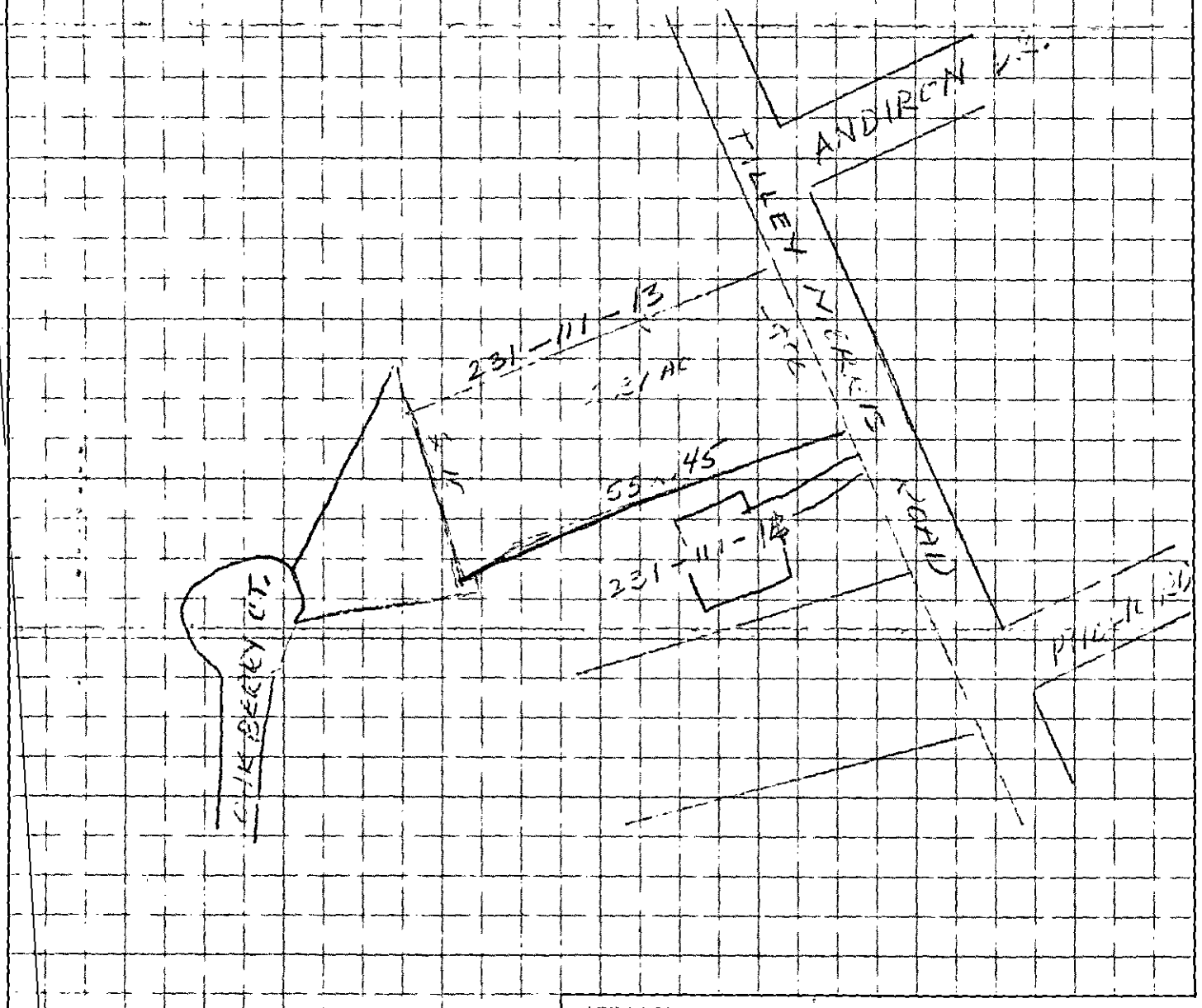
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