

16800 TULLOCH RD

21723210

12/17/07

duponbj

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

217-2324D

MISTER SPAS
616 N. POLK
PINEVILLE, NC
704/889-SPAS

8/08

the Monte Carlo

#34 $3600

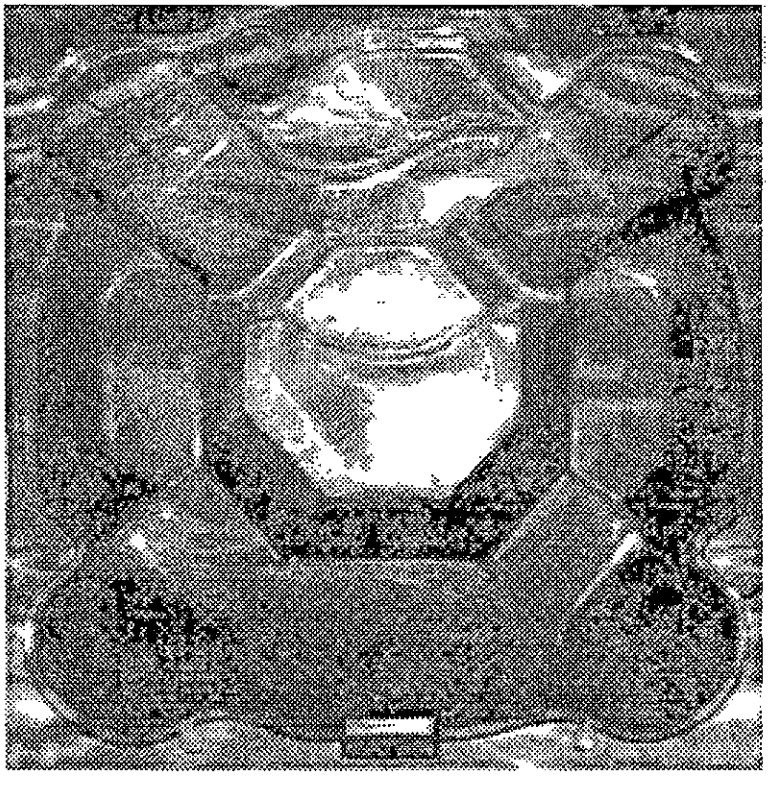
Extra-Long Multi-Jet Recesses

Four Large, Contour Bucket Seats

Three Roomy Loveseat-Lounge Areas

Recessed Acrylic Hand Rail

Sculpured Splash-Back Lip



Self-Drain Drink Holders

Extra-Deep Footwell

3 Suction Recesses (In Line)

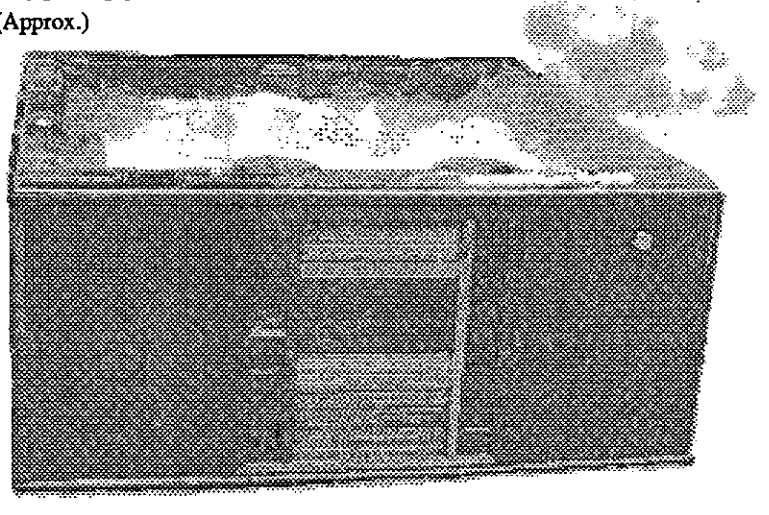
Dual Recessed Control Panels

Extra-wide textured steps double as additonal seating

Recess for top-load pressure filter

93" x 93" x 38"
(Approx.)

Available as shell or complete Portable, Including our incredible 10 jet, 2 pump system



ARIES SPAS
BY ARIES ACRYLIC MANUFACTURING, INC.

Pd 25.00 CC1381
3-11-92 WPG

8108A/217B.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Kal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Osborne (last) Tommy (first) M. (mi)
ADDRESS: 16800 Tellbach Rd. PHONE: (704) 588-3867
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 217-232-10
STREET ADDRESS: 16800 Tellbach Rd.
ZONING:

PROPERTY OWNER:
NAME: Osborne (last) Tommy (first) M (mi)
ADDRESS: 16800 Tellbach Rd PHONE: (704) 588-3867
CITY: Charlotte NC. STATE: NC ZIPCODE: 28278

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] 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)
Garage - Bath - HOT Tub
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R) No Work at this time Installation

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: 4 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Tommy M Osborne Date: 3-11-92

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 4-6-92 Date

WATER : 122791

20198 X400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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

PERSON FILING APPLICATION: c/o Jim Walter Homes

NAME: Wright (last) Ronald (first) A (mi)

ADDRESS: 2100 E 85 Service Rd PHONE: (704) 399-8214

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 3/30/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-301-27

STREET ADDRESS: 9760 Harkers Pt

Huntersville, NC 28078

ZONING:

PROPERTY OWNER:

NAME: Welch (last) Michael (first) O. (mi)

ADDRESS: 9760 Harkers Pt PHONE: (704) 875-9542

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N) Building house on lot use existing
[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[ ] 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: Ronald A. Wright Date: 3-30-92

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 System

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

Tim Whittaker 4/3/92
Environmentalist Date

[signature] 4-6-92
Director or Authorized Section Head Date

WATER : 122791

* Mobile Home on Lot with E+J. sys
Building new Home on lot

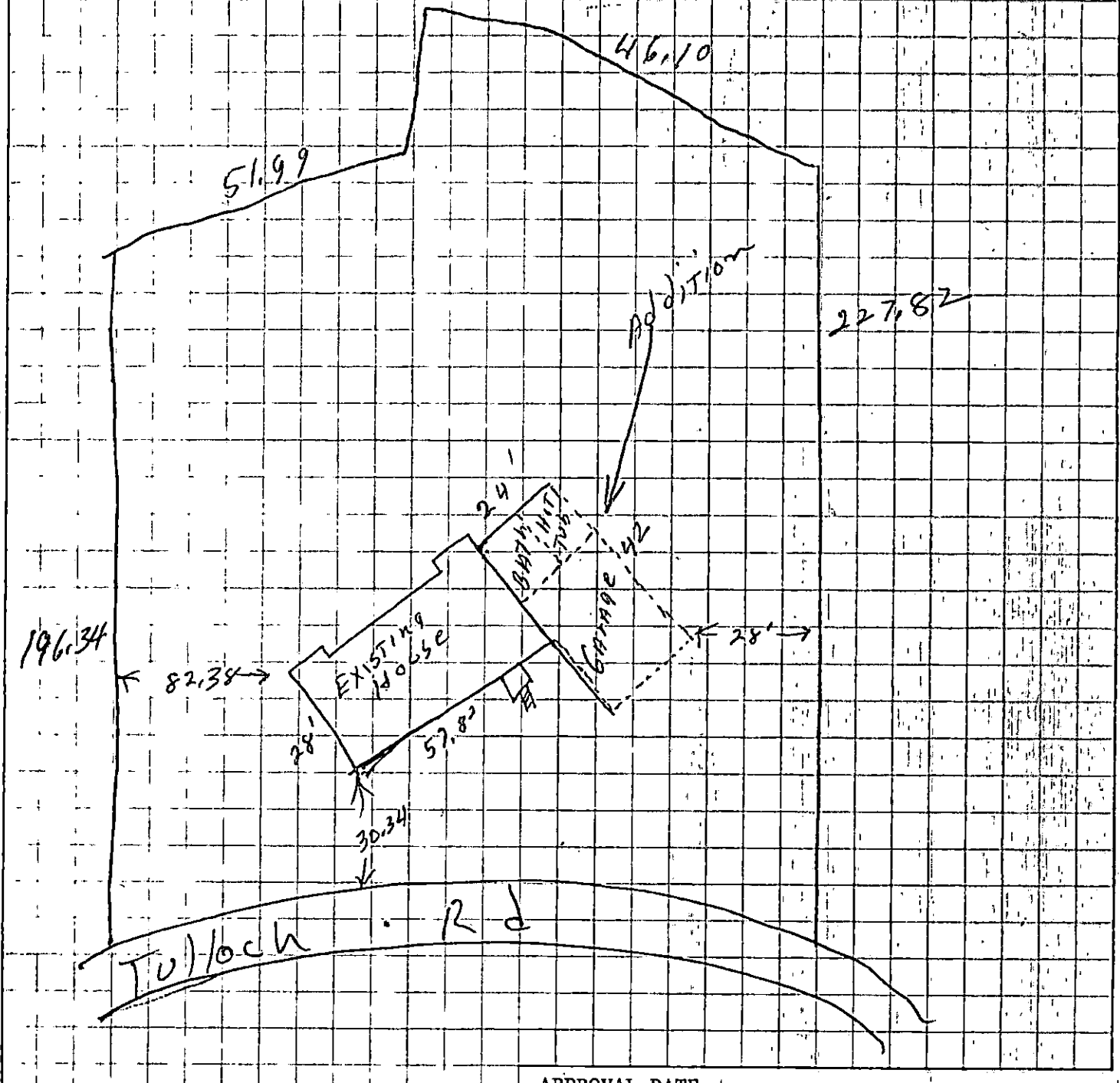
PROPOSED PLOT PLAN

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

FILE: 8108A/217B

TC: 217-2320.

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

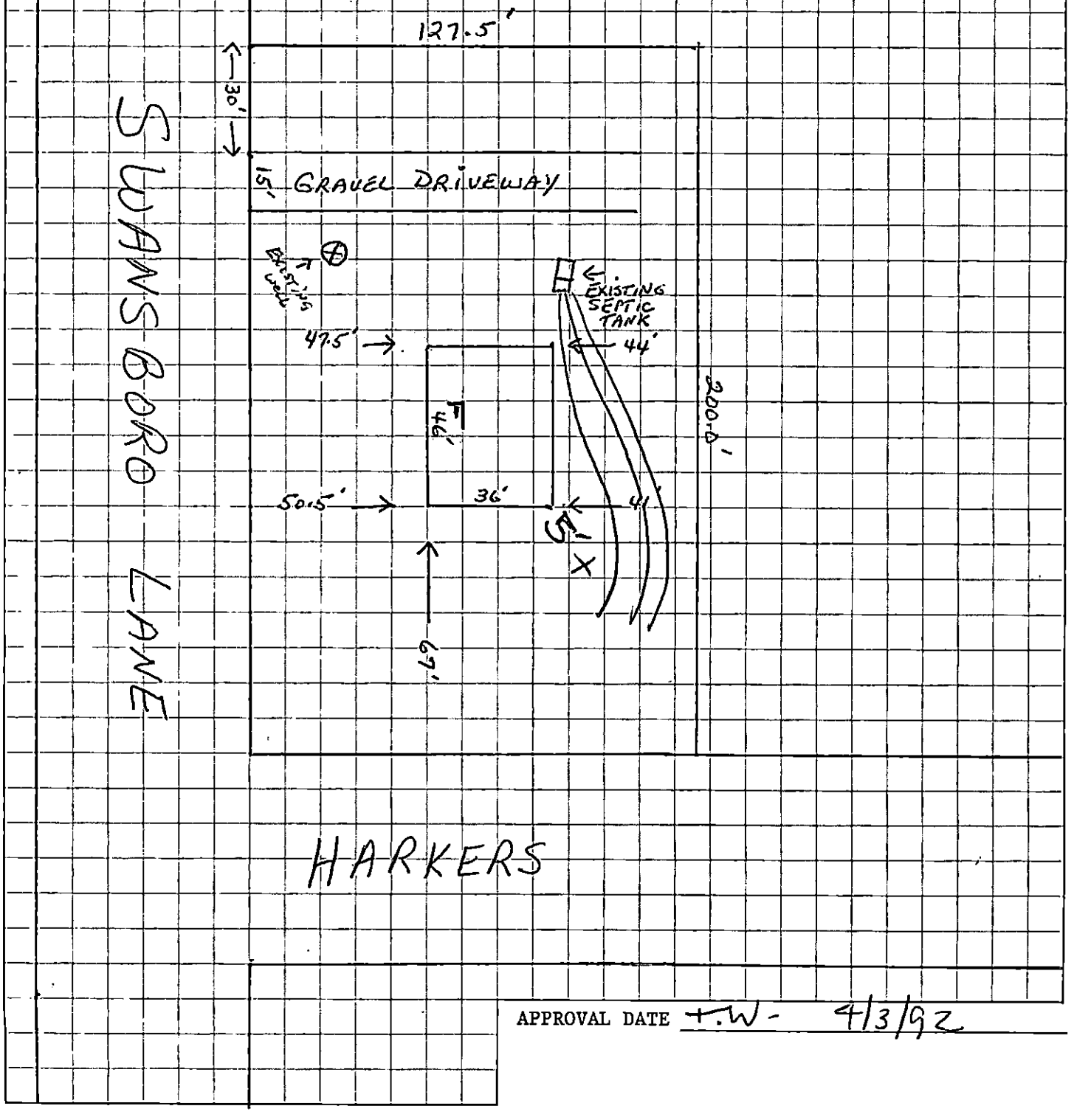
PROPOSED PLOT PLAN

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

FILE: 20198

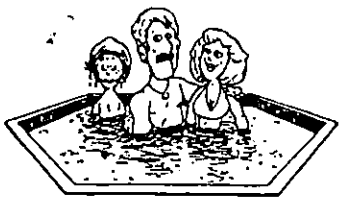
TC: 017-301-27

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 +.W- 4/3/92

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



MISTER SPAS
616 N. POLK ST.
PINEVILLE
(704) 889-7727

Judy

THIS LETTER IS IN REFERANCE TO TOM OSBORNE SPA JOB ON JAKE WILEY.

SPA SPECKS. ARE 500 GAL APPROX

* SPA NEEDS TO DRAINED APPROX 18" EVERY THREE MONTHS

* SPA WATER PH. IS AT ITS LOW=6.4
PH. AT ITS HIGH - 8.2

* CHEMICAL USED TO KILL BACTERIA

PLEASE GIVE ME A CALL AND I WOULD BE GLAD TO ANSWER ANY QUESTIONS

THANK YOU

Jetted Bathtubs
Inground & Portable Spas
Spa Repair & Service
10 Years Experience



JODY GLUNT
Owner

Custom Decks
Custom Installation
Covers
Chemicals

Mister Spas
Your Quality Spa Dealer
704/889-SPAS

616 N. Polk Street
Pineville, NC 28134

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28202

BATCH: 309
S-A-L E S C R E D I T

REF: 0001
CD TYPE: VISA
IND: 0502
DATE:

CUSTOMER COPY

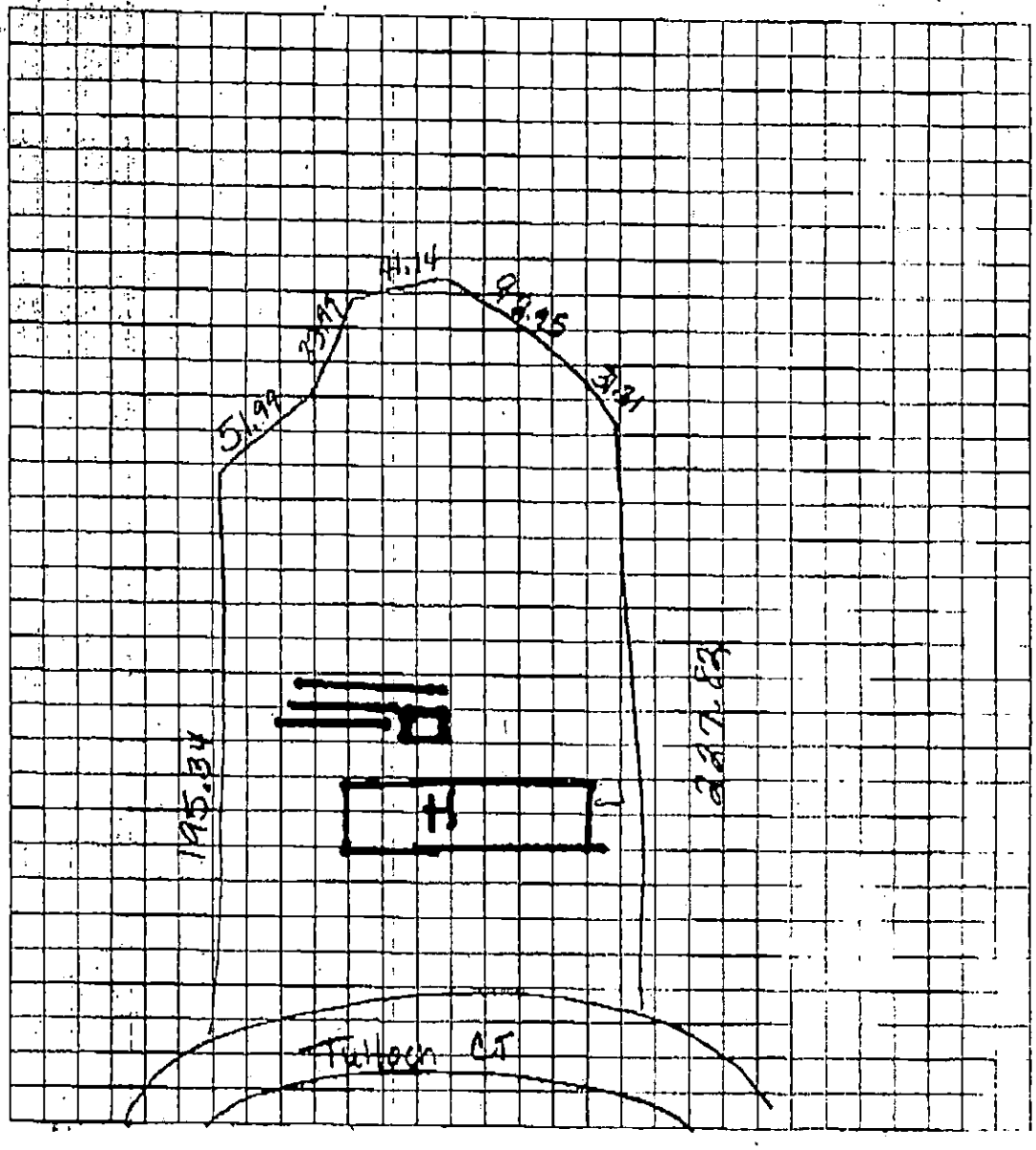
Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File # 2176
Date _____

COPY

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



* Owner/Agent Signature Walter Turner

* Date Sept-5-06

704-351-0000

□ TANK
▭ HOUSE
▬ Field

LBC 12/15/04

#1340

FEE: 100 cc TPP 01562A
DATE: 9/8/06
CRT'L: gc

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 01/06

FILE #: 217B

TYPE APPLICATION:
- ☐ 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: Bill & Debbie Danner
ADDRESS: 16800 Tulloch Rd
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 704-357-0000
ALTERNATE PHONE: 704-907-1205

JOB LOCATION INFORMATION
TAX/PARCEL #: 21723210
STREET ADDRESS: 16800 Tulloch Rd
CITY: Charlotte
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PAR
LOT #: 65

PROPERTY OWNER: Chris
NAME:
ADDRESS: Same
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:

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

WATER SUPPLY:
- ☐ MUNICIPAL (M)
- ☐ CO

RESIDENTIAL PROPERTY TYPE:
- ☒ HOUSE (H)
- ☐ MODULAR I
- ☐ SINGLE MOBILE HOME (S)
- ☐ OTHER (O)

DON'T RELEASE —

MUST SHOW DIMENSION ADDITIONS ON PLOT PLAN.

COMMERCIAL / INDUSTRIAL P/
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:

ADDITION TYPE ATTACHED TO
- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING
- ☐ 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.

Debbie Danner
Owner's/Agent's Signature

Sept 5 - 06
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 this 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 - VAUD 6 MONTHS FROM ISSUANCE

OK to construct.

Charles McDaniel 9-11-06
EHS Signature Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/07/06	**Amount:**	100.00
Receipt #:	45908	**Tendered:**	0.00
Check / Auth #:	VISA 01562A	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	DANCER DEBBIE
Attn:	
Address:	16800 TULLOCH ROAD
Address:	
City/State/Zip:	CHARLOTTE, NC 28278

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 16800 TULLOCH ROAD/FILE 217B		1	100.00	100.00

Outstanding Balances

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