

13923 MAPLE HOLLOW LN

19514168

8/26/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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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:
NAME: REEP (last) LLC (first) T (mi)
ADDRESS: 13923 Maple Hollow Lane PHONE: (704) 573-2936.
CITY CHARLOTTE STATE: NC ZIPCODE: 28227.

Date:

PROPERTY OWNER:
NAME: REEP - LLC (last) (first) T (mi)
ADDRESS: 13923 Maple Hollow PHONE: (704) 573-2936.
CITY CHARLOTTE STATE: NC ZIPCODE: 28227.

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 20536
STREET ADDRESS: 195.141.68
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (In acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) ADDING TO MASTER BED & BATH, NO NEW ROOMS.

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: 3 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: [signature] Date: 5-17-02.

NOTICE:

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 by this Department.

...This permit is not transferable.

... OK To Use Existing Systems for New addition

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

Joshua K. Sillers R.S. 05-16-02
Environmentalist Date

WATER : 122791

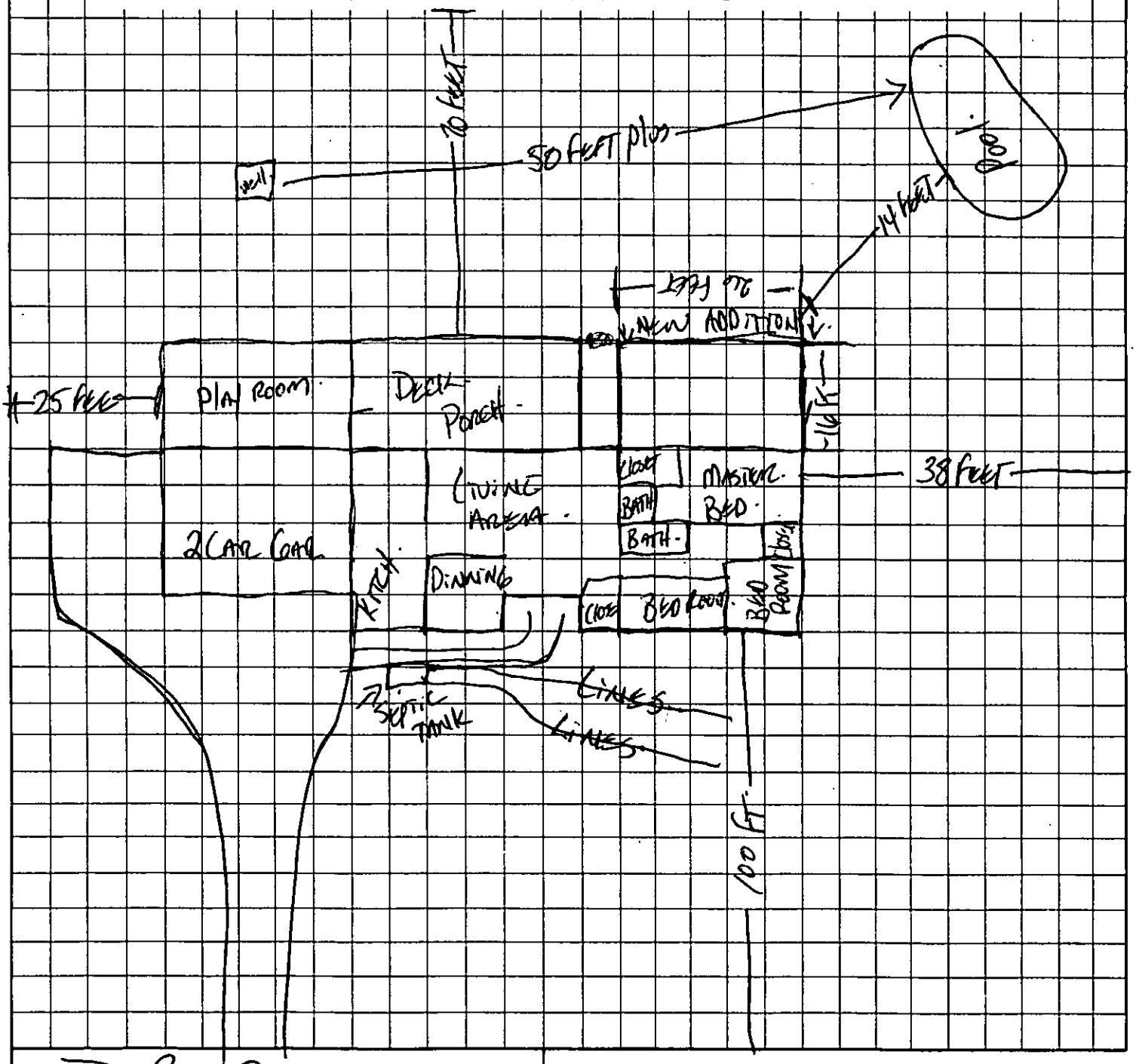
PROPOSED PLOT PLAN

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

FILE: 20536

TC: 195.141.68

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 5-17-02

APPROVAL DATE _____

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

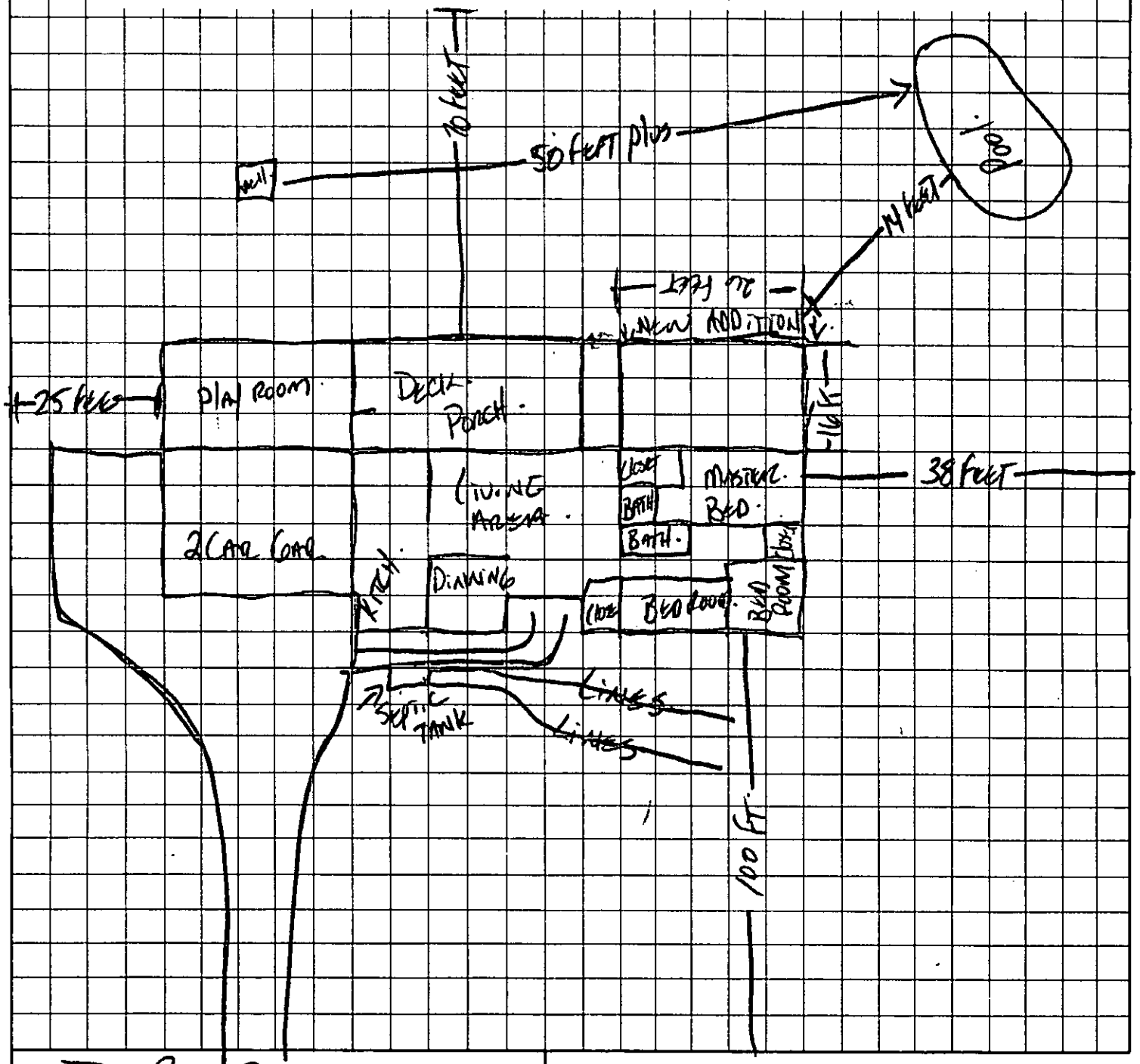
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OWNER/AGENT SIGNATURE

DATE 5-17-07

APPROVAL DATE _____

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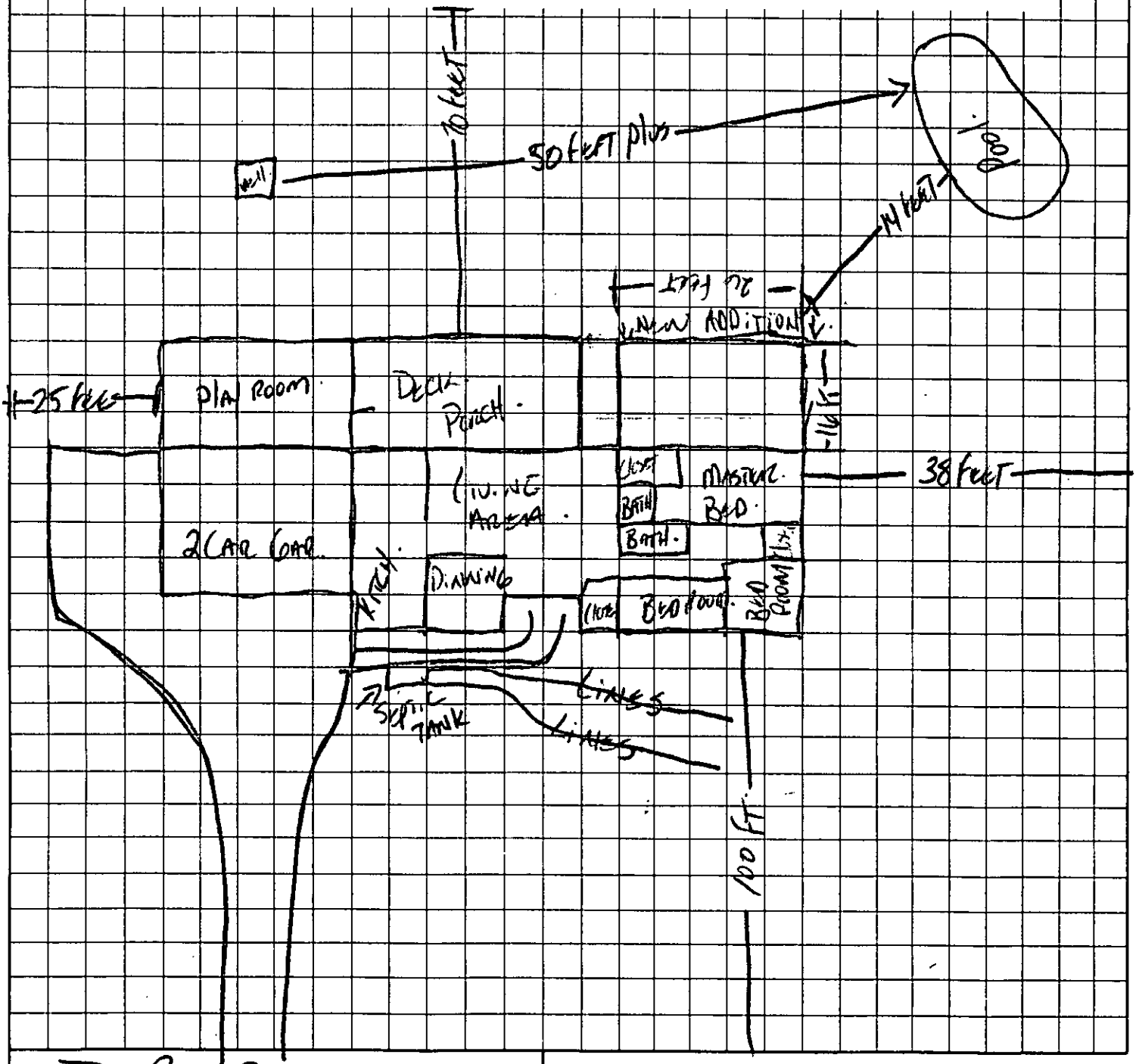
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TC: 175.141.68

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OWNER/AGENT SIGNATURE

DATE 5-17-07

APPROVAL DATE _____

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 50.00 Chk# 1538 4/27/98 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 20536

PERSON FILING APPLICATION:
NAME: Reed (last) Kyle (first) T (mi)
ADDRESS: 13923 Maple Hollow Ln PHONE: (704) 573-2936
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Reed (last) Kyle (first) T (mi)
ADDRESS: 13923 Maple Hollow PHONE: (704) 573-2936
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-141-04
STREET ADDRESS: 13923 Maple Hollow
ZONING: CN

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
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SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

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[redacted]
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[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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WATER SUPPLY (check one):
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Signed: [signature] Date: 4-27-98

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...This permit is not transferable.

...~~X~~ SEE COPY OF THIS FORM

USE EXISING SYSTEM.
~~4-28-98~~.

[] 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

[signature] 5-15-98
Environmentalist Date

DW

WATER : 122791

COPY

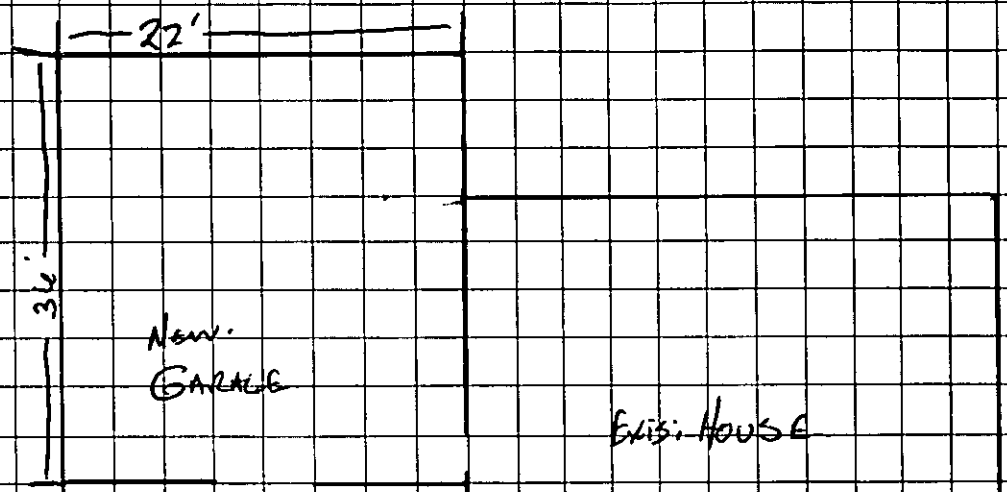
PROPOSED PLOT PLAN

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

FILE: 20536

TC: 195-14F-68

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R T Rump

OWNER/AGENT SIGNATURE

DATE 4-27-98

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50' CK# 1538 4/27/98

[] CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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(704)336-5102 20536

Date:

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NAME: Reed (last) Kyle (first) T (mi)
ADDRESS: 13923 Maple Hollow Ln PHONE: (704) 523-2936
CITY: Charlotte STATE: NC ZIPCODE: 28227

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Signed: T Reed Date: 4-27-98

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...4-25-98 OSU - SEPTIC TANK MAL-FUNCTIONING

@ END OF LINES AS SHOWN -
5-7-98 OSU W/ BOB McCARVER - LEVELED D-BOX
5-11-98 OSU NOP, AREA IS DRYING UP.
5-18-98 OSU NOP AREA DRIED UP
5-14-98 OSU MS REED PRESENT - AREA OK I WILL RELEASE -

[] 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 5-14-98 Date

DW

WATER : 12279

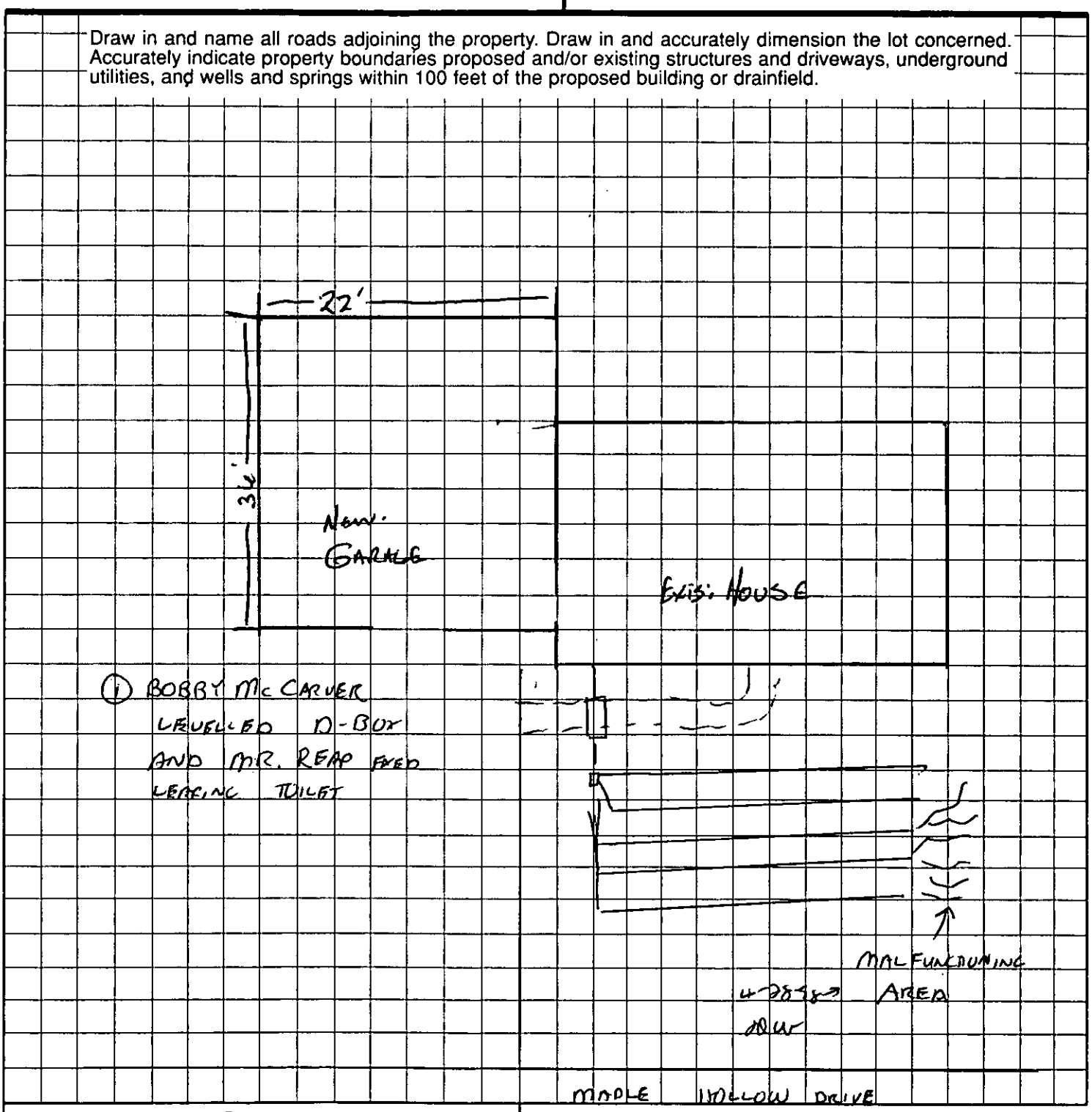
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OWNER/AGENT SIGNATURE

DATE 4-27-98

APPROVAL DATE 5-15-98

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