

6112 TROTTERS RIDGE RD

10929306

5/21/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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

(OFFICE USE ONLY)
FILE: 4491A
TC: 109-293-06
SERIAL: № 16034 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6112 TROTTERS RIDGE RD. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: RITA (FIRST) E. (MIDDLE) VANDIVER (LAST)
⑨ MAILING ADDRESS: 3015 WICKERSHAM RD.
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28211
⑬ PHONE: (WORK) — ⑭ (HOME) 366-1001

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 3 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: Rita E. Vandiver
Date: April 21, 1988

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 36 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.

SERVICE REQUEST/WORK ORDER

Emergency? Y N

Date: April 21, 1988

Hour: _____

Section: _____

Log No.: _____

REQUESTING PERSON: Rita Vardiver Tel. No. 366-1001

Address 3015 Wickersham Rd. City Charlotte Zip 8-5 28211

PROPERTY CONCERNED: Facility Name residence

Address 6112 Trotters Ridge Rd. City Char. Zip _____

SERVICE REQUESTED:

Check for needed repairs

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

SERVICE REQUEST/WORK ORDER

Emergency? Y N

Date: April 21, 1988

Hour: _____

Section: _____

Log No.: _____

REQUESTING PERSON: Rita Vandiver Tel. No. 366-1001

Address 3015 Wickersham Rd. City Charlotte Zip 28211

8-5

PROPERTY CONCERNED: Facility Name residence

Address 6112 Trotters Ridge Rd. City Char. Zip _____

SERVICE REQUESTED:

Check for needed repairs

ASSIGNED TO: _____ TAKEN BY: _____

DATE	ACTIVITY REPORT

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date