

MCCOY ROAD

12/19/2007

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

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: June 1, 1993

Ref: McCoy Road (File #959B)

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Robert Harris originally paid $170.00

for Pre-Preliminary Soil Investigation on April 12, 1993

.

A refund should be issued for this $170.00 because

the services were not rendered

.

Please make check payable to: Mr. Robert Harris

P. O. Box 913

Portsmouth, New Hampshire 03802

95-0188111 WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

170 , 910 DT [ ] 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: GOODWIN (last) JUDY (first) (mi)
ADDRESS: TOUCHBERRY & ASSOC 200 QUEENS RD PHONE: (704) 333 0171
CITY: CHARLOTTE STATE: NC ZIPCODE: 28204

Date: 6-29-92

PROPERTY OWNER:
NAME: HARRIS (last) LISA (first) (mi)
ADDRESS: PO BOX 913 PHONE: (207) 439 8304
CITY: PORTSMOUTH STATE: NH ZIPCODE: 03802

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 013 211 12
STREET ADDRESS: 11.28 AC McCOY RD (LONG CREEK AREA)
ZONING: R15

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: LOT SIZE (in acres): 11.28 ACRES

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)
[X] 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: ≯ 4 NUMBER OCCUPANTS: ≯ 6

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 [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: Lisa H. Harris Date: 1/20/93 Hc 7-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the [illegible] has approved the Request for the Job Location contained in this document. This [illegible] provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal 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.

...

SUANCE
HS FROM ISSUANCE
FROM ISSUANCE

Date

Date

Mr. Marlin -
This is the property we discussed some time ago. I have just received the check from the owner.
Thx!
Judy Goodwin

JUDY GOODWIN
VICE PRESIDENT

WWATER : 122791

Draiwdi referred
to Sir Harris
not going to
perform soil
investigation

W Pg 24.

9598/8831A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

FQ CM 4/12/93
170 1910 JY [] 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: GOODWIN JUDY (last) (first) (mi)
TOUCHBERRY + ASSOC
ADDRESS: 200 QUEENS RD PHONE: (704) 333 0171
CITY: CHARLOTTE STATE: NC ZIPCODE: 28204

Date: 6-29-92

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ADDRESS: PO BOX 913 PHONE: (207) 439 8304
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STREET ADDRESS: 11.28 AC McCoy RD
(LONG CREEK AREA)
ZONING: R15

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[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

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Signed: Lisa H. Harris Date: 1/20/93 ~~1-7-92~~

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 Date

WWATER : 122791

Mr. Marlin -

This is the property we discussed some time ago. I have just received the check from the owner. Thx!

Judy Goodwin

JUDY GOODWIN
VICE PRESIDENT

OFFICE: 704/553-9000
HOME: 704/366-0721
TOLL FREE: 1-800-326-0692
FAX: 704/556-7764

Touchberry
TOUCHBERRY & ASSOCIATES, REALTORS

6135 PARK SOUTH DR., STE. 200 • CHARLOTTE, NC 28210