

4918 FORESTMONT DR

22722210

6/22/2007

duponbj

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

Mecklenburg County
Health Department

SEPTEMBER 13, 1990

Basil G. Deltas, M.D., M.P.H.
Health Director

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $100.00

ORG/ACCOUNT # 462-3511

PAYABLE: GARLAND W. BREWER
5916 DAVIDSON DRIVE
MATTHEWS, N. C. 28105

DATE OF ORIGINAL DEPOSIT: 08/31/90

REASON: (FEE FOR IMP/PERMIT WITH SYSTEM MODIFICATION $125.00)
ABLE TO USE EXISTING SYSTEM WITHOUT MODIFICATION. (FEE $25.00)

/Enclosures

Mecklenburg County
Health Department

September 12, 1990

MEMORANDUM

TO: Lorraine Whittaker

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

Please issue a refund in the amount $100.00 for an Application for Improvement Permit at 4918 Foresmont Drive, Matthews, NC file No. 7025A. The property owner originally paid for a septic system addition which has been reclassified as "use existing system." Please make the refund payable to:

Garland W. Brewer
5916 Davidson Drive
Matthews, NC 28105

Thank you for your prompt attention to this matter.

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

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: 7225A
TC: _____
SERIAL: Nº 21078 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 4918 (STREET NO.) Forestmont (STREET) Dr. (Matthews, N.C. ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 227-222-94
⑤ SUBDIVISION: _____ ⑥ LOT: 94 ⑦ BLOCK: _____

OWNER

⑧ NAME: Darland (FIRST) Westley (MIDDLE) Brewer (LAST)
⑨ MAILING ADDRESS: 5916 Davidson Dr.
⑩ CITY: Matthews ⑪ STATE: N.C ⑫ ZIP: 28105
⑬ PHONE: (WORK) 821-7530 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ ~~Repair~~ or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) addition to tank size's use existing system

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type? _____
㉓ Maximum occupancy? 1
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: Darland W Brewer
Date: 8-31-90

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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-31-90

Name/Company: Cleveland Westley Brewer

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Emp Permit
(adding new lines)
4918 Foxmoor Dr.
Fire # 7025A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 31 1990

Fee: $ 125.00 CCA $125.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)

FILE: 02514

TC: _____

SERIAL: NE 2178

☑ L ☐ CRT

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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? 1

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no

㉗ Maximum number of seats? _____

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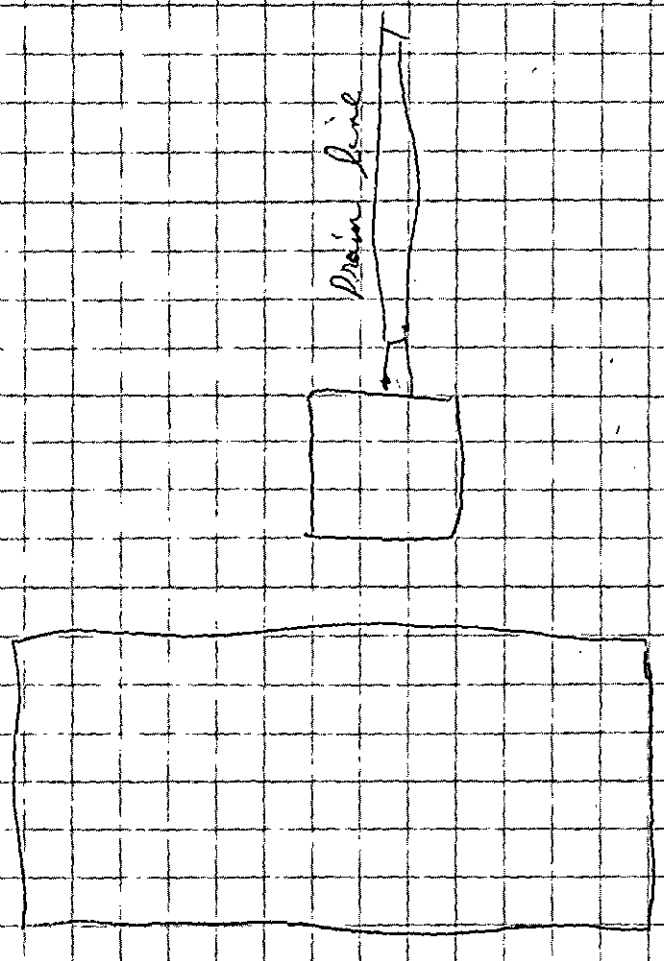
PROPOSED PLOT PLAN

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

FILE: 7025A

TC: 227-222-94

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

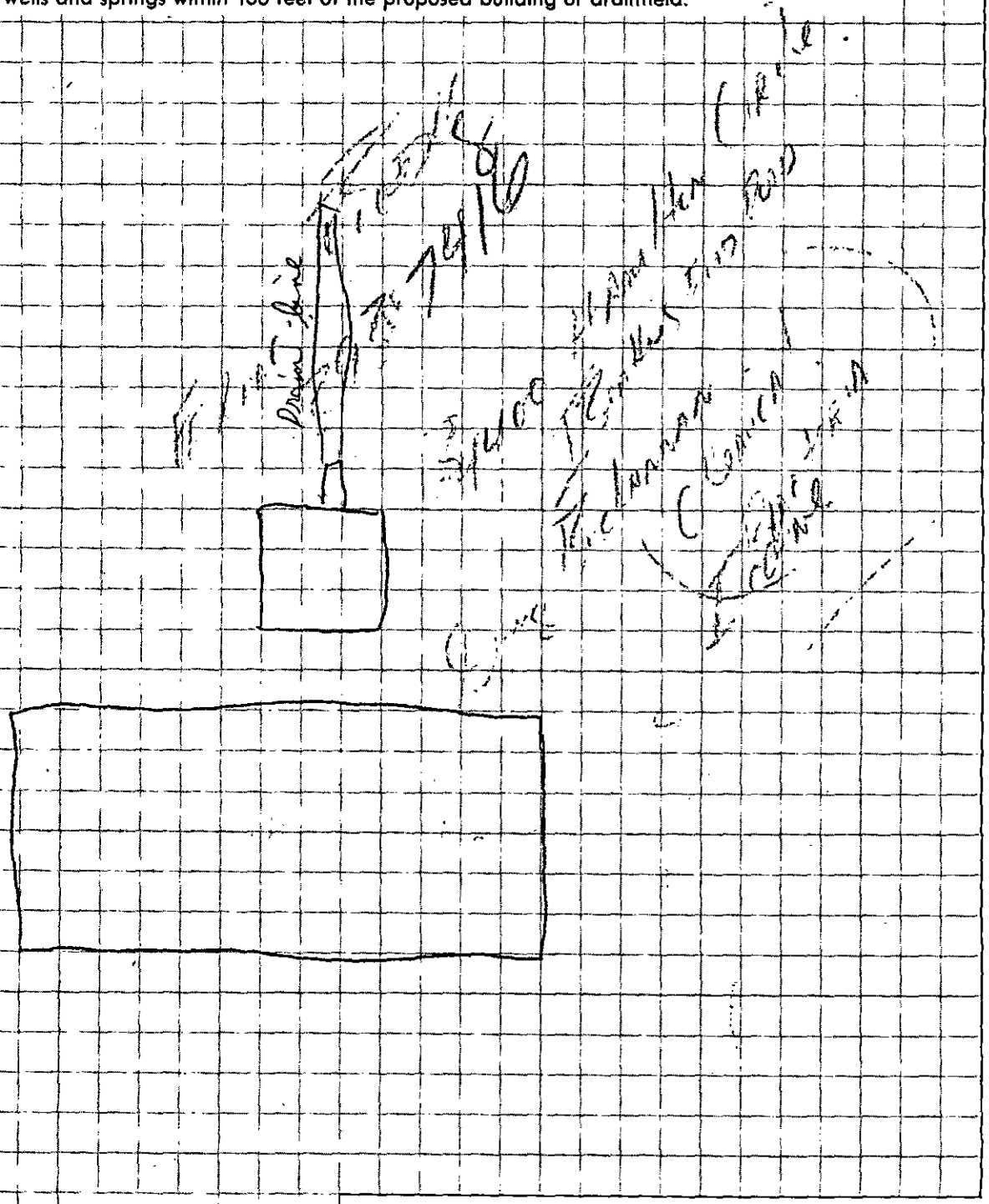
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