


12900 ALEXANDERANA RD

01915140

5/23/2007

duponbj

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

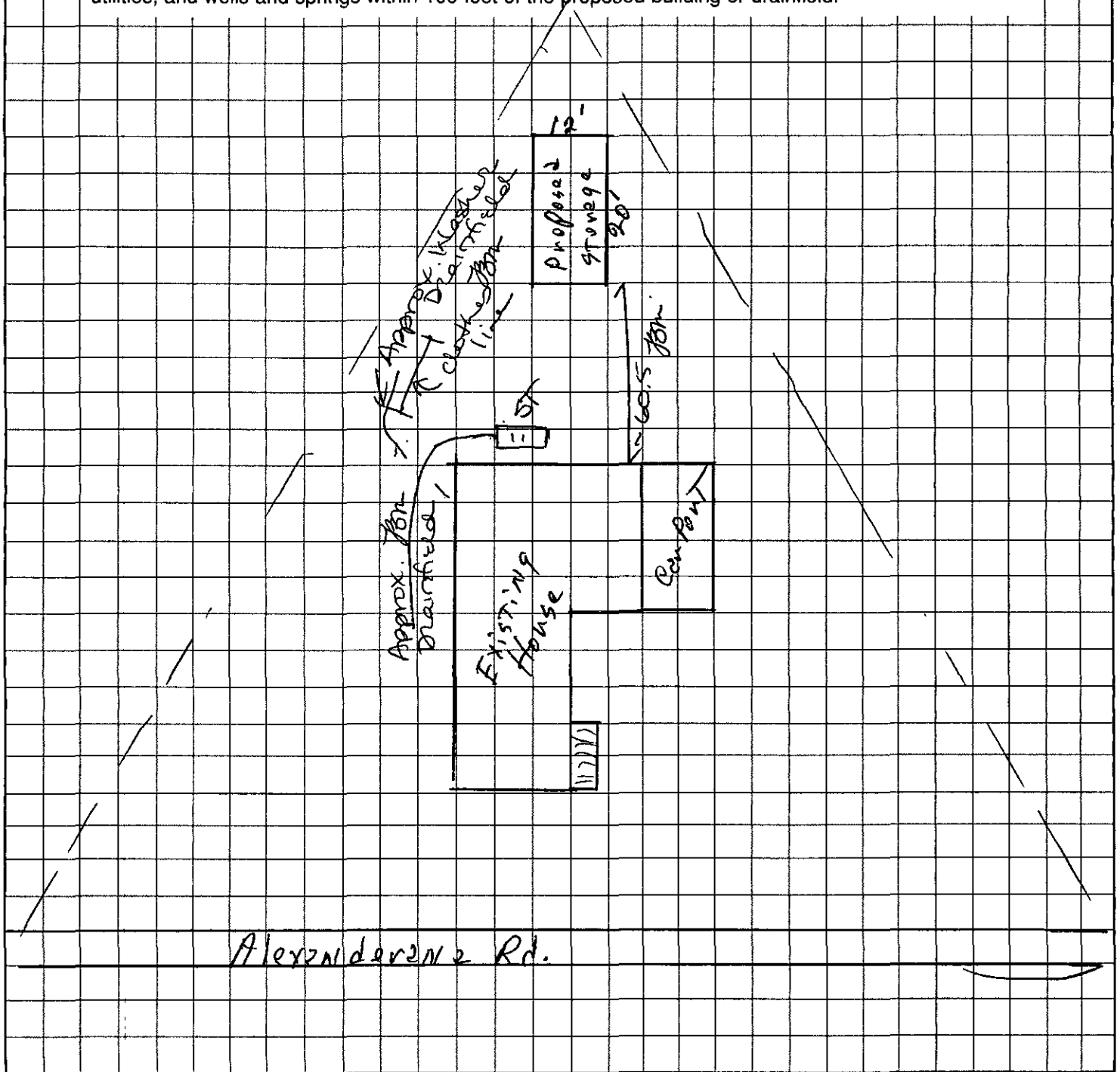
# PROPOSED PLOT PLAN

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

FILE: 4794A

TC: 019-141-01

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 9/19/95 jbm

OWNER/AGENT SIGNATURE Robert B. Dejan

DATE 9-19-95

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

9/13/95

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

47944 — $50.00 — CK

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: Dixon (last) Robert (first) B. (mi)

ADDRESS: 12900 Alexanderana Rd. PHONE: (704) 875-6830

CITY: Huntersville STATE: N.C. ZIPCODE: 28078

Date:

**PROPERTY OWNER:**

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 019-141-01

STREET ADDRESS: 12900 Alexanderana Rd. Huntersville, N.C. 28078

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

**TYPE APPLICATION (check one):**

- ☐ SOIL TEST - INDIVIDUAL LOT (D)
- ☐ NEW CONSTRUCTION ON VACANT LOT - 6 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)
- ☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) storage Building
- ☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
- ☐ REPAIR TO SYSTEM (R)

**RESIDENTIAL PROPERTY (Type Building, check one):**

- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
- ☐ Municipal (M)
- ☒ Private Well (P)
- ☐ Shared Well (S)
- ☐ Other 'spring' (O)

**FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):**

- ☐ Swimming Pool
- ☐ Garage
- ☐ Jacuzzi
- ☐ Storage Building
- ☐ Stable/Barn
- ☐ Deck/Patio
- ☐ Workshop
- ☐ Bedrooms
- ☐ None
- ☐ 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: Robert B. Dixon Date: 9-13-95

**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.

...9/19/95 use existing septic for storage building - No plumbing Jba

- ☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- ☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- ☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE storage Building

Jba B. Mialik, RS 9/19/95
Environmentalist Date

A Bateman for David Thorpe 9-20-95
Director or Authorized Section Head Date

WATER 12791

* ALEXANDERANA

7/21/88 PA 20 - ck# 19 JR

# 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: 4794A
TC: _____
SERIAL: № 16609 ☐ L ☑ CRT

**JOB LOCATION**

① ADDRESS: 12900 (STREET NO.) Alexandriana Rd. (STREET) Huntersville N.C. ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 019-141-01
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

**OWNER**

⑧ NAME: Robert (FIRST) B. (MIDDLE) Dixon (LAST)
⑨ MAILING ADDRESS: 12900 Alexandriana Rd.
⑩ CITY: Huntersville, ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) _____ ⑭ (HOME) 875-6820

**REQUEST**

This request is for a(n):

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

**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? 2 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: Robert B. Dixon
Date: 7-21-88

## 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. use existing septic

Environmentalist: Harold Johnson 7/22/88 (Date)

Director or Authorized Section Head: [signature] 7/25/88 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

# PROPOSED PLOT PLAN

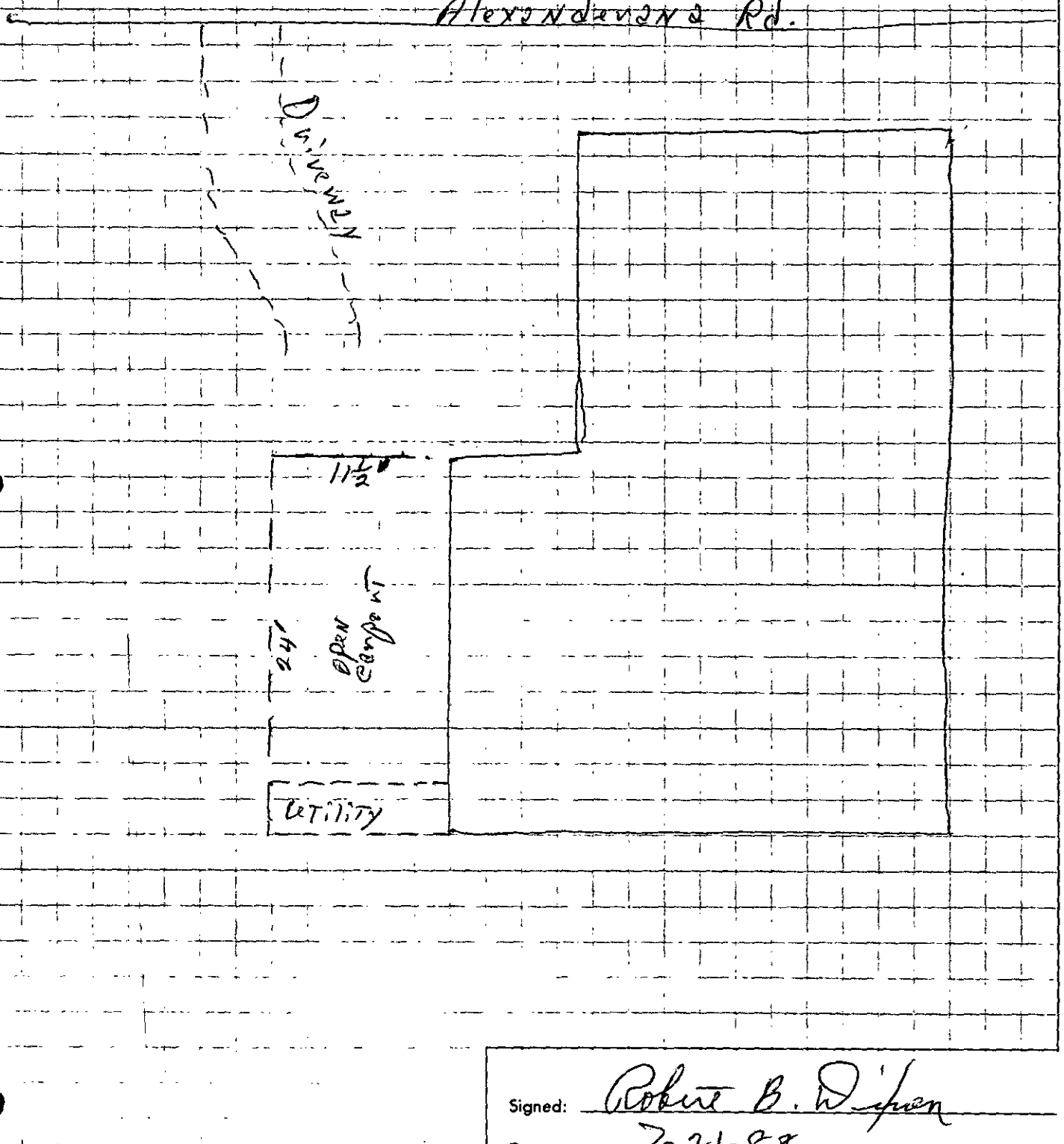
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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Signed: Robert B. Dickson

Date: 7-21-88