

1832 GARIBALDI AV

06707136

12/21/2007

duponbj

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

FEE: NA

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

DKCP

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 067-07I-36 14928

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 1832 Garibaldi Ave

TAX/PARCEL NUMBER: 067-07I-36

STREET ADDRESS: 1832 Garibaldi Ave, Charlotte

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 21

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
X 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PR

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) __ SHARED WELL (S) LL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEA

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO ?

✓ NO
✓ NO

PROPERTY OWNER: BLE:

NAME: TURNER, JOSEPH EARL
(LAST) (FIRST) (MI)

ADDRESS: 820 Manhasset Road

CITY: Charlotte STATE: N.C. ZIP: 28209

DAYTIME PHONE: 704 523-8225

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECOR

An Improvement Permit is subject to suspension or revocation if s submitted in this application is falsified or changed. The undersigned, owner, o d above as the "Job Location" has read the foregoing application, acknowledges t nts of the Mecklenburg County Health Department to enter onto the propert

SIGNED: Joseph Earl Turner

7-10-96
Met with property owner onsite. We disussed a repair of 300' for a 2 bedroom or Connection to sewer. I explained the costs. Mr. Turner requests sewer and to initially repair line that Duke Power broke and see if CMUD connection is later needed.

Pipe was repaired on 8/19/96. JNB

I will re-visit periodically.

8/9/96

MECKLENBURG COUNT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102