

8732 DIXIE RIVER RD

14115216

12/26/2007

duponbj

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

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

Date: October 31, 1996

Ref: 8732 Dixie River Rd./File #1625B

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Dorothy Kirkpatrick originally paid $50.00 for a septic inspection to use the existing system on October 29, 1996.

A refund should be issued for $50.00 because The client decided not to proceed with her plans to replace the house with a trailer at this time.

Please make check payable to: Dorothy Watt Kirkpatrick
1028 White Plains Road
Charlotte, NC 28213

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1625B

PD 20.00 CK 7432 10/29/96 GC [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall "CFF", Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:
NAME: Kirkpatrick (last) Dawn (first) Watt (mi)
ADDRESS: 1628 White Pkwds Rd PHONE: 704 597-8747
CITY: Charlotte, N.C. STATE: N.C. ZIPCODE: 28213

Date: 10/29/96

PROPERTY OWNER:
NAME: Watt (last) James (first) Edward (mi)
ADDRESS: 8732 Dixie River Rd PHONE: 704 392-9093
CITY: Charlotte STATE: NC. ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 141-132-16
STREET ADDRESS: 8732 Dixie River Rd
ZONING:

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:

LOT NUMBER: LOT SIZE (in acres): 1 acre

TYPE APPLICATION (check one):
[redacted] WWS to Replace [redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees _____
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___

Owner to retain Refund Due

SUPPLY (check one):
Community (C) [ ] Shared Well (S)
Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE
[ ] Swimming Pool [ ] Jacuzzi [ ]
[ ] Garage [ ] Storage Building [ ]

[ ] None
[ ] Other

The undersigned, owner, or legal agent for the [illegible] above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and [illegible] agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Dawn W Kirkpatrick Date: 10/29/96

NOTICE:

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 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

WATER 12270

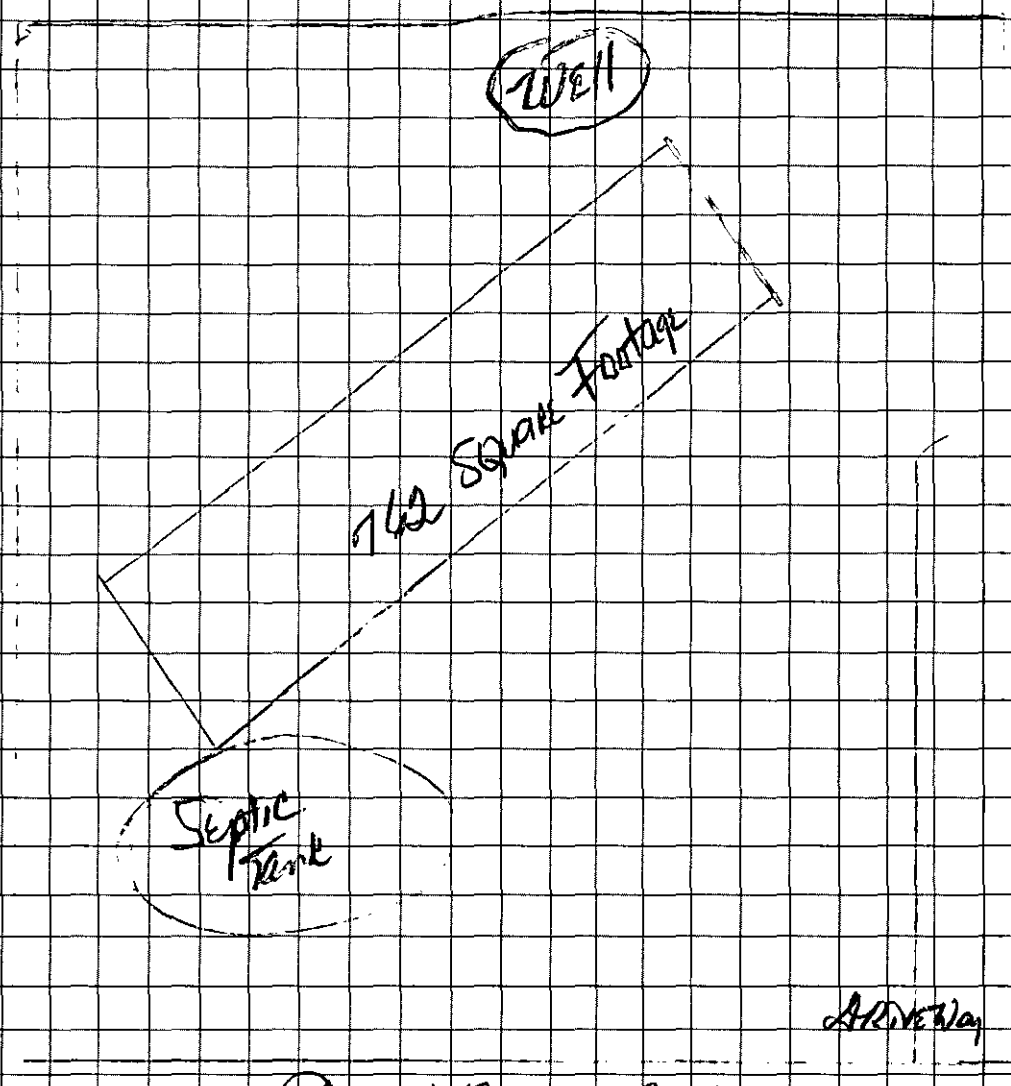
PROPOSED PLOT PLAN

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

FILE: 1625B

TC: 141-1526

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.



OWNER/AGENT SIGNATURE Dorothy Kirkpatrick

DATE 10/7/96

APPROVAL DATE _____

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

1625B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 Ck# 7932 10/29/96 JC

[] 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: Kirkpatrick (last) Darby (first) Watt (mi)

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CITY: Charlotte, N.C. STATE: N.C. ZIPCODE: 28213

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[redacted] MHS to Replace home w/ Trailer

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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)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] 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: Darby W Kirkpatrick Date: 10/29/96

NOTICE:

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Environmentalist Date

WATER : 122791

COPY

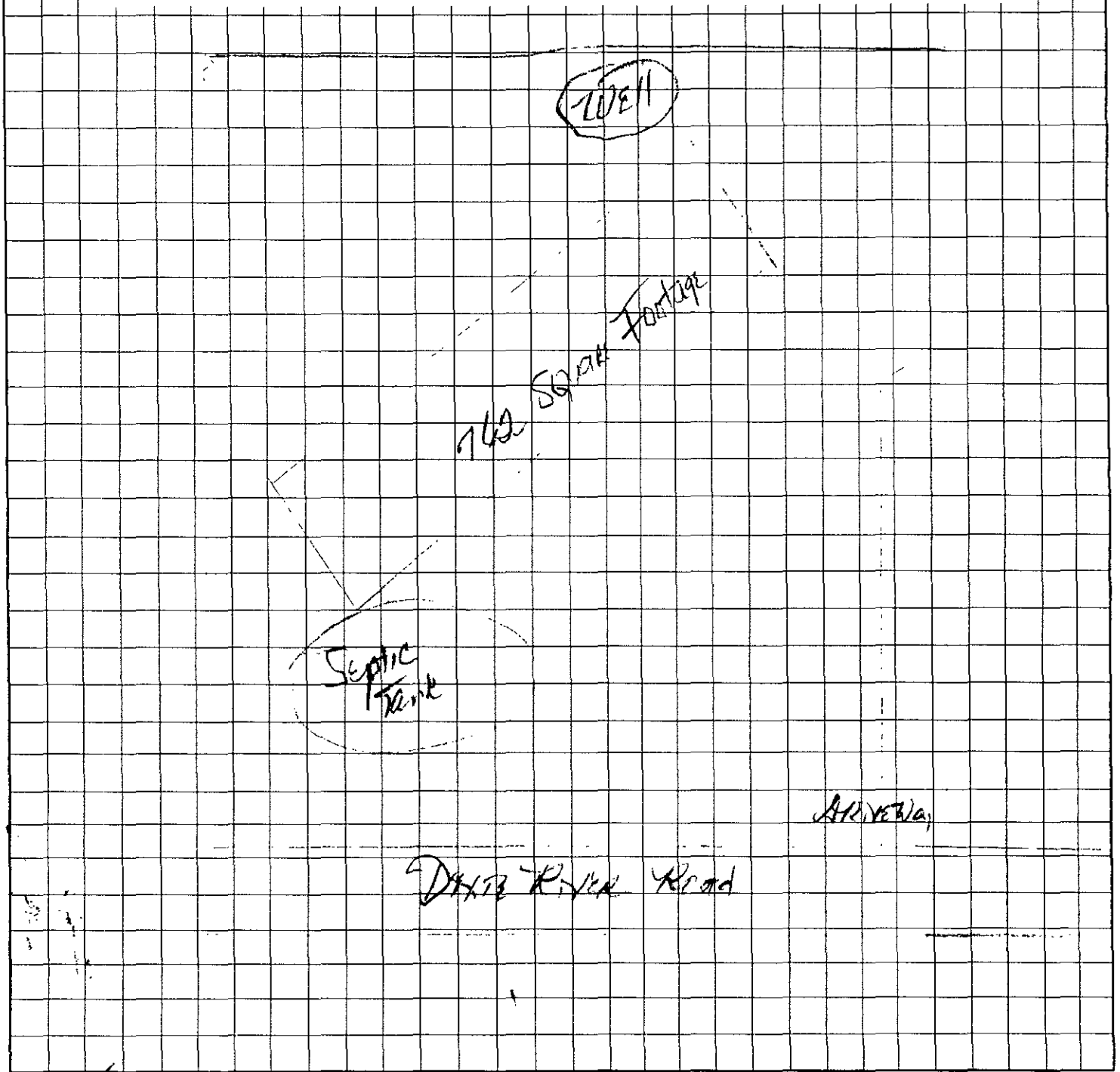
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OWNER/AGENT SIGNATURE Dorothy Kirkpatrick

DATE 10/27/96

APPROVAL DATE _____

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