

12812 BAIN SCHOOL RD

19702158

6/6/2007

duponbj

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

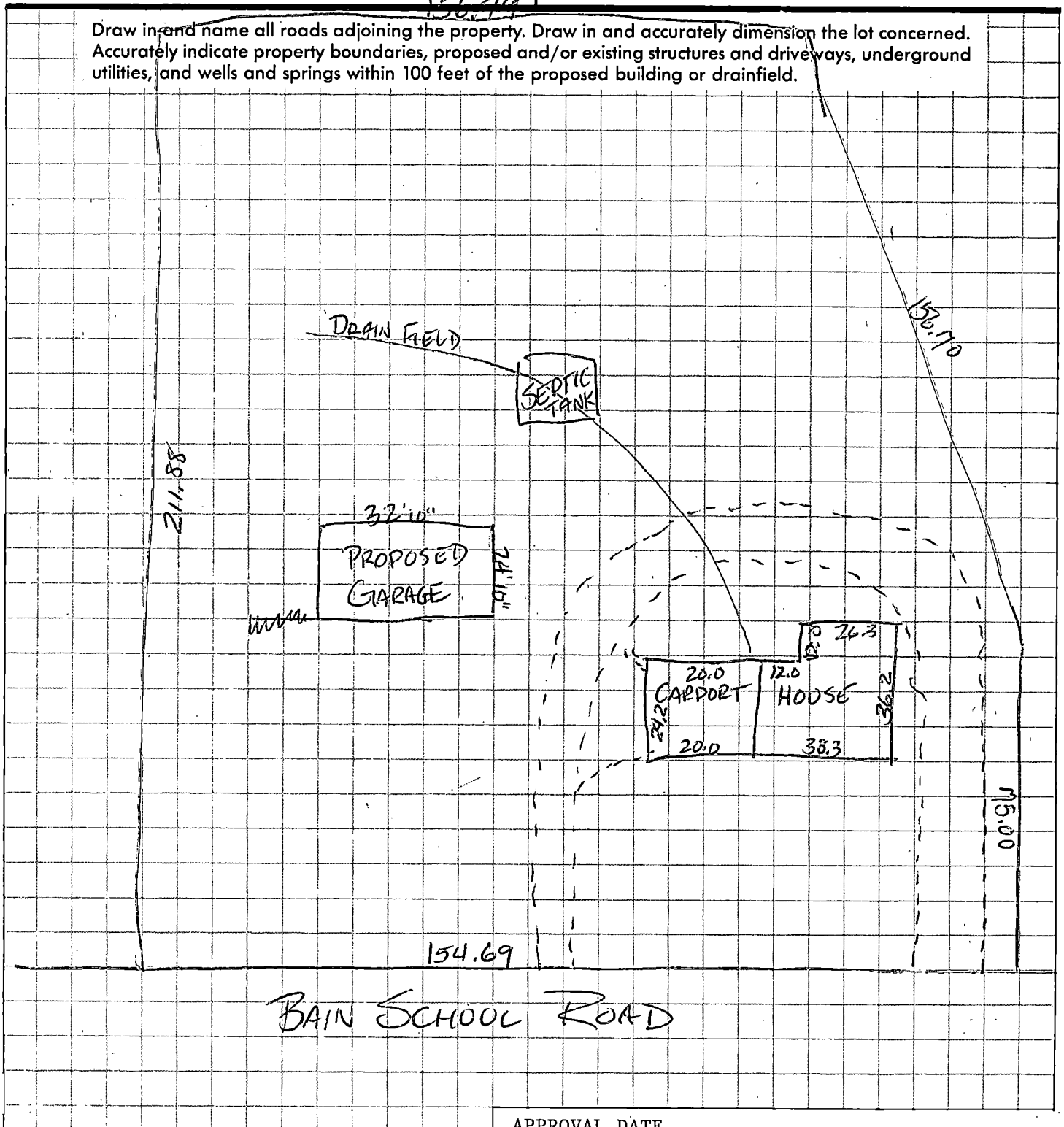
PROPOSED PLOT PLAN

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

FILE: S888A

TC: 197-021-58

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

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: 5888A
TC: 197-02-58
SERIAL: № 18312
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12812 (STREET NO.) BAIN SCHOOL ROAD (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: STANLEY (FIRST) EARL (MIDDLE) GOFORTH (LAST)
⑨ MAILING ADDRESS: 12812 BAIN SCHOOL ROAD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 545-7429 ⑭ (HOME) 545-4584

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) GARAGE 32'x 24'

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? 4 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 th ECKLENBURG COUNTY HEALTH DEPARTMENT to enter o ne property for the purpose of processing this request.

Signed: Mrs. Stanley E. Goforth
Date: 5/17/90

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: 5/17/90

Name/Company: Stanley Dafforth

Representative: Denise Dafforth

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp - add'l SFRA

ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 17 1990

Fee: $ 25.00

Check 2137
$25.00

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

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: ~~5796~~ A5888A

TC: _____

SERIAL: No 18795 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 12812 BAIN SCHOOL ROAD (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 197-021-11

⑤ SUBDIVISION: PROP. OF GENE C. GRIFFIN ⑥ LOT: 2 ⑦ BLOCK: —

OWNER

⑧ NAME: STANLEY & DENISE GOFORTH (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 12812 BAIN SCHOOL RD.

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 545-7429 ⑭ (HOME) 545-4584

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⑱ ☐ Other (specify) EXTEND PORCH FOUND.

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㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2

㉕ Type? _____

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Signed: Gene C. Griffin

Date: 7-3-89

IMPROVEMENT PERMIT

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... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing system

B. R. Ferguson (Environmentalist) 7-10-89 (Date)

Director or Authorized Section Head 7-10-89 (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 7/3/89

Name/Company J. Gene Griffin

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Addition. D P.
12812 Bam School Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 3 1989

File # 5796A

Cash $25.00

Fee: $ 25.00

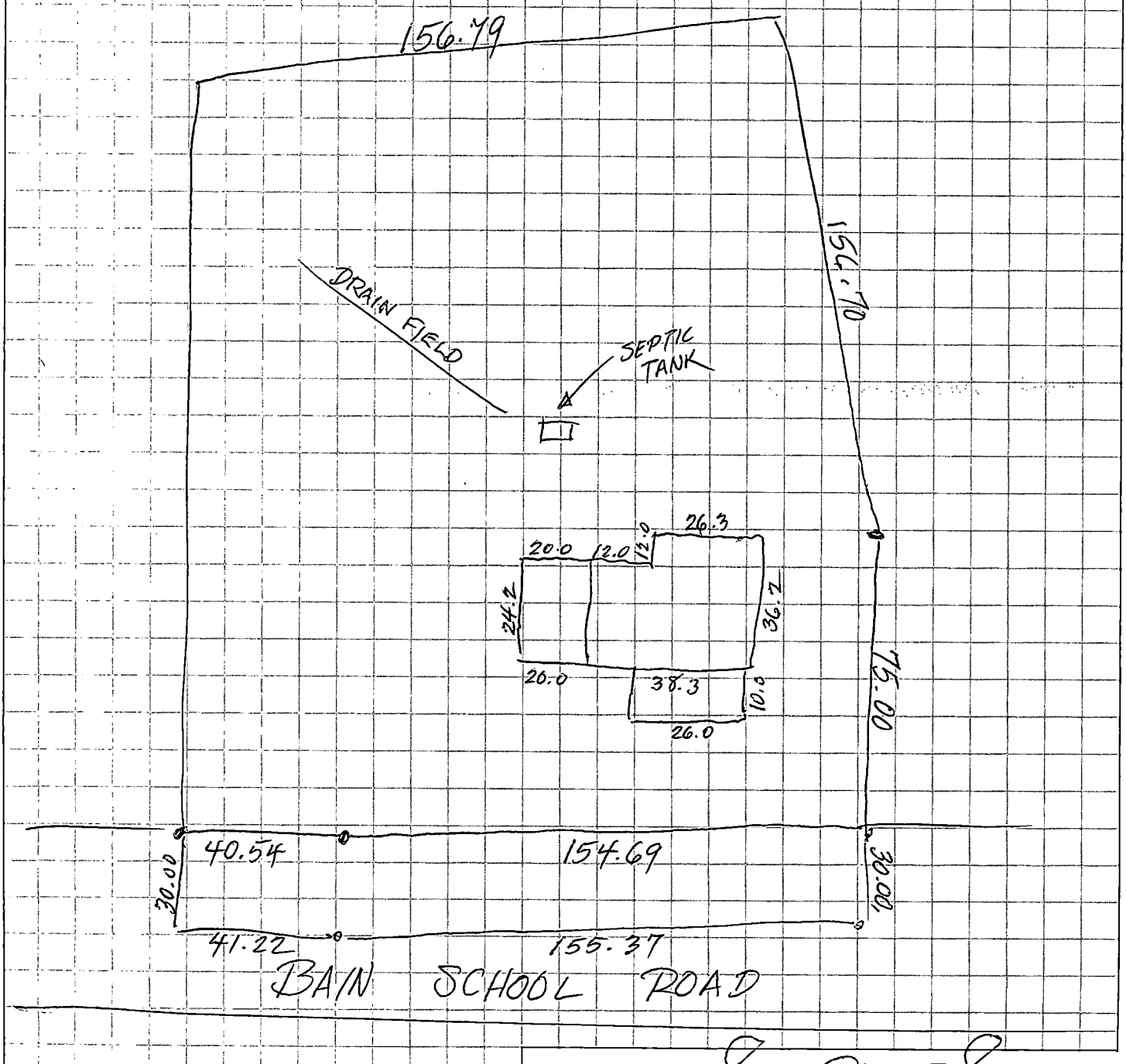
PROPOSED PLOT PLAN

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CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~4796A~~ 5888A

TC: _____

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Signed: Gene C. Griffin

Date: 7-3-89