

9600 PEMBROKE RD

01525209

5/21/08

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Groundwater and Wastewater Services File Imaging Project
May 2007
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PD 40 to chk 4903 3/18/96 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3640

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Ward (last) Michael (first) W (mi)
ADDRESS: 4600 Perkins Rd PHONE: (704) 596-6699
CITY: Charlotte STATE: NC ZIPCODE: 28269

Date: 3-18-96

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-252-09
STREET ADDRESS: 9600 Pembroke Rd
ZONING:

PROPERTY OWNER:
NAME: Burgess (last) Billy (first) G (mi)
ADDRESS: 9600 Pembroke Rd PHONE: (704) 399-4028
CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres): 1 AC.

TYPE APPLICATION (check one):

[redacted] INDIVIDUAL LOT [redacted]
[redacted] OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted] DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) extend Bedrm + Garage
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

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)
[✓] 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: Michael Ward Date: 3-18-96

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.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[✓] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Lisa B. Mialik, RS 3/27/96
Environmentalist Date

Statement for Daniel Ingram Chief 3-28-96
Director or Authorized Section Head Date

3/19 M from Mr Ward.
3/19 PC w/Mr Ward - addition Stated.
3/20 OSV. No one home. Need S.T. uncovered - not consistently poured concrete
3/27 OSV. Mr. Ward + Mrs. Billy Burgess present. S.T. uncovered. Plywood had been laid over portion of S.T. covering concrete
Per Mr Burgess - had Claudius Morrison replace 3 of the 5 slab lids to the S.T. last summer. Per walk-through of house 4 bedrooms downstairs - Per Burgess - upstairs rooms used for storage.

WATER : 122791

3/27/96 USE existing septic to enlarge existing den + existing bedroom. No change in sewage flow

Application for repair permit done in past this indicates this is a 4 bdrm home

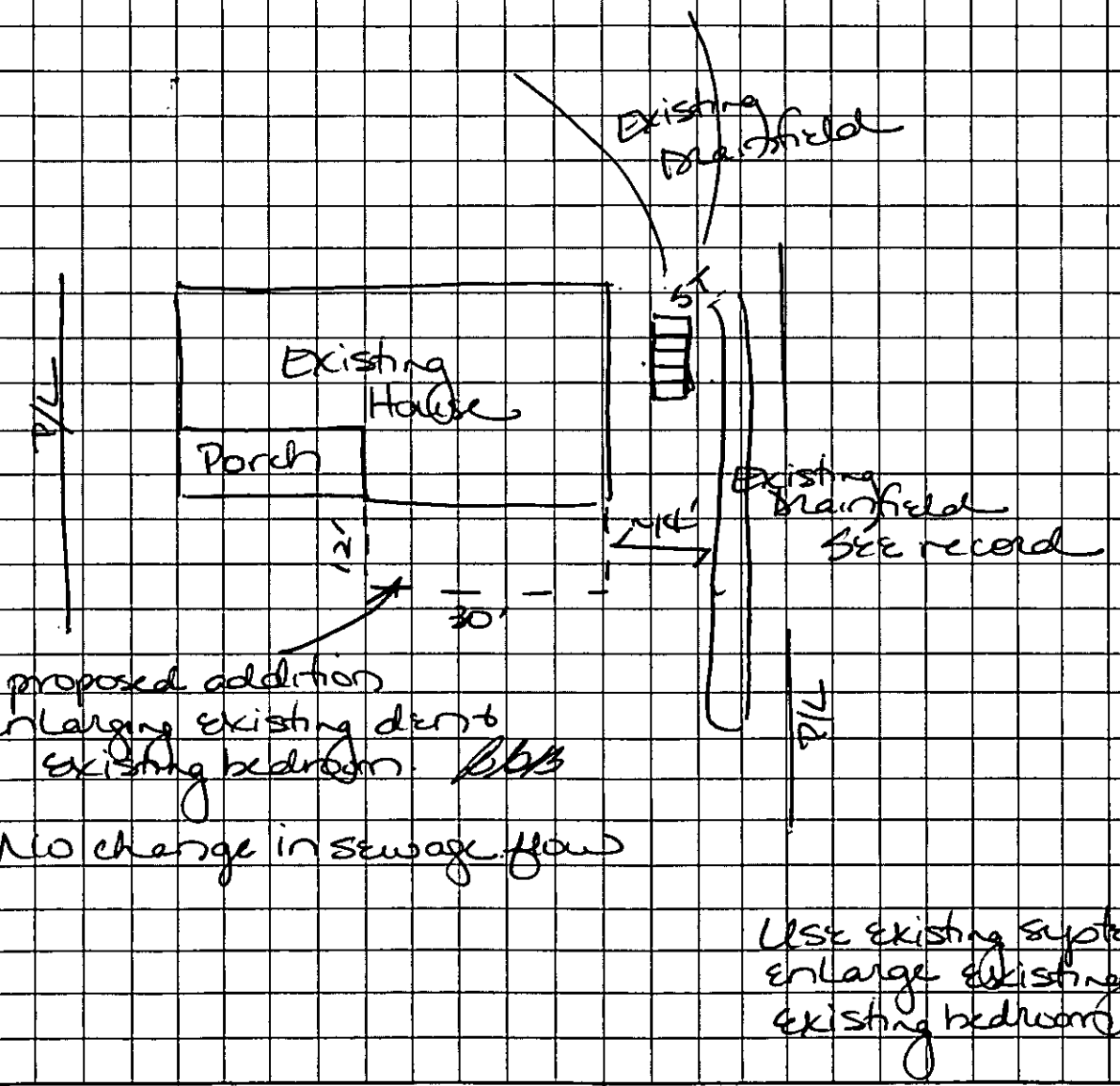
PROPOSED PLOT PLAN

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

FILE: 3040

TC: 015-252-09

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.



Billy D. Burgess
OWNER/AGENT SIGNATURE

DATE 3-27-96

APPROVAL DATE 3/27/96 Rebecca Midkiff

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

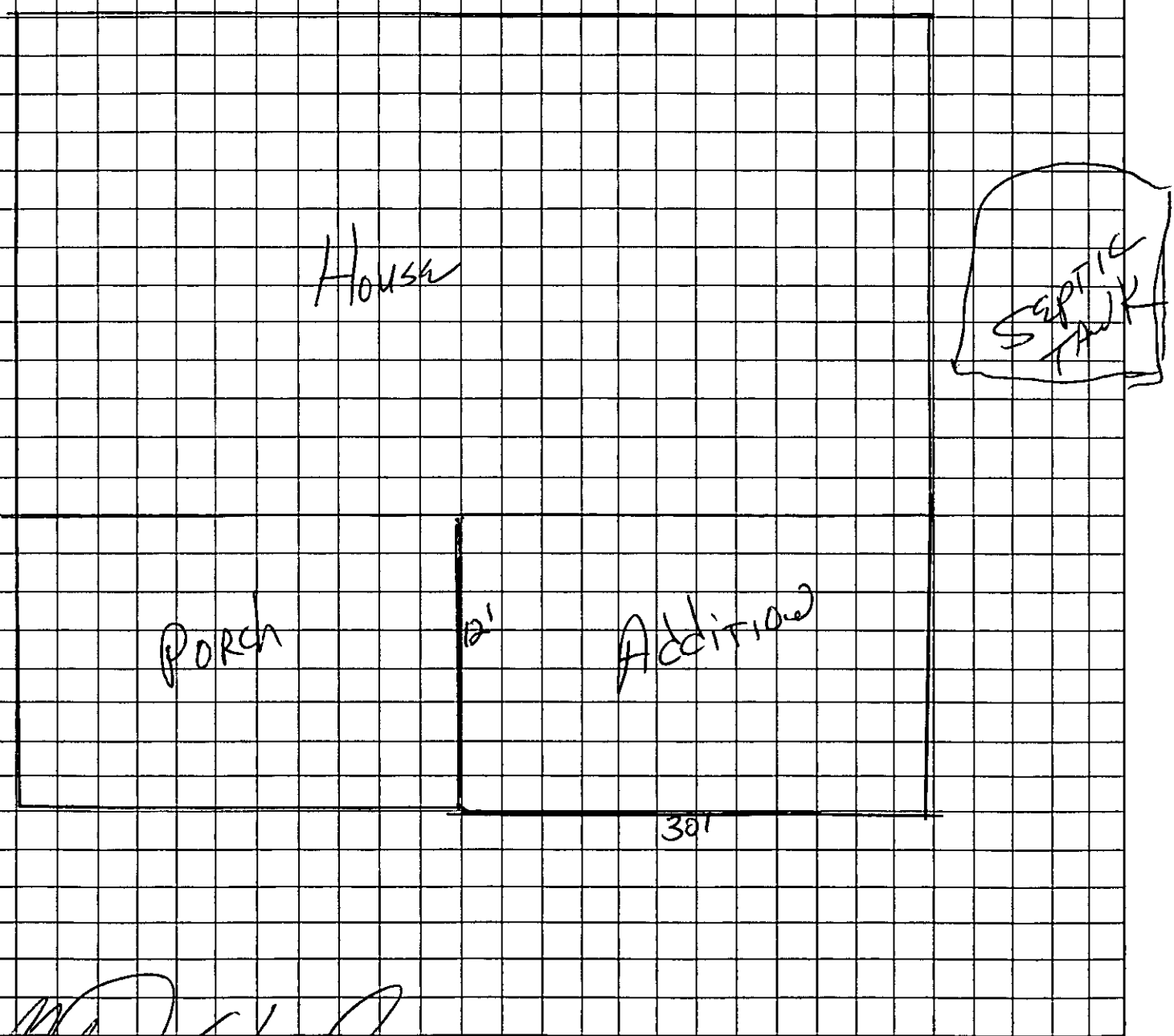
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