


6329 LAKE RD

13709915

6/23/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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 11422

Date: 2-13-01

PERSON FILING APPLICATION:

NAME: Carmichael Dixy (last) (first) 57286 (mi)

ADDRESS: 6313 Lake Rd PHONE: 704 545 1531

CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 137-099-15

STREET ADDRESS: 6329 Lake Rd

Charlotte

ZONING:

PROPERTY OWNER:

NAME: Scott Wellach (last) (first) (mi)

ADDRESS: 6329 Lake Rd PHONE: 704 545 3857

CITY: Charlotte STATE: NC ZIPCODE: 28227

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]

[redacted] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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

[redacted]

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

NUMBER BEDROOMS: 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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[X] 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: [signature] Date: 2-13-01

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.

...2-14-01 OR TO USE EXISTING SYSTEM.

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

[signature] 2-14-01
Environmentalist Date

WATER : 122791

# MECKLENBURG COUNTY
# ENGINEERING & BUILDING STANDARDS DEPARTMENT

## Miscellaneous Fees

| Requestor (Please print): T Doug Cauthen | Phone #: | Date Requested: 2/13/01 | Date Filled: 2/13/01 |
|---|---|---|---|
| Account Name: Doug Cauthen Const. Co. Inc ☐ Cash ☒ Charge | | Account No.: | B97516 |
| I certify that I am authorized to charge this account for this service. | | | |
| Signature: | Printed Name: Doug Cauthen | | Date: 2/13/01 |

**Fee or Charge**

| T.C. | Qty. | Type | Unit Cost | Total Cost |
|---|---|---|---|---|
| 021 | | Single Lot Grading Permit (Please list address below) | | |
| 112 | | Zoning Board of Adjustment<br>☐ Residential Variance Request ☐ Commercial Variance Request<br>☐ Residential Interpretation ☐ Commercial Interpretation | | |
| 113 | | Zoning Citation(s) # _____ | | |
| | | ☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free) | $10.00 ea. | |
| 119 | | Change of Contractor* | $10.00 ea. | |
| 121 | | Letters of Certification/Verification | $10.00 ea. | |
| 122 | | Monthly Statistical Reports | $10.00 ea. | |
| 124 | | Research & Retrieval of Documents | | |
| 125 | | Temporary Utilities/Occupancy* | $30.00/insp. | |
| | | Local License Card/Exam<br>☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical | | |
| | | Development Activities Plan Review<br>☐ 002: Commercial Drainage ☐ 005: Erosion Control<br>☐ 016: Subdivision ☐ 006: Final Plat Review | | |
| 425 | | City of Charlotte Fire - Plan Review | | |
| | | Map Sales | | |
| 705 | 1 | Other: v. Election - 1.1/5 | 100 | 100 |
| | | Other: | | |
| Payment received by: Sharon Clines | | Date: 2/13/01 By: JC | Total: | 100 |

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

| | | |
|---|---|---|
| Lic # 11422 | | |
| 6329 Tuckaseegee Rd | | |
| | | |

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

# PROPOSED PLOT PLAN

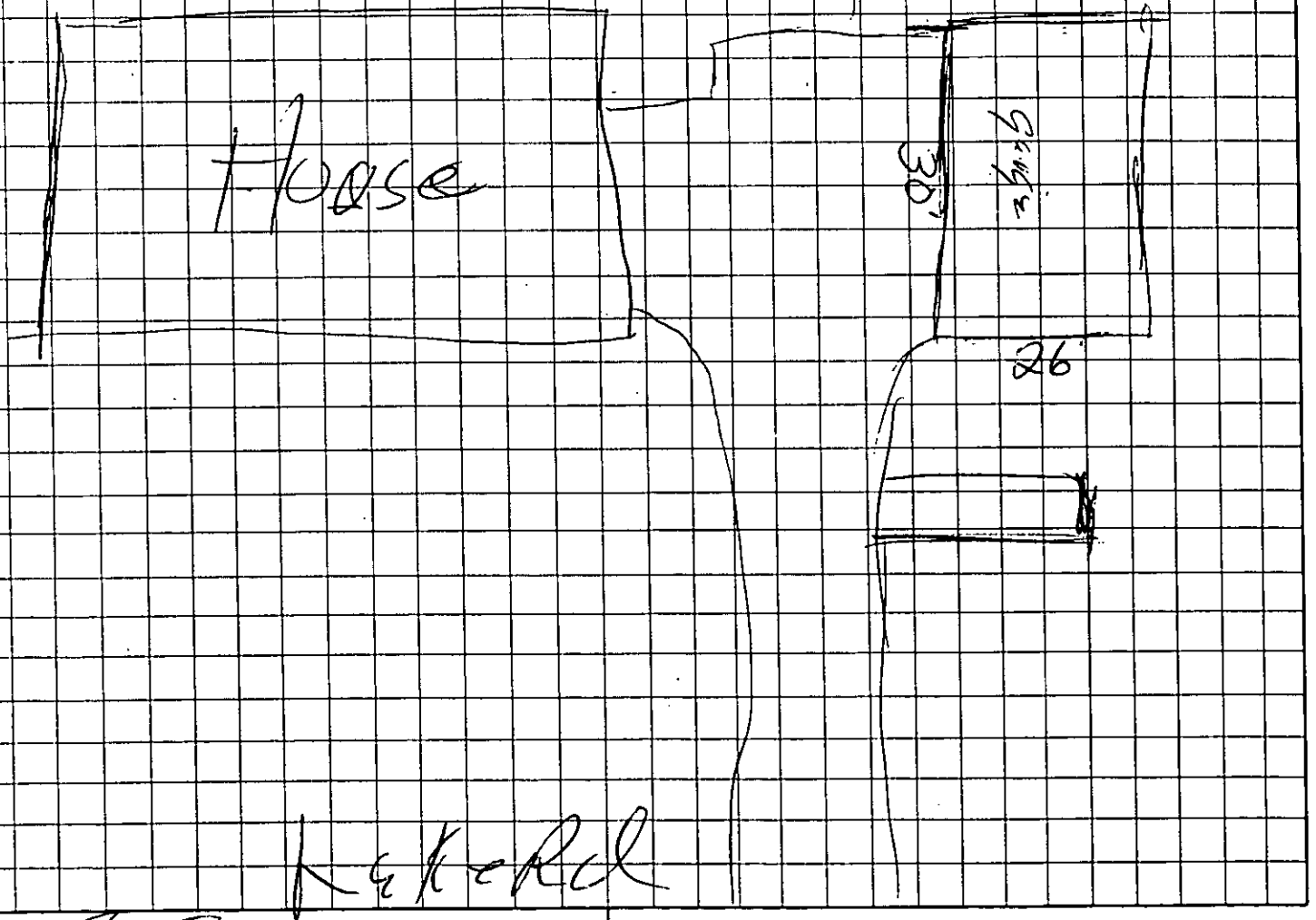
COPY

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

FILE: 11422

TC: 137-079-15

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

DATE 2-13-01

APPROVAL DATE _____

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

pd. 50.00
cash
VTW
10-8-98

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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COPY

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c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 11422

Date: 10-8-98

PERSON FILING APPLICATION:
NAME: Doug Carriker Constco Inc
(last) (first) (mi)
ADDRESS: 6313 Lake Rd PHONE: (704) 5728688
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-099-15
STREET ADDRESS: 6329 Lake Road Charlotte, NC 28227
ZONING:

PROPERTY OWNER:
NAME: Scott Wallace
(last) (first) (mi)
ADDRESS: 6329 Lake Rd PHONE: (704) 545-3857
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
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[redacted]

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[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
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Underground Storage Tanks On Property (Y/N) ___ Type _____

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... 10/16/98 DSV, SEPTIC TANK IS UNDER PROPOSED ADDITION. I FLAGGED TANK.

Environmentalist Date

DISAPPROVED

10/20/98. PC TO DOUG CARRIKER. I ADVISED AN ALTERATION PERMIT WOULD BE NECESSARY TO CONTINUE CONSTRUCTION

WATER : 122791

50.00
cash
VLD
10-8-98

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_____ Date
Environmentalist

WATER : 122791

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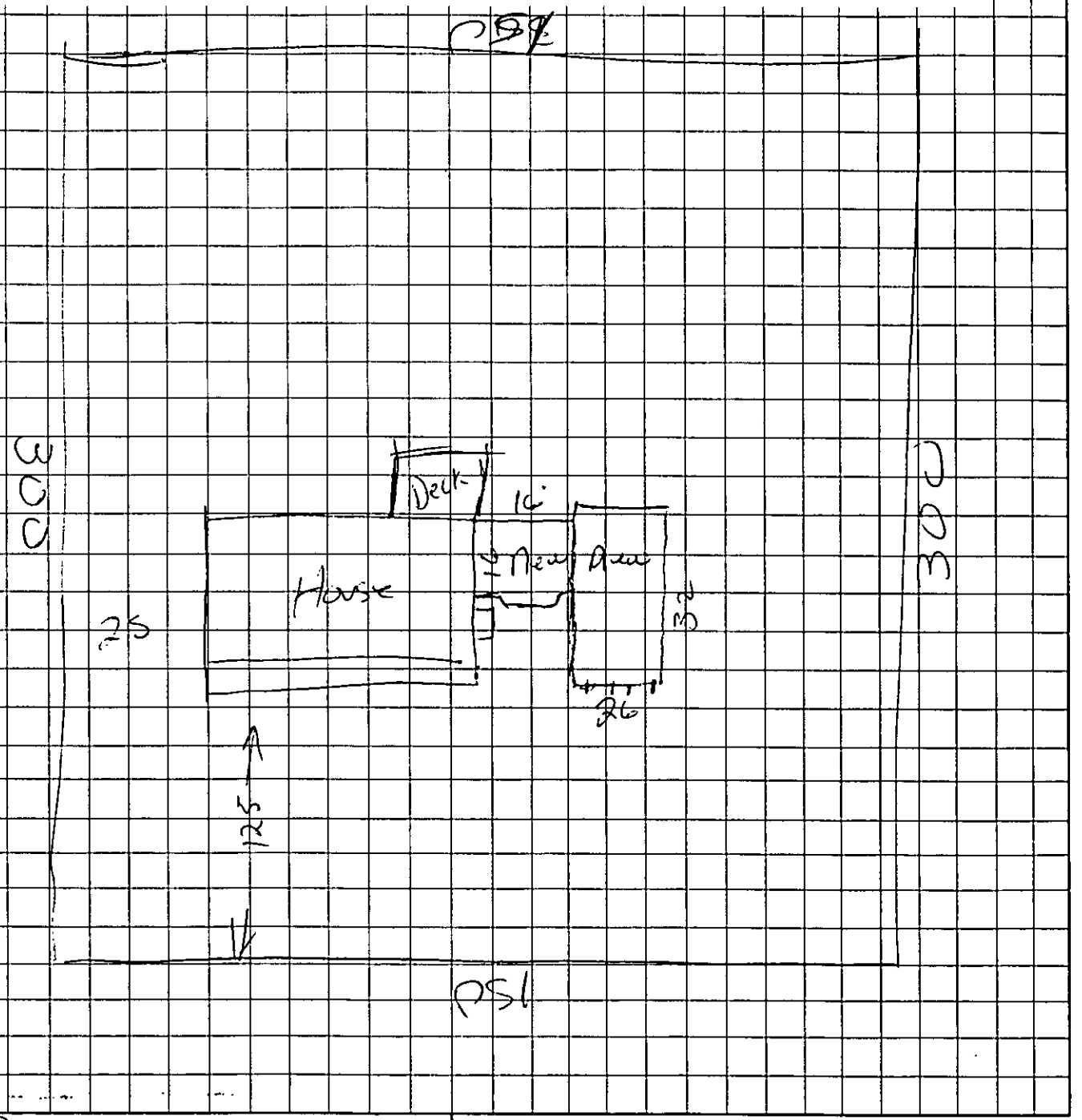
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