

9000 RICHFORD DR

01727516

6/8/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/24/89

Name/Company: R. B. Cooper

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 25 1989

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp # 6000A
M4 Exchange

Fee: $ 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.

K Parker
Completed by

A. Foxworth
Collected by

BILLING — WHITE

[redacted]

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: 6000A
TC: 017-275-16
SERIAL: № 19115

JOB LOCATION

① ADDRESS: 9000 Richford Dr (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Russell B. Isidor (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 1300 Fawn Lake Dr.
⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) — ⑭ (HOME) 847-4953

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☑ Authorization for mobile home exchange (closet removed 8/30/90)
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 5 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 the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Russell B. Isidor
Date: 8/24/89

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.

Use existing system 2/26/90

Philo S. Walker 8/29/89
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.

Received Sept 2-83

SEE INSTRUCTIONS ON BACK
SEP 6 1983
ENVIRONMENTAL HEALTH

ICAR(S) Application No. NA

T. C. No 017-275-16

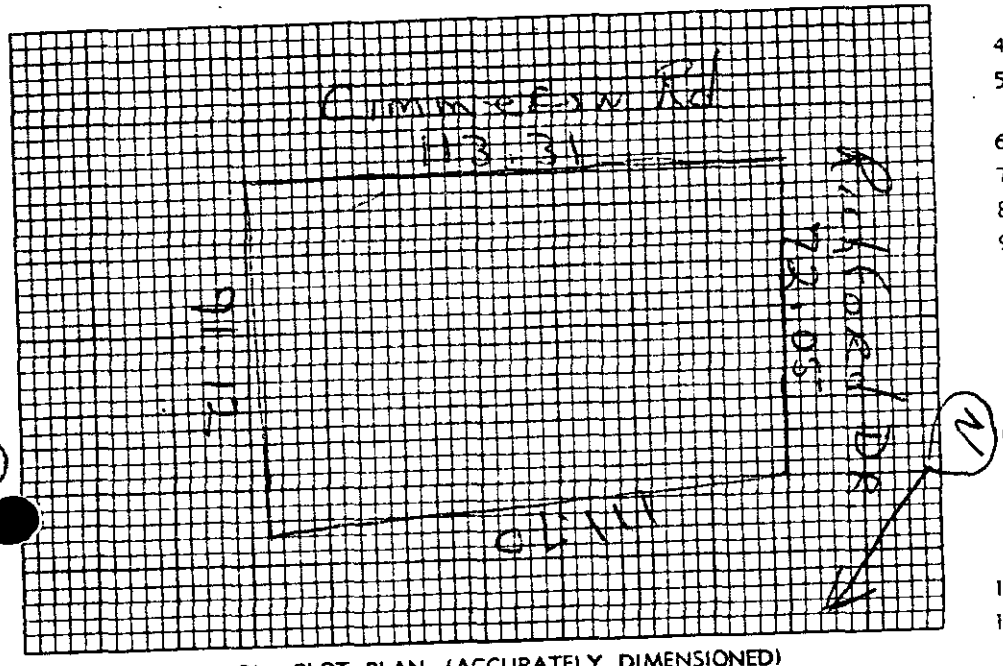
Map Date June 2, 1970

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to: use existing system

1) _____ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ✓ Yes ___ No
Residence ✓ Yes ___ No

4) No. of Bedrooms Two

5) Business Use — Max No Employees _____

6) Washing Machine ___ Yes ✓ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply:
A) Individual Well _____
B) Governmental System _____
C) Community System:
1. Well source ✓
2. Governmental source _____

10) Sewage System:
House located within 200 feet of *public* sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Cornett (LAST) Juanita (FIRST) Ruth (MIDDLE)

14) ADDRESS OF OWNER Rt. 3 Box 1600 Huntersville N.C.

15) PHONE NO. Home 704 875 2251 Office _____

16) LOCATION OF SYSTEM Corner of Richford Dr. & Cimmeron RD (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Green Lot No. 243 Block No. _____

Map Book No. 14 Page No. _____

18) DEED REFERENCE — DEED BOOK 4216 AT PAGE 066

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

Sept 2, 1983
DATE OF APPLICATION

Juanita Ruth Cornett
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6749

SIR No. NA

Date Issued 9-7-83

T. C. No. 017-275-16

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Cornett, (LAST) Juanita (FIRST) Ruth (MIDDLE)

ADDRESS OF OWNER Rt. 3, Box 1600, Huntersville, NC ZIP 28078

LOCATION OF LOT Richford Drive (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood Green MHP LOT NO 243 BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number NA. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*** USE EXISTING SYSTEM ***

R Phelps
Environmentalist

Bill D Hardister
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy