

1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

DPR [redacted]ATES, INC.
DESIGN • PLANNING • RESEARCH
Landscape Architects
Planners & Engineers
4120 Hawthorne Lane
Charlotte, NC 28204
Ph. 704/332-1204
Fax 704/332-1210

LETTER OF TRANSMITTAL

DATE 4.26.99 JOB NO. 99012.01

ATTENTION Bill Marlin

RE: Thompson Road / Centex

TO Mecklenburg County Engineering
700 N. Tryon 2nd Floor

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	4.26.99		Check for $280.00 for Septic Field Evaluation

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: Steve Wilson / jd

If enclosures are not as noted, kindly notify us at once.

DPR ASSOCIATES, INC.

1840

Mecklenburg County
For: Septic field evaluation
4/26/99
$280.00



fee 200.00 LK 1840 4/16/99 C2 943B

DATE: 4/7/99

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

TYPE APPLICATION: X NEW SYSTEM ___ EXPANSION/ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Consultation

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
X HOUSE (H) ___ OTHER (O)

ESTIMATED SQUARE FOOTAGE: 3,000

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

X WITHOUT BASEMENT ___ WITH BASEMENT /PLUMBING
X ON SLAB ___ WITH BASEMENT /NO PLUMBING
___ CRAWL SPACE

TITLE:

PROPERTY INFORMATION (FROM ENGINEERING FORM) OR JOB LOCATION:

TAX/PARCEL NUMBER: 195-061-17

STREET ADDRESS: Thompson Road

SUBDIVISION OR MOBILE HOME PARK NAME: N/A

LOT NUMBER: N/A

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS X 7 MINT HILL

CLOSING DATE unknown

Consultation made 4-26-99
Randal Tilghman & Steve
Wilson present. MWAm
4-26-99

EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: ___

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) X MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY: PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES X NO
EXISTING WASTEWATER SYSTEMS ___ YES X NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:

NAME: Barbre C. B.
(LAST) (FIRST) (MI)

ADDRESS: 2300 Whilden Court

CITY: Charlotte STATE: NC ZIP: 28211

DAYTIME PHONE: 704 366- 1748

LEGAL AGENT FOR PROPERTY OWNER (IF APPLICABLE):

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? unknown

Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "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: C B Barbre DATE: 4-7-99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102