

1611 LISBON LN

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6/21/2007

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Groundwater and Wastewater Services File Imaging Project
May 2007
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6886 N

CITY OF CHARLOTTE

CHARLOTTE-MECKLENBURG UTILITY DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: July 5, 1990

TO: Ms. Sylvia D. Daniel, Program Chief
Mecklenburg County Health Department
Environmental Health Section
Attn: Judy Kiser

FROM: Dennis D. Gwaltney, P.E.
Public Service Engineer

SUBJECT: Request for City Sewer Service.

We have a request from Max L. Skinner to construct an extension of sewer main to serve 1611 Lisbon Lane. Limited funds have been appropriated for water and sewer street main extensions in unserved areas inside the City. One of the requirements of this program is evidence of a public health need, prior to any extension.

Please indicate below if a Public Health Need is evident at this location according to the following criteria.

✓ Evidence of a Public Health need that, in the opinion of the Environmental Health Department, cannot be eliminated with repairs to the existing system.

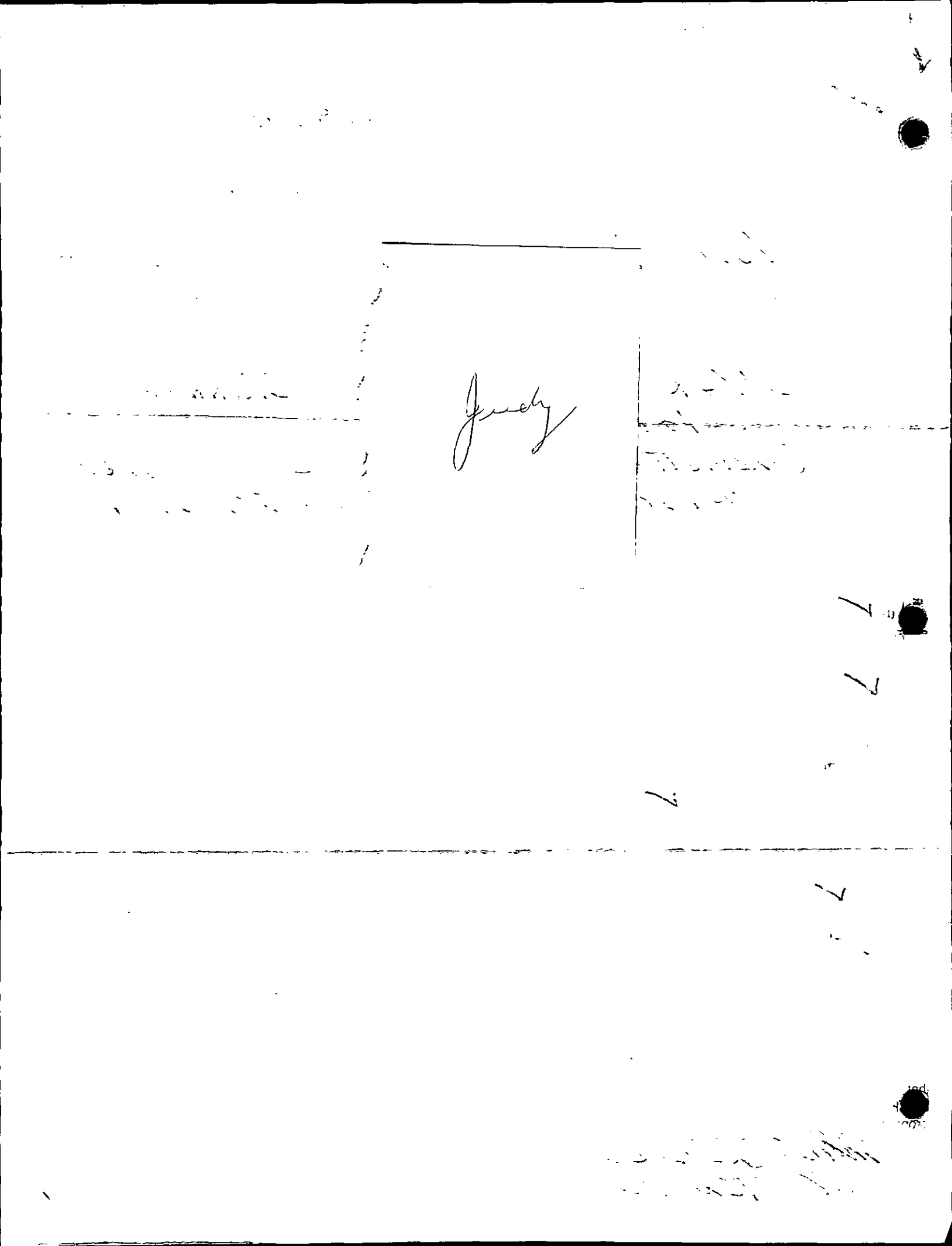
____ Evidence of a Public Health Need that, in the opinion of the Environmental Health Department, can be eliminated with repairs to the existing system.

Comments:

By: Judy A. Kiser R.S.
Mecklenburg County Environmental Health Department

cc: D. D. Gwaltney
File

DDG/gg



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: 6886A

TC: _____

SERIAL: № 20825 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1611 (STREET NO.) Lisbon Ln (STREET) ② FILE: 6886A

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 045-083-02

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Max (FIRST) Lee (MIDDLE) Skinner (LAST)

⑨ MAILING ADDRESS: 1611 Lisbon Ln

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28269

⑬ PHONE: (WORK) 704 392 7272 ⑭ (HOME) 704 596 5724

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☑ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? _____ ㉕ Type? _____

㉓ Maximum occupancy? _____ 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: Max L Skinner

Date: 29 Jan 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.

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MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6-29-90

Name/Company: Robert Sixta

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service Septic Tank Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 29 1990

T-16 6886A

Check 468
$200.00
SR

Fee: $ 200.00

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

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