

9118 RICHFORD DR

01727509

6/21/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 7 1990
ENVIRONMENTAL HEALTH DIVISION

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: 6816A
TC: 017-275-07
SERIAL: № 20886

JOB LOCATION

① ADDRESS: 9118 (STREET NO.) Richford Dr. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: 09 ⑦ BLOCK:

OWNER

⑧ NAME: Donald (FIRST) R. (MIDDLE) Landis (LAST)
⑨ MAILING ADDRESS: 9115 Cheyenne DR.
⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 596-2735 (Brenda) ⑭ (HOME) 875-6212

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☒ Authorization for mobile home exchange
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? 3
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: Brenda Landis
Date: 6-4-90

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. Low pressure pipe system

Tim Whittaker, 9/12/90
Environmentalist — Date

[signature], 9-13-90
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.

This address is actually
9118 Richford Drive

Called 10-5-90 10:40 waiting
for a return call
10-5-90
Brenda Landis called
and is going to get address
verification from C. Eng.
pending on return of form

WT

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6-7-90

Name/Company: O.R. or Brenda Sandis

Sanitation _____

Vector Control X

O.P.W.D. _____

Service: Improvement Permit
9115 Cheyenne Dr.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 7 1990

Rec # 5754

Fee: $ 25.00 #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.

Elizabeth Johnstone
Completed by

Collected by

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PHONE (704) 376-4603

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(OFFICE USE ONLY)

FILE: _____

TC: _____

SERIAL: ☐ L ☐ CRT

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③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

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

OWNER

⑧ NAME: _____ (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: _____

⑩ CITY: _____ ⑪ STATE: _____ ⑫ ZIP: _____

⑬ PHONE: (WORK) _____ ⑭ (HOME) _____

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Mae Lynn Sutton

Environmentalist — 9/12/90 Date

Director or Authorized Section Head — Date

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PROPOSED PLOT PLAN

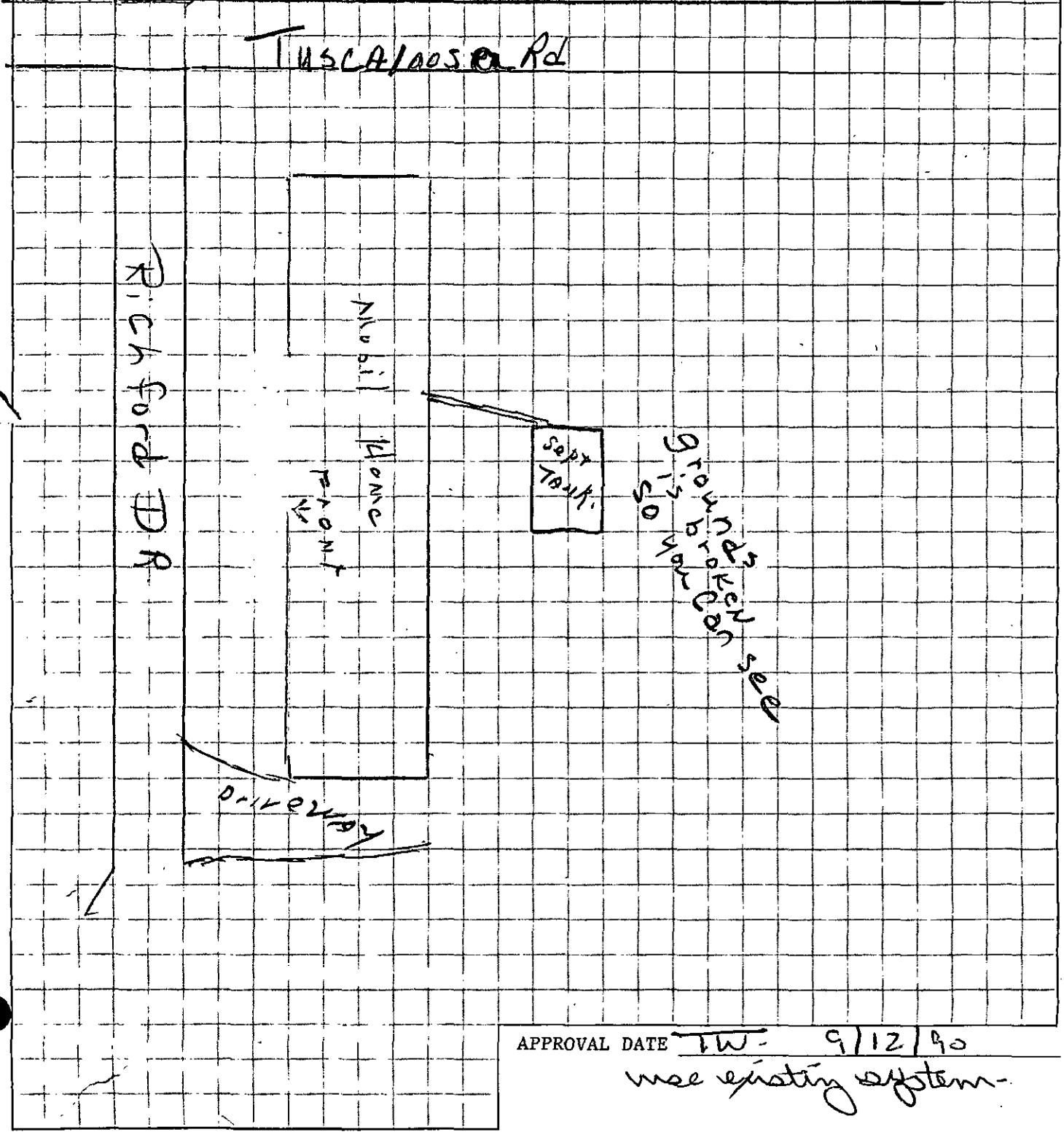
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CHARLOTTE, NC 28203
PHONE (704) 376-4603

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 7 19[illegible]

FILE: 68164

TC: _____ ENVIRONMENTAL HEALTH DIVISION

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.



APPROVAL DATE TW- 9/12/90
use existing system-

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy