

9620 ALBEMARLE RD

10938105

12/31/2007

duponbj

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: May 4, 1998

Ref: 9620 Albemarle Road/File #2471B

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Carl McLamb originally paid $200.00 for an alteration of an existing septic system on April 13, 1998.

A refund should be issued for $200.00 because Mr. McLamb found that municipal sewer was available and cancelled the request prior to any services being performed by this department.

Please make check payable to: Carl C. McLamb
16817 Plaincrest Road
Midland, NC 28107

FEE: 200.00 CK # 5545 DATE: 4/13/98 SC

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

1 | CRT

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

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

COPY

FILE #: 2471B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 109-381-05

STREET ADDRESS: 9628 Albemarle

LOT NUMBER:

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Beauty Salon - Barber Shop

Square Footage of Facility:

NUMBER OF EMPLOYEES: ≈3 PER SHIFT: 3

TOWNSHIP (CHECK ONE):

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

HOW WILL WATER BE USED IN THE FACILITY:

1	TOILETS/URINALS
4	HANDSINK
0	SHOWERS
0	FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

125 x 4 = 500 + 3(25) = 575 GPD ÷ .3 = 1916 ÷ 3 = 638SF

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:
✓ SEWAGE ___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION: use old exhisting Septic System for Beauty Salon. will tear down exhisting house

WATER SUPPLY (CHECK ONE): connect to City water
___ COMMUNITY (C) ✓ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

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

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL SPRINGS OR WATERLINES	2. ___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

old well will be Filled in

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE.

PROPERTY OWNER:

NAME: McLamb (LAST) Carl (FIRST) C (MI)

ADDRESS: 16817 Plaincrest Rd

CITY: Midland STATE: NC ZIP: 28107

DAYTIME PHONE: (704) 545-2794

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) ---

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ___

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: Carl M Lamb DATE: 4-13-98

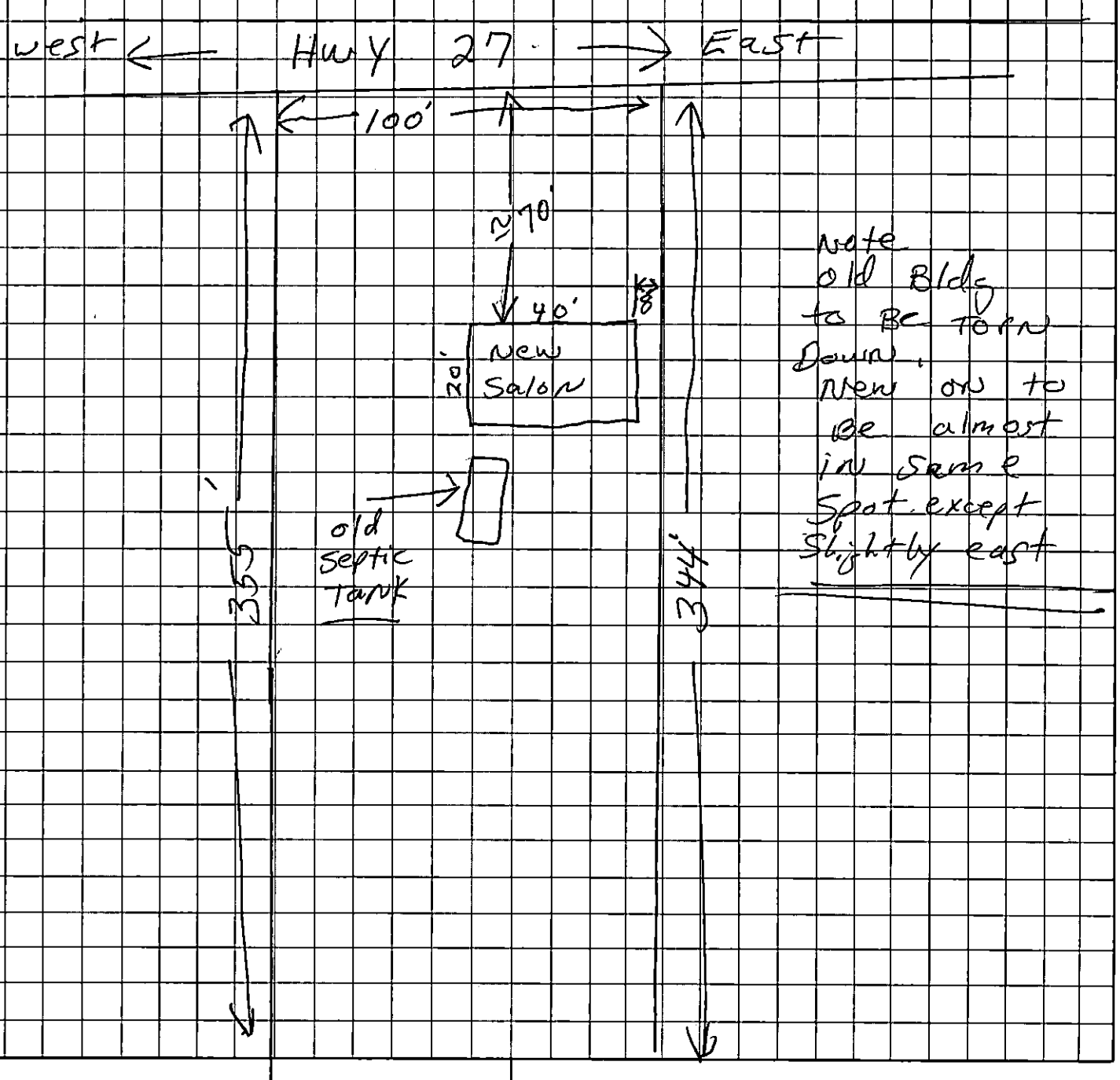
PROPOSED PLOT PLAN

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

FILE: 2471B

TC: 109-381-05

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 _____

OWNER/AGENT SIGNATURE Carl M
DATE 4-13-98

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

FEE: 200.00 Ck # 554

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

FILE #: 2470B

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TAX/PARCEL NUMBER: 109-381-05

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SIGNED: Carl M McLamb DATE: 4-13-98

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

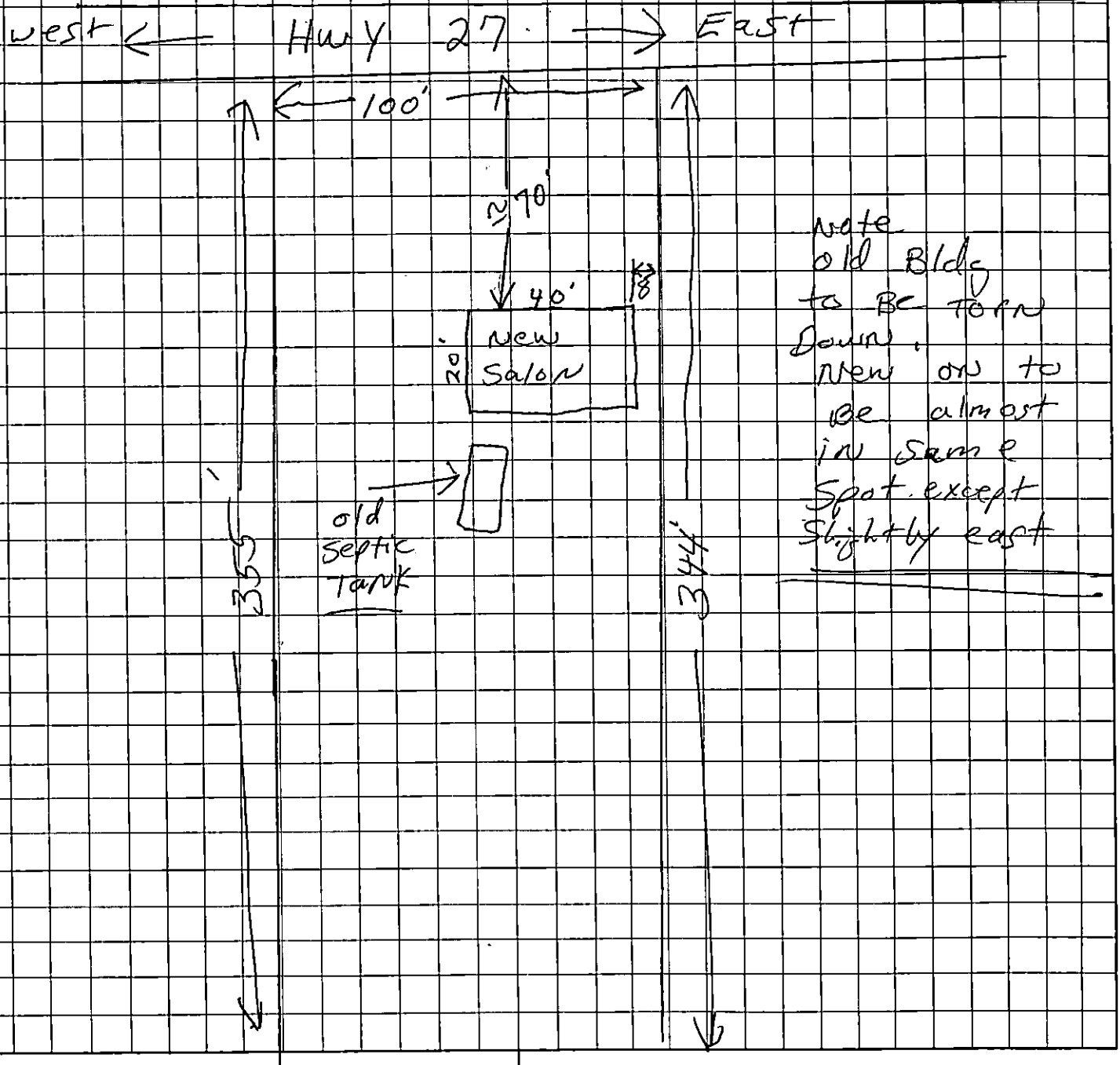
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OWNER/AGENT SIGNATURE Carl M Hunt

DATE 4-13-98

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