

6421 PAMELA ST

12/31/2007

duponbj

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

Mecklenburg County
Health Department

MEMORANDUM

TO: Pam Alexander
FROM: Sylvia D. Daniel, R.S.
Program Chief
DATE: June 28, 1999
REF: Pamela Street
SUBJECT: Refund

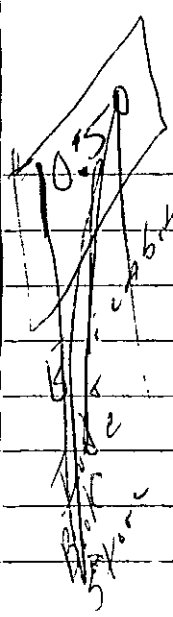
(Mr./Mrs./Co.) Ms. Maggie Barringer paid $100.00 for an application for an Improvement Permit on January 7, 1999.

A refund should be issued for $100.00 because the request was cancelled prior to any services being provided by this office.

Please make check payable to: Maggie Barringer

11223 Montecarlo Drive

Huntersville, NC 28078



Application
for Improvement
Submitted in Jan
01301-0 7,08
6325 Pamela Rd
Massie Barringer
Attorney
Check

Beverly
Massey
391-7105

CASHED
11/1/99

9/30/58
CHK #
1476

#23
BA

J5688

Refund requested by
Beverly Massey
6/28/99
Chk To
Massic Barringer
11223 Monte Carlo Dr
Huntersville
28078

FEE: PI 100.00 CK# 1476
DATE: 1-7-99 VHJ

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

[ ] CRT

TYPE APPLICATION: ✓ 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

FILE #: 2589B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: C

TAX/PARCEL NUMBER: 013-011-[illegible]

STREET ADDRESS: Pamela Street

TYPE OF BUILDING (CHECK ONE):

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

Modular or House

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 16 + 17

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1750

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS:

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT
__ ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
__ 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
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES __ NO
DESIGNATED WETLANDS __ YES __ NO

PROPERTY OWNER:

NAME: (LAST) American (FIRST) Park (MI)
ADDRESS: P.O. Box 13650 9
CITY: Charlotte STATE: NC ZIP: 28236
DAYTIME PHONE: (704) 366-8451

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: American Park Inc. G. Smith President DATE: 11/5/98.

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

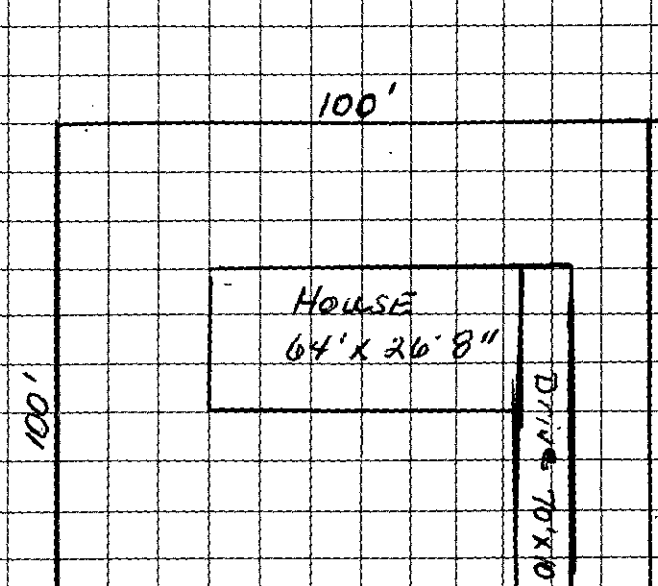
PROPOSED PLOT PLAN

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

FILE: 25846

TC: 013-011-14

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.



OWNER/AGENT SIGNATURE

DATE 1/7/99

APPROVAL DATE _____

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

November 11, 1998

Bill Marlin
MCHD
700 N. Tryon St Ste 211
Charlotte NC 28202

Enclosed is the signed application improvement permit and initial fee to begin a soil test for property parcel number 013-011-014.

If you have any questions, please contact me at 391-7105.

Beverly Massey

Mecklenburg County
Health Department

11-13-95 19__

TO: Americana Park

ADDRESS: Parella Street

Your request is being returned to you for the following reason(s):

____ Your check for _____ should be attached to your request and returned.

____ The amount of the check is incorrect. Please send a check in the amount of $_____ .

X The information marked is incomplete or incorrect. Please correct and/or complete the following items and return to our address:

-need heated square footage, lot # if available, plot plan completed on 3past paper, property owner's name, the applicants name, address & telephone, application should be brought into the office. Cannot accept application through the mail.

Thank you for prompt attention to this matter. If you should have any questions, please call (704) 336-5102.

Sincerely yours,

Individual Water and Wastewater Systems

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

FEE: [illegible] CK # 1695

DATE: 6/30/98 GC

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

400

[ ] CRT

TYPE APPLICATION: __ 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

50

"Consultation"

FILE #: 25548

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 013 011-13 14

STREET ADDRESS: Pamela Street

SUBDIVISION OR MOBILE HOME PARK NAME: Biltmore Park

LOT NUMBER: 16 17

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

Verbal Carson Realty
7-17-98
consultation made 7-17-98 WHM
7-20-98

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

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

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

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

PROPERTY OWNER:

NAME: (LAST) Lakeside (FIRST) Estates (MI)

ADDRESS: P O Box 36509

CITY: Charlotte STATE: NC ZIP: 28236

DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Carson (FIRST) Beverly (MI) B

DAYTIME PHONE: ( ) 663- 7831

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SIGNED: [signature]

DATE: 6-25-98

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

For Consultation Visit

2584B

JUNE 12, 1998

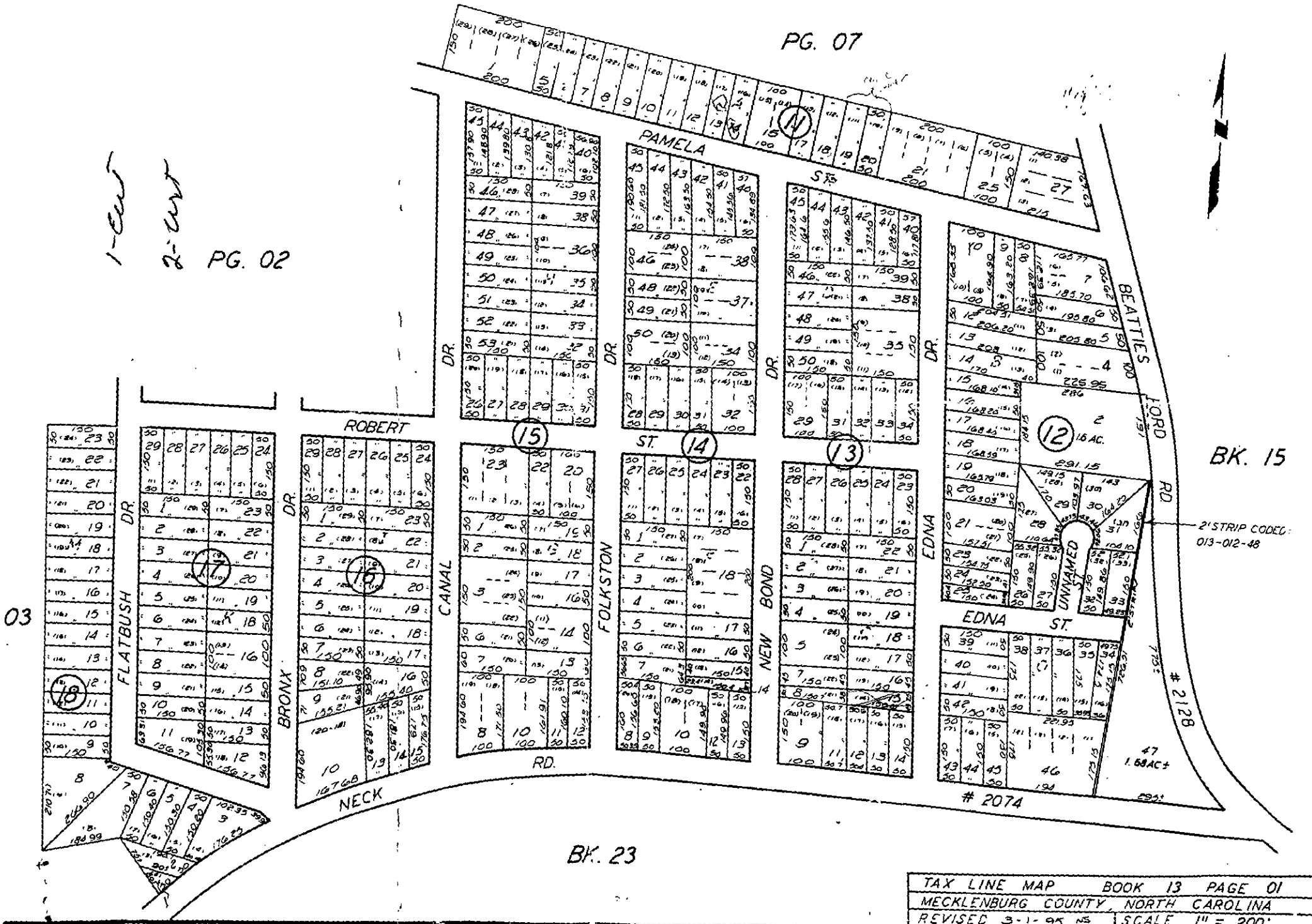
MR. BILL MARLIN:

ENCLOSED IS MY FEE FOR THE CONSULTATIVE VISIT. YOU MAY CONTACT ME AT (704) 663-7831 TO ARRANGE A TIME FRAME TO MEET AT THE SITE.

I KNOW MY SISTER'S PAPERWORK HAS BEEN SENT ALREADY. IF YOU WANT TO MEET THE BOTH OF US UP THERE AT THE SITE THAT'S FINE WITH ME.

THANKS.

VEVERLY B. CARSON



TAX LINE MAP	BOOK 13	PAGE 01
MECKLENBURG COUNTY, NORTH CAROLINA		
REVISED 3-1-95 NS	SCALE 1" = 200'	

FEE: 35.00 CK# 1693

DATE: 6/30/98 GC

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

"Consultation"

FILE #: 25848

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__ 3 CORNELIUS __ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: —

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

CLOSING DATE

Consultation made 7-17-98
Beverly Carson present
W. A. M. 7-20-98

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WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: ✓

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ENVIRONMENTAL HEALTH DIVISION
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For Consultation Visit

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JUNE 12, 1998

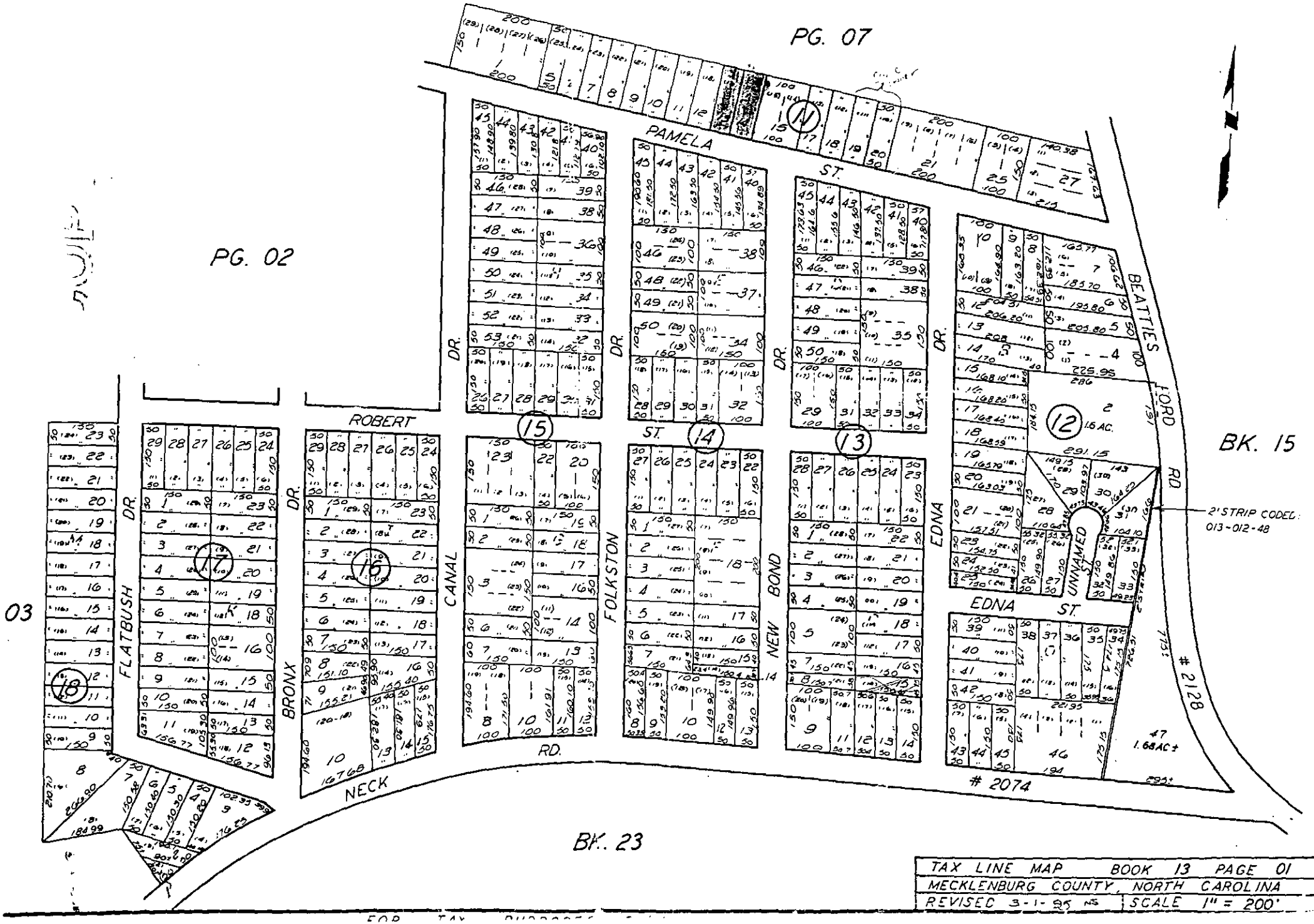
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