

10102 ALBEMARLE RD

10940206

7/7/08

marliwr

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

No action
needed because
was not malfunctioning
but please make file for
this one. Thanks

WILGROVE EXPRESS
10102 Albemarle Road
Charlotte, NC 28227

FAX 704-545-2389

TO Susan Bateman, RS

FROM Wilgrove Express
545 1228 Sally

NUMBER OF PAGES 2

MECKLENBURG COUNTY HEALTH DEPARTMENT
Application for repair of septic tank system request of Bobby McCarver
SUSAN BATEMAN, R.S.
Environmental Health Specialist

Telephone: (704) 336-5569
FAX: (704) 336-6894

700 North Tryon Street
Suite 211
Charlotte, NC 28202

6 booths
1 long table
counter

~~22~~
7/175
19
35

breakfast
/ lunch
only

Rest. & other store all on this system.
minnow tank

File 13229

Please fill in where all "x"'s are located.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 109-402-06

PERSON FILING APPLICATION:
NAME: Perry (last) Melanie (first) (mi)
ADDRESS: 10102 Albemarle Rd PHONE: (H) 545-1228
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 2-5-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-21 005-34
STREET ADDRESS: 10102 Albemarle Rd Charlotte NC 28227
ZONING:

PROPERTY OWNER:
NAME: Cuthell Pete (last) (first) (mi)
ADDRESS: 6173 E. Independence Blvd PHONE: (__) _____
CITY: Charlotte STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[X] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (W)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: X (Fill in all blanks)
Type Business Convenience Store # Employees 5 Per Shift 2
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) Yes Type Gasoline/Diesel

WATER SUPPLY (check one):
[] Community (C)
[] Municipal (M)
[] Private Well (P)
[X] Shared Well (S)
[] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: X Melanie Perry Date: X 2-5-94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...not actively malfunctioning 2-15-94

Water line leaks indicated by property owner Environmentalist Date

Need to correct surface water runoff problem & if water leak problem. Property owner indicated they would pursue CMUD sewer line to be prepared for it if system does malfunction in future. S Bateman 3-10-94

Director or Authorized Section Head Date

WATER : 122791

THIS IS TO CERTIFY THAT ON THE 1 ST DAY OF AUGUST 19 72 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE AS SHOWN HEREON.

SIGNED R. B. PHARR

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS

TO: Mrs Perry FAX #: 545-2389

FROM: Pete Couchell owns both lots FAX #: 535-0277 PHONE #: 535-0275

DATE: 1/12/94 PAGES INCLUDING THIS PAGE: 1

N. 73-001 W.

175.0

POWER LINE

TELEPHONE LINE

18 17 16

21 20 19 15

N. 17-00 E.

200.0

33.0

98.1

1 STORY
BRICK & CONC. BLOCK
TAR & GRAVEL
COMP. ROOF
#10100 - #10106

40.1

40.1

12.2

SHINGLE ROOF COVERED CONCRETE WALK

2

ASPHALT PAVING

GAS PUMPS

10.0

4.0

100.0

200.0

S. 17-00 W.

175.0

300-3L S

LESLIE LANE

40.

ALBEMARLE ROAD

well leak

33,000
they would pay 1/2
then pay $1,500 for hook up

BK. 111

ALBEMARLE RD.

GUICE CROSSING LN.

CLEAR CREEK TWP.

LAKE LESLIE LN.

HUNTLEY

MINT HILL LIMITS

CHARLOTTE MINT HILL CITY LIMITS

WILGROVE — MINT HILL RD.

WILSON GROVE RD.

401

402

BK. 137

PG 39

TAX LINE MAP	BOOK 109 PAGE 40
MECKLENBURG COUNTY, NORTH CAROLINA	
REVISED 4-8-93	SCALE 1" = 200'

FOR TAX PURPOSES ONLY

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