


16012 POPLAR TENT CHURCH RD

01130112

5/30/2007

duponbj

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

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date 10/26/88

Name/Company Bernie Ramsey

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Trip - addition
#51417

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

OCT 26 1988

Fee: $5 — Cash 163 $95.00

Completed by

Collected by

# APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
OCT 1 3 19

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: 514A
TC: _____
SERIAL: № 17067

ENVIRONMENTAL HEALTH DIVISION ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 16012 Poplar Tent ch. Rd. (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: Meck. ④ TAX PARCEL NO.: 011-101-[illegible]04

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

**OWNER**

⑧ NAME: Barnie (FIRST) J. (MIDDLE) Ramsey (LAST)

⑨ MAILING ADDRESS: 16012 Poplar Tent ch. Rd.

⑩ CITY: Huntersville ⑪ STATE: N.C. ⑫ ZIP: 28078

⑬ PHONE: (WORK) _____ ⑭ (HOME) 892 6706

**REQUEST**

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) Add on/to/ist Hse,

**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? _____ 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: Barnie Ramsey

Date: 10-16-88

## 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.