

7008 LEBANON RD

13522127

6/27/08

marliwr

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

1652

ACS pd 10.00 cc 3/28/01 gc

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Cat X

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

PERSON FILING APPLICATION:
NAME: Dunlap (last) Deborah R. (first) (mi)
ADDRESS: PO Box 690265 PHONE: (704) 545-0591
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 3/27/01

PROPERTY OWNER:
NAME: Same as above (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 135-221-27
STREET ADDRESS: 7008 Lebanon Rd.
Charlotte, NC 28227
ZONING: 1966

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

SUBDIVISION OR MOBILE HOME PARK NAME: N/A
LOT NUMBER: LOT SIZE (in acres): 2.008 acres

TYPE APPLICATION (check one):
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or B) 1977 DECK
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] COMMERCIAL OR INDUSTRIAL (N) N/A

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 0

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business: _____ # Employees ___ Per Shift ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] 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: Deborah R. Dunlap Date: 27 March 01

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.

.. OK to Use Existing Systems For Deck Addition

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

Joshua R. Selley R.S. 03-28-01
Environmentalist Date

UPDATED : 12/00

* I want to pay by credit card — home phone listed above. Thank you.

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28203

BATCH: 137
S-A-L-E-S O-R-A-F-T
73822355
000590158410

REF: 0004
CD TYPE: VISA
IR TYPE: MAIL/PHONE
IND: 0502
DATE: MAR 27, 01 14:44:08

AUS: ZIP MATCH
TOTAL $100.00*

ACCT: 4606254103545011 EXP: 03/02
AP: 072415

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

X _____

PROPOSED PLOT PLAN

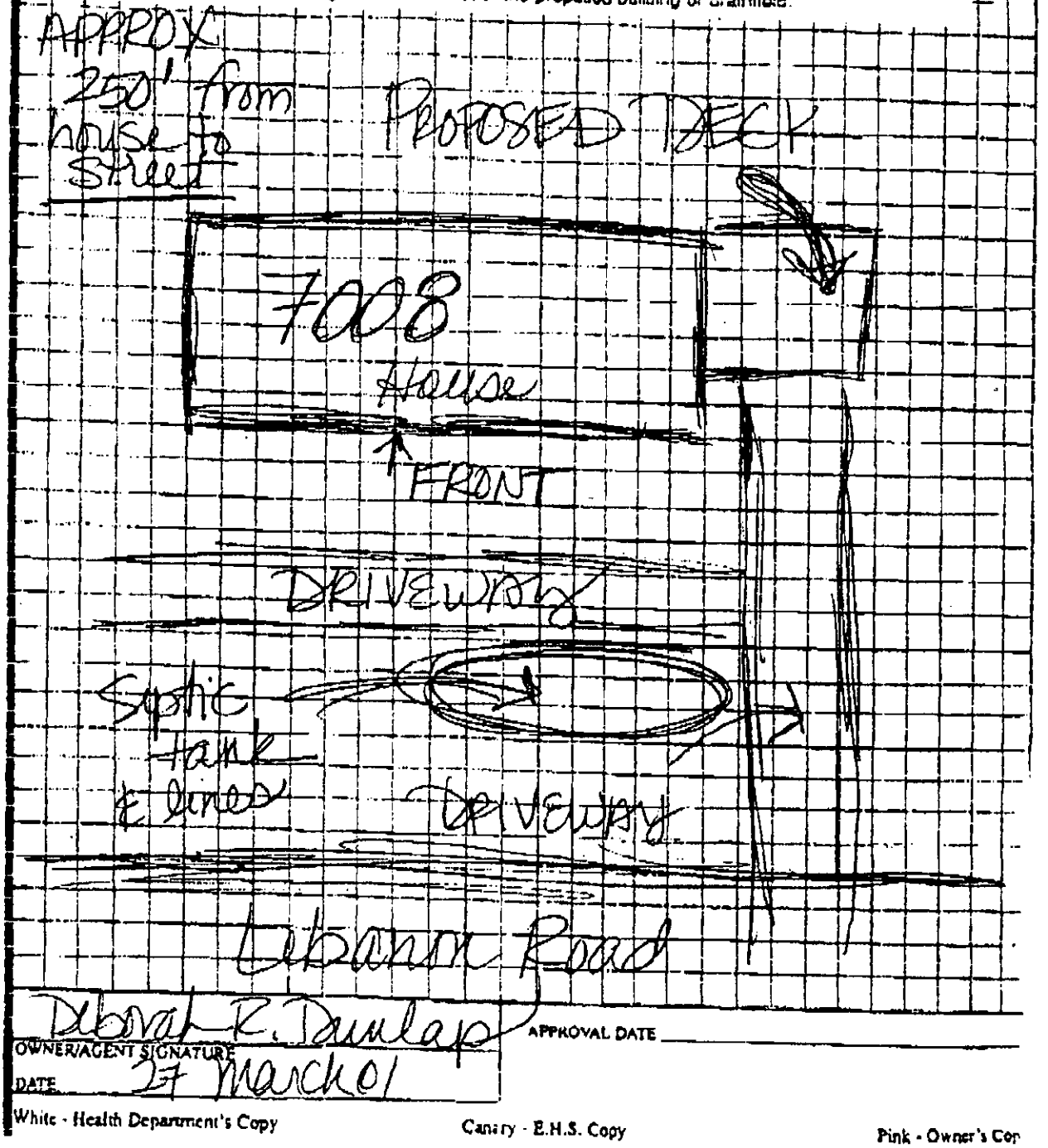
COPY

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

FILE: 11966

TC: 135-221-27

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.



Deborah K. Dunlap
OWNER/AGENT SIGNATURE

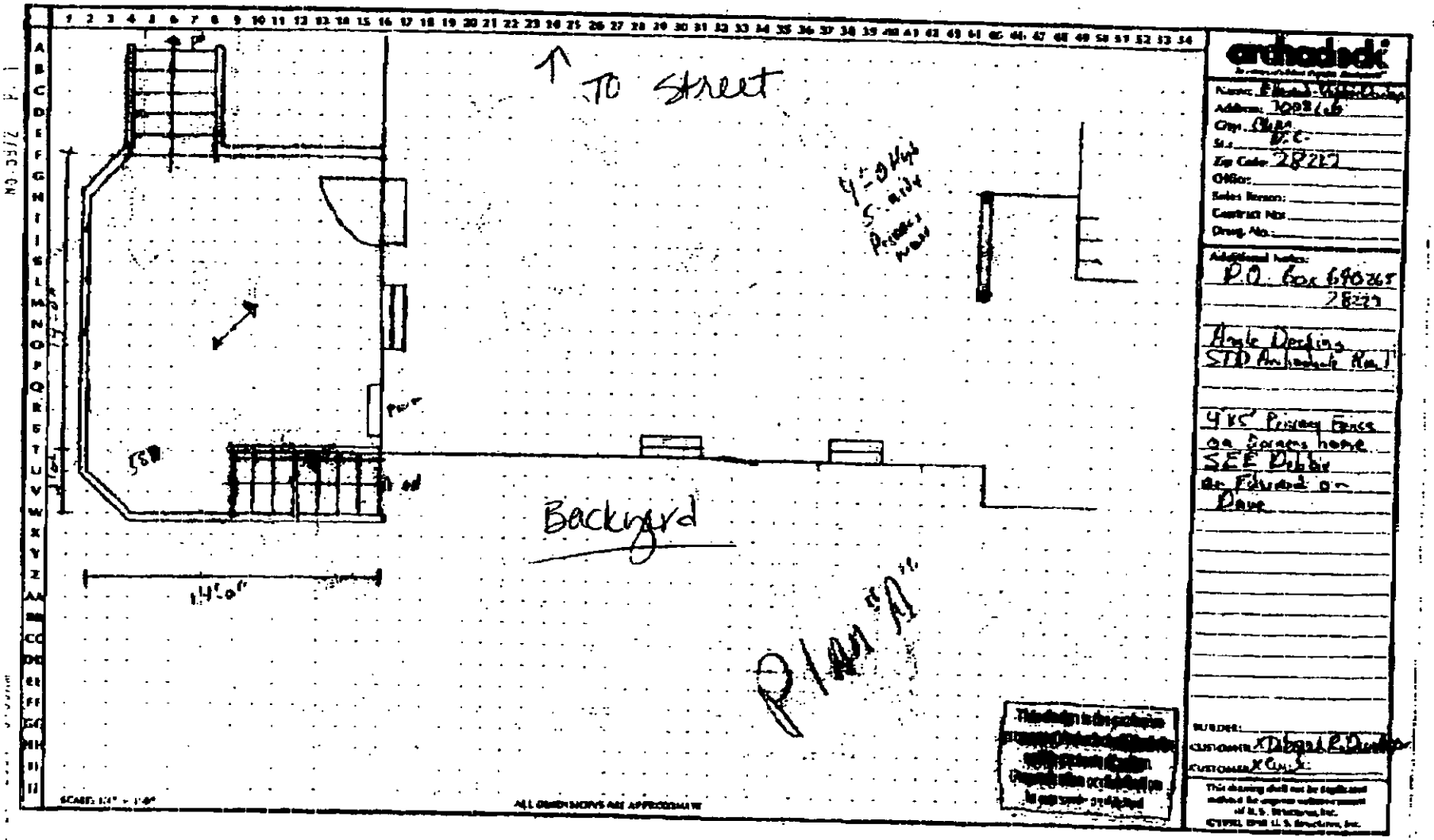
APPROVAL DATE

DATE 27 March 01

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

Deborah R. Dunlap
7008 Lebanon Rd
Charlotte, NC 28227

704/545-0591



Mar 27 01 11:41a Edward M. Dunlap, Jr. 1-704-545-8879 P.4