

7500 BABE STILLWELL FARM RD

1/4/2008

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: May 24, 2000
REF: Babe Stillwell Farm Road/File #4215B
SUBJECT: Refund

(Mr./Mrs./Co.)Mr. Kaysone Bourommavong paid $200.00 for an application fee for a new Improvement Permit on February 29, 2000.

A refund should be issued for $200.00 because the request was cancelled prior to any services being performed by this department.

Please make check payable to: Kaysone Bourommavong

514 Boger Street

Mooresville, NC 28115

FEE: $200.00 #209

DATE: 2-29-00 #61

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

[ ] CRT

TYPE APPLICATION: X 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 #: 4215B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 009-011-31,00

STREET ADDRESS: [redacted] BABE STILLWELL FARM RD

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1,798

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 3/29/00

applicant not going to follow through w permit process. WAM - 5-15-00

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

N/A

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

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) X 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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: ~~SUSANNETH~~ SOMSANITH SOUKRATH ~~SYPRASEUTH~~ (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 7500 BABE STILLWELL FARM RD	DAYTIME PHONE: ( ) —
CITY: HUNTERSVILLE STATE: NC ZIP:	
DAYTIME PHONE: (704) —	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 9-26-87

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: [signature] DATE: 2-29-00

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

009-011-03 -GLOEA

7274A

514

Boger ST.

Mooresville 28115

NC

Keysone

Bourommavong

663-0174

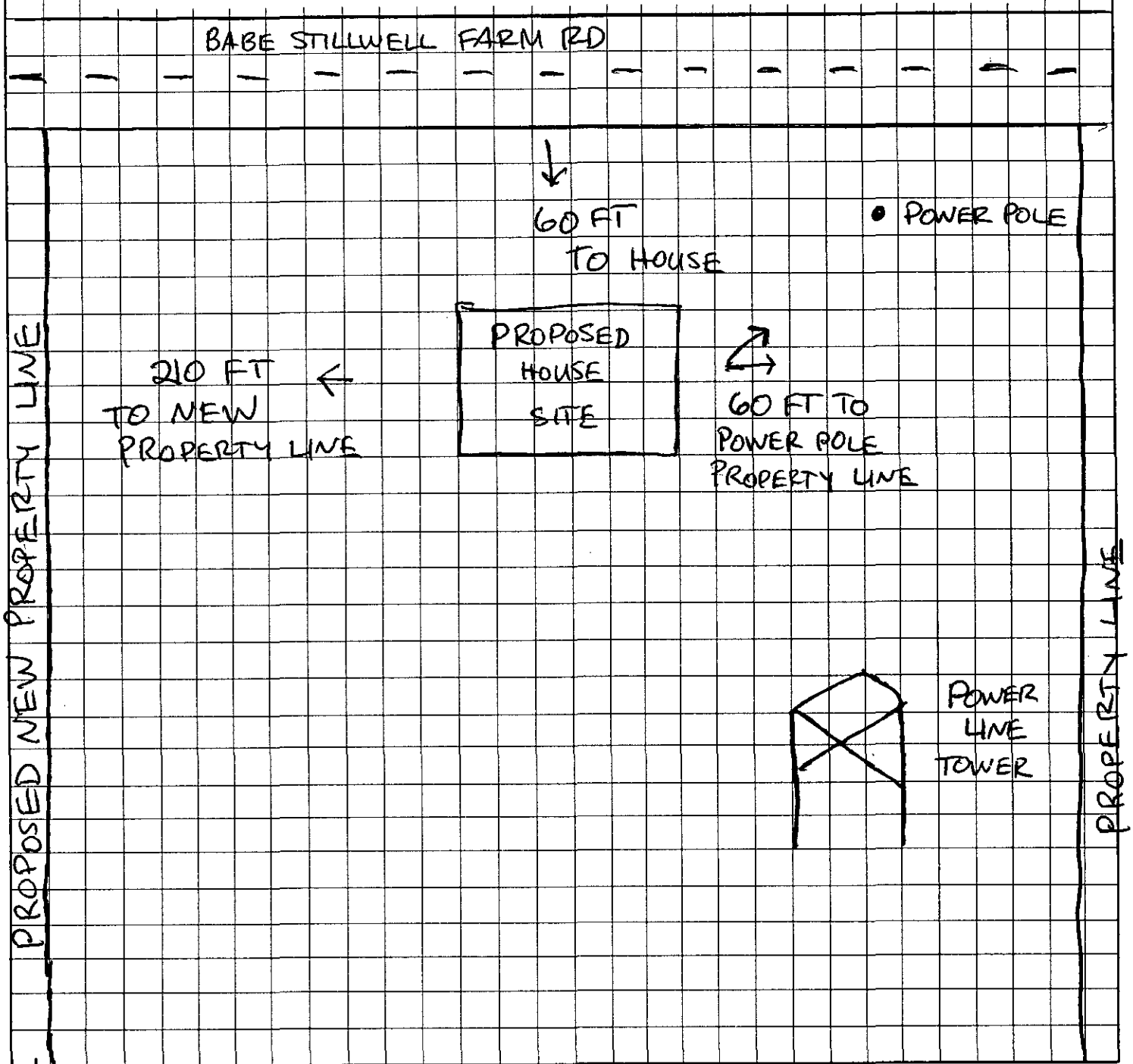
PROPOSED PLOT PLAN

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

FILE: 4215B

TC: 009-011-31.00

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.



Jeffrey S Wolfe (AGENT)
OWNER/AGENT SIGNATURE AMERICAN FAMILY HOMES

DATE 3/2/00

APPROVAL DATE _____

921-1486 x104

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