

2227 LIGHT BRIGADE DR

21513130

7/6/2007

duponbj

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

I-D 41987

$100 6/17/03 CC Payment Josh

ACS

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

7604A

PERSON FILING APPLICATION:
NAME: WALLE (last) MARK (first) R (mi)
ADDRESS: 2227 LIGHT BRIGADE PHONE: (704) 321 2278
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date: 6/17/03

PROPERTY OWNER:
NAME: WALLE (last) MARK (first) R (mi)
ADDRESS: 2227 LIGHT BRIGADE DR PHONE: (704) 321 2278
CITY: MATTHEWS STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-131-30
STREET ADDRESS: 2227 LIGHT BRIGADE DR
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: WINDROW

LOT NUMBER: 3 LOT SIZE (in acres): 1

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE DETACHED

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [X] ~~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: [signature] Date: 6/17/03

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...OK To Use Existing System

[ ] 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. Sellers R.S./REHS
Environmentalist

Date 06-19-03

WATER : 122791

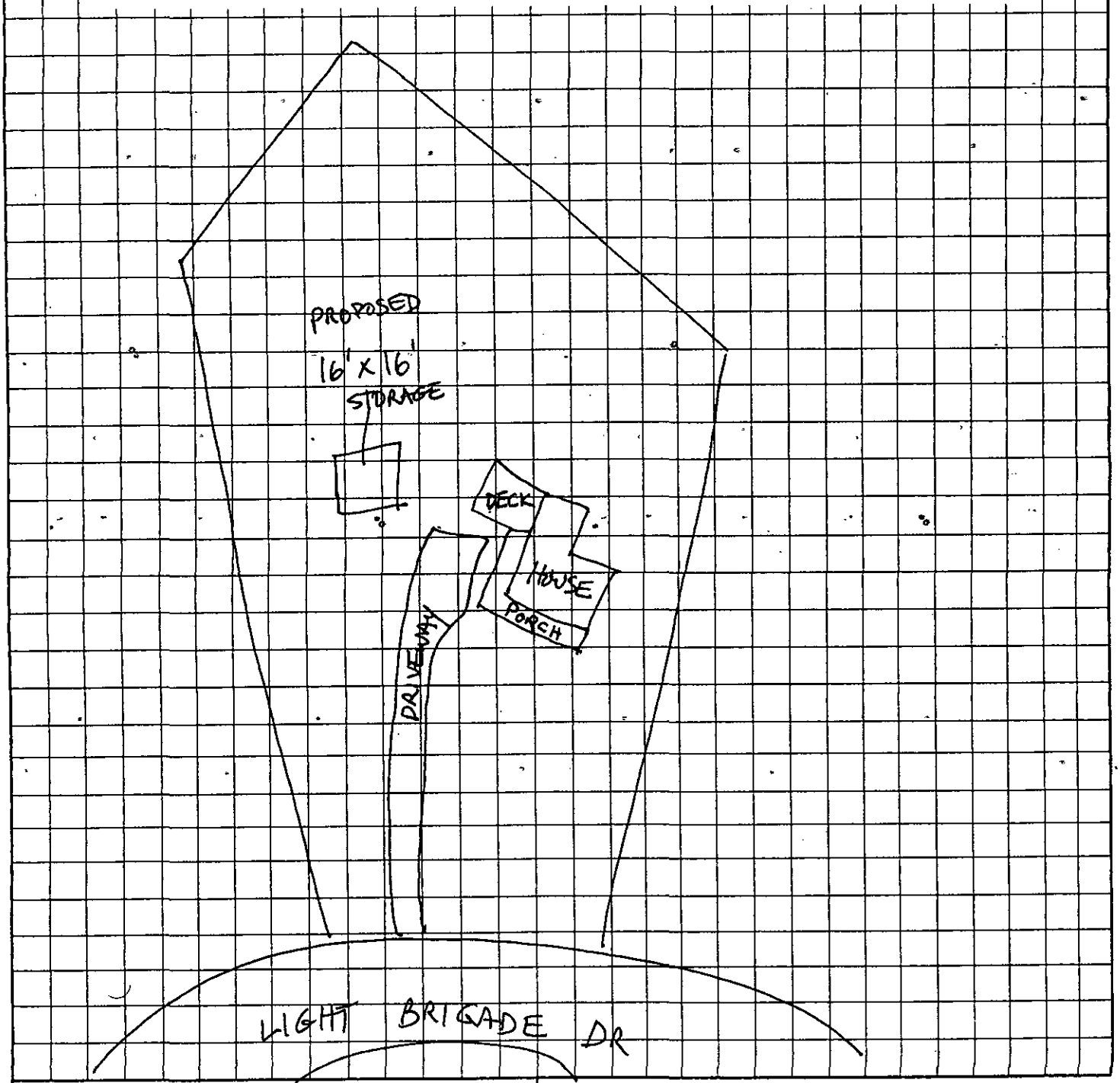
PROPOSED PLOT PLAN

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

FILE: 7604A

TC: 215-131-30

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 6/17/03

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Date Issued 5-9-85 Serial 7478 C of A Bill No. 16456 T.C. No. 215-1313

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

Name of Owner SHANKLES SHERYL

Location of Property 2720 LIGHT BRIGADE

Application Number 16456 Permit Number 16456

REPAIR WITH 4" NE

Tank Number B-1983

Tank Size 2

Tank Material Steel Water Source CITY

Tank Inspected

APPLICATION FOR AN IMPROVEMENT PERMIT

MECK CO DEPT OF ENVIRONMENTAL HEALTH
RECEIVED
JAN 27 1987
ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 16456
TC:
SERIAL: № 12329
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 2227 Light Brigade Drive (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 215-131-30
⑤ SUBDIVISION: Windrow II ⑥ LOT: 3 ⑦ BLOCK: T

OWNER

⑧ NAME: Wulbschleger (FIRST) Sheryl (MIDDLE) Louise Wulbschleger (LAST)
⑨ MAILING ADDRESS: 2227 Light Brigade Drive
⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) (704) 374-5813 ⑭ (HOME) (704) 847-0785

REQUEST

This request is for a(n):
⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:
⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ Number of bedrooms? 3
㉒ Maximum occupancy? 6
㉓ Basement? ☐ yes ☑ no
㉔ ☐ Business or place of public assembly
㉕ Type?
㉖ Maximum number of employees?
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signature: Sheryl L Wulbschleger
Date: 1-27-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 Environmental Health or an authorized section head in order to be valid.

Pd 7/22/91
Ck # 3503
Amt. 25.00

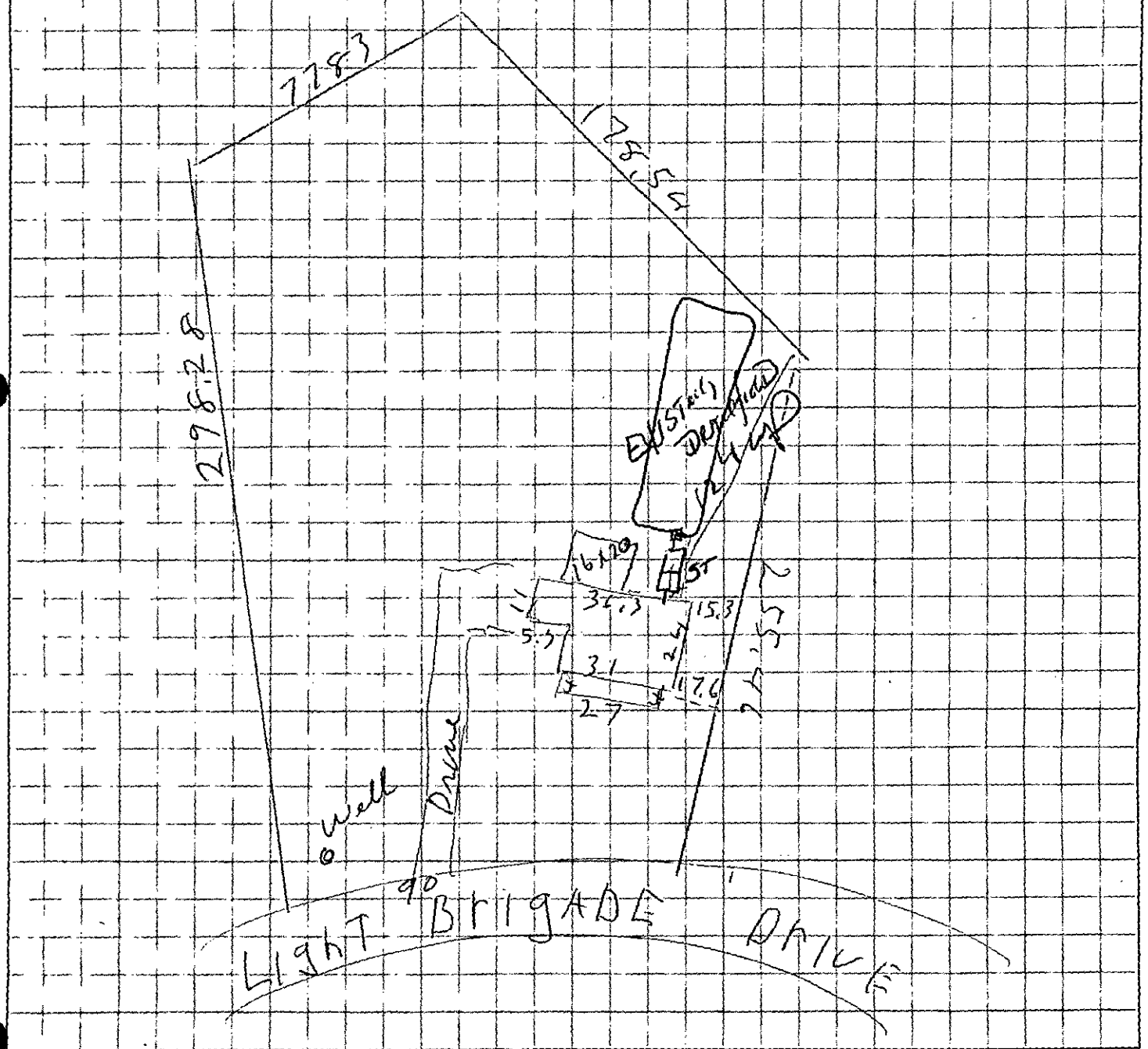
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7604-A

TC: 215-131-30

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

9S 21S

PD-7/22/91
CK #3503
Amt. 25.00

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 7604-A
TC: 215-131-30
SERIAL: Nº 0019630

☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 2227 (STREET NO.) Light Brigade Dr. (STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: 3 ⑦ BLOCK: I

OWNER

⑧ NAME: Rick & Sheryl (FIRST) (MIDDLE) Wullschleger (LAST)

⑨ MAILING ADDRESS: 2227 LT. Brigade DR.

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28110

⑬ PHONE: (WORK) ⑭ (HOME) 847-0705

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) Distance Verify for New Addition

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? 4

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

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Signed: Rick Wullschleger

Date: July 22 1991

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 60 months from the date of issuance.

USE EXISTING / NO PLUMB

Environmentalist — Date 7-23-91

Director or Authorized Section Head — Date 7/24/91

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.