

18341 STATESVILLE RD

00508321

6/13/2007

duponbj

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

12/28/89 water line fixed. Dishwasher line covered. no effluent on ground surface.

Abated 12/28/89

PSW



11/21/89
Spoke with Mrs Hager. stated they were meeting to discuss plans to run sewer to property. Also, stated she would contact contractor to meet me on site

PSW

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 60306A
TC: _____
SERIAL: № 19453

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
NOV - 3 1989
ENVIRONMENTAL HEALTH DIVISION
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 18391 (STREET NO.) Statesville Rd (STREET) Huntersville N.C. ② FILE: _____

③ JURISDICTION: Meck. Co. ④ TAX PARCEL NO.: 005-083-21

⑤ SUBDIVISION: Lake House Rest. ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Billy (FIRST) Ray (MIDDLE) Hagen (LAST)

⑨ MAILING ADDRESS: Box 273 Cornelius N.C.

⑩ CITY: Cornelius ⑪ STATE: N.C. ⑫ ZIP: 28031

⑬ PHONE: (WORK) 892-8288 ⑭ (HOME) 892-1086

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms? _____ ㉕ Type? Restaurant

㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? 12

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? 120

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: Billy Ray Hagen

Date: 11-8-89

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.

12/26/89 water line repaired, Dishwasher line covered. Problem abated

Philo A. Walker, 1/10/90
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.