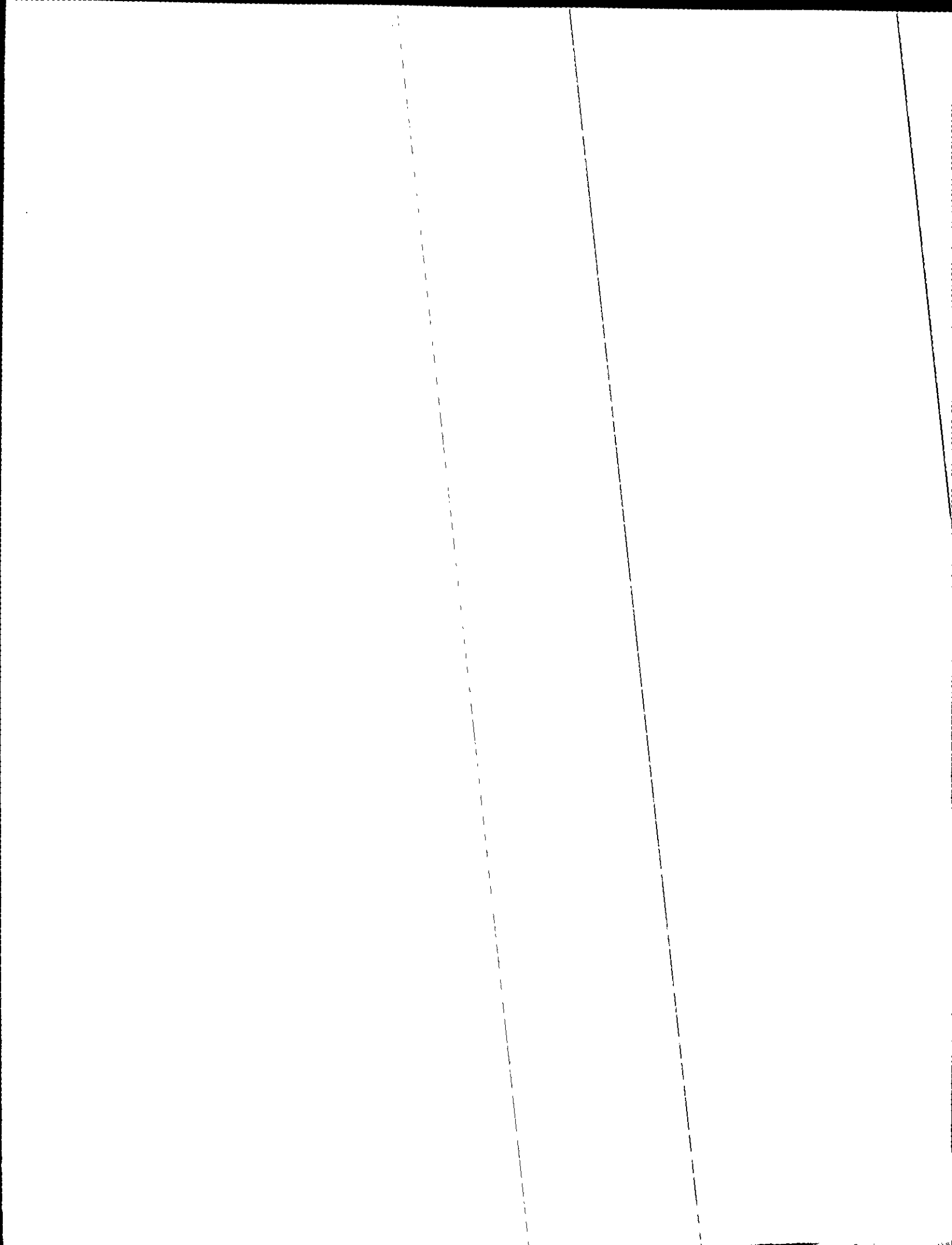


4219 W TYVOLA RD

6/21/2007

duponbj

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



25.00

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: 6814

TC: 145-241-02

SERIAL: Nº 20935 ☐ / ☐ CRT

JOB LOCATION

① ADDRESS: 4019 W Tyvola Road Charlotte, N.C. 28208 ② FILE:
STREET NO. STREET

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Rufus (FIRST) (MIDDLE) Davis (LAST)

⑨ MAILING ADDRESS: 4019 W Tyvola Road

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28208

⑬ PHONE: (WORK) 334-6666 ⑭ (HOME) 357-0519

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) Use existing system. ~~Sewage~~

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? 5

㉓ Maximum occupancy? 12

㉔ Basement? ☐ yes ☑ no

㉑ ☑ Business or place of public assembly

㉕ Type? Day Care -

㉖ Maximum number of employees? 1

㉗ Maximum number of seats? Increase to 25 Children

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: Rufus Davis

Date: 6/17/1990

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. Use existing system. Continue to use paper products for food. Septic drain appears to take over 500 in drain field. B.R. Ferguson 6-12-90

Environmentalist Date

Director or Authorized Section Head 6-14-90 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6-7-90

Name/Company: Rufus Davis

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 25.00 - I.P. Use existing system
4019 W. Tyvola Rd
20.00 ✓ Well (Bac.) owner
address

MECK. COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 7 1990

Fee: $ 45.00 cash #45.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

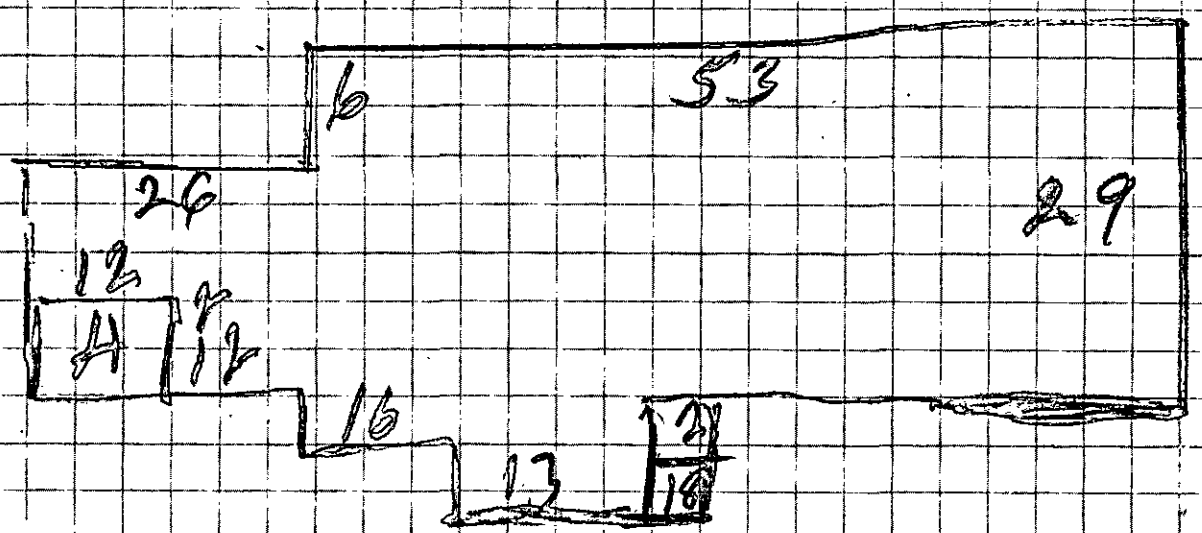
PROPOSED PLOT PLAN

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

FILE: 6814A

TC: 145-241-02

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.



4019 W. Tyvola Rd.

APPROVAL DATE _____

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