

3527 OAKWOOD RD

04532701

12/21/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1510B

[] 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

COPY

Date:

PERSON FILING APPLICATION:
NAME: Hilton (last) Nancy (first) T. (mi)
ADDRESS: 3527 Oakwood Rd PHONE: (704) 596-8228
CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY OWNER:
NAME: Hilton (last) Nancy (first) T. (mi)
ADDRESS: 3527 Oakwood Rd. PHONE: (704) 596-8228
CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 045-32701
STREET ADDRESS: 3527 Oakwood Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

pls file

LOT SIZE (in acres): 2

TYPE APPLICATION (check one):
[] EXCHANGE MOBILE HOME - SA
[] ADDITION - INCREASE ROOMS,
[] COMMERCIAL OR INDUSTRIAL (
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

New House
Filing for
CMUD

RESIDENTIAL PROPERTY (Type Bu
[] SINGLE MOBILE HOME (S)
[] DOUBLE WIDE (D)
[] MODULAR HOME (M)
[] MULTIPLE FAMILY (U)
[] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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)
[] Municipal (M)
[X] Private Well (P)
[] Shared Well (S)
[] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] 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 thi

Signed: Nancy T. Hilton Date: July

$150.00 Refund Need Extension
Check Out

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH ... the Request for the Job Location contained in this document. This app... And Rules For Sanitary Sewage Collection, Treatment And Disposal in ... 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.

Request 7/29/96
City sewer tap on fee paid
pd 6/13/96
Tap on Lake Rd
Feb 97
needs extension of sewer line available
standards sewer was available Lacey on manhole.

willie mae Tap 7/30/96

Tel Bld

Payment paid tap on fee 6/13/96
according to CMUD (Willie Mae Tap) 7/30/96, New house needs sewer line extension on Lake Rd.
7/31/96 CMUD stated they would try to extend line to accomodate Mrs. Hilton. Application for use existing system not necessary. PSW

[] I ... ISSUANCE
[] M ... SUANCE
[] A ...

Enviro ... Date

Director or Authorized Section Head Date

WATER : 122791

7/31
CMUD may Extend line

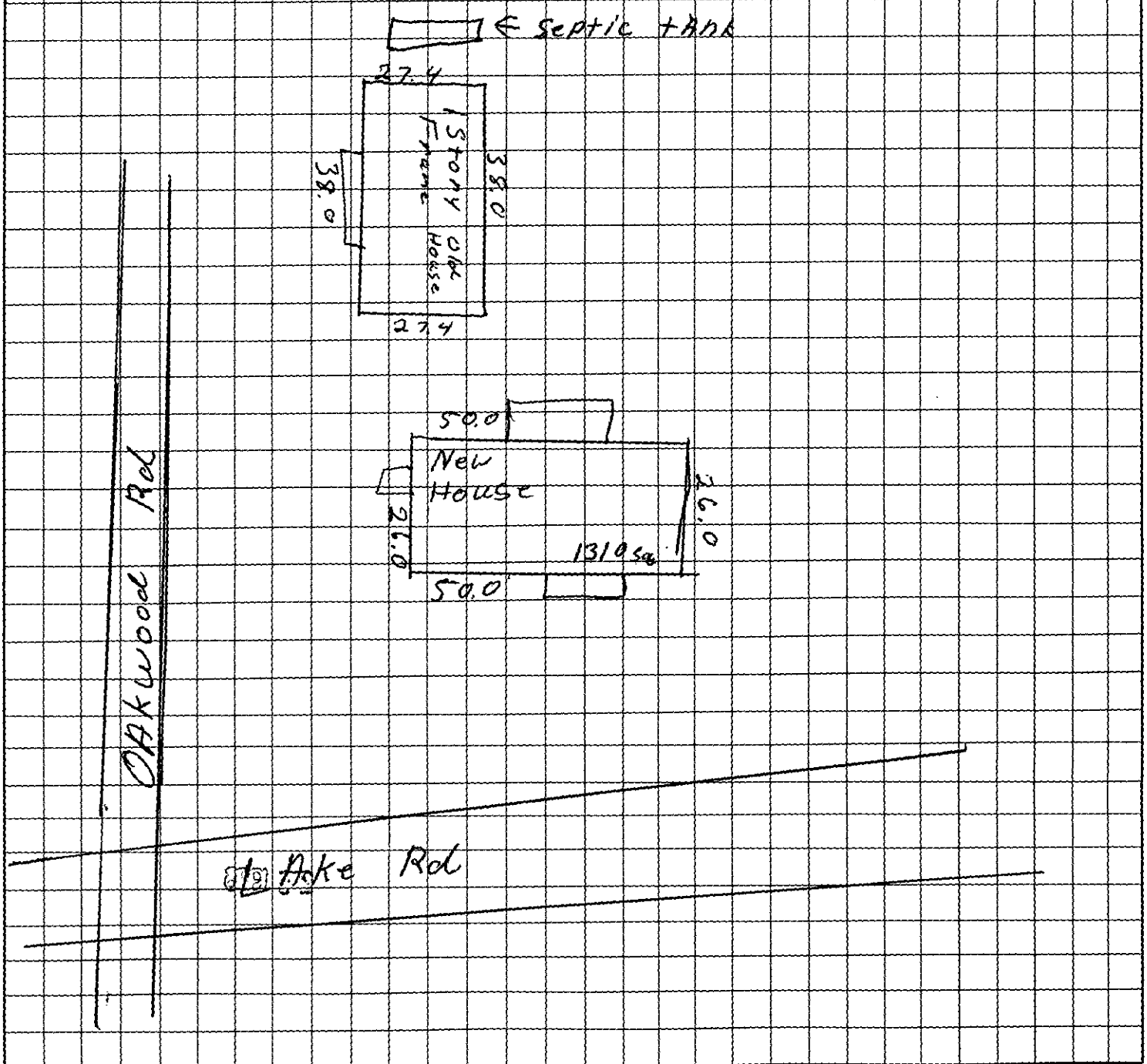
PROPOSED PLOT PLAN

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

FILE: 1510B

TC: 045-327-01

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.



Nancy T. Helton
OWNER/AGENT SIGNATURE

DATE July 25th, 1996

APPROVAL DATE _____

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

1510B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Po 50.00 ck# 1347 7/25/96 JC [ ] CRT

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 54455 Block E LOT SIZE (in acres): 2

TYPE APPLICATION (check one):

[redacted]
UXS New House waiting for CMUD
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[redacted]

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: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
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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: Nancy T. Hilton Date: July 25th 1996

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.

...SMLS

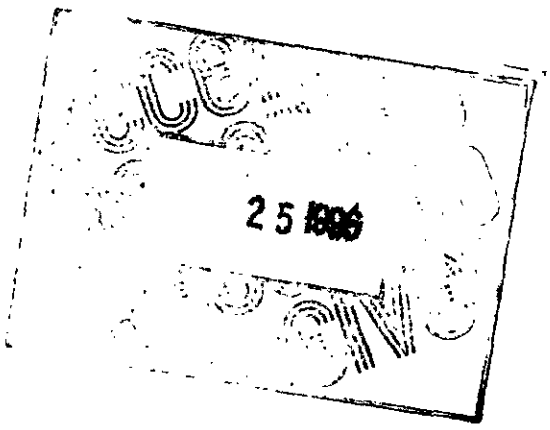
[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

Built 1950.



PROPOSED PLOT PLAN

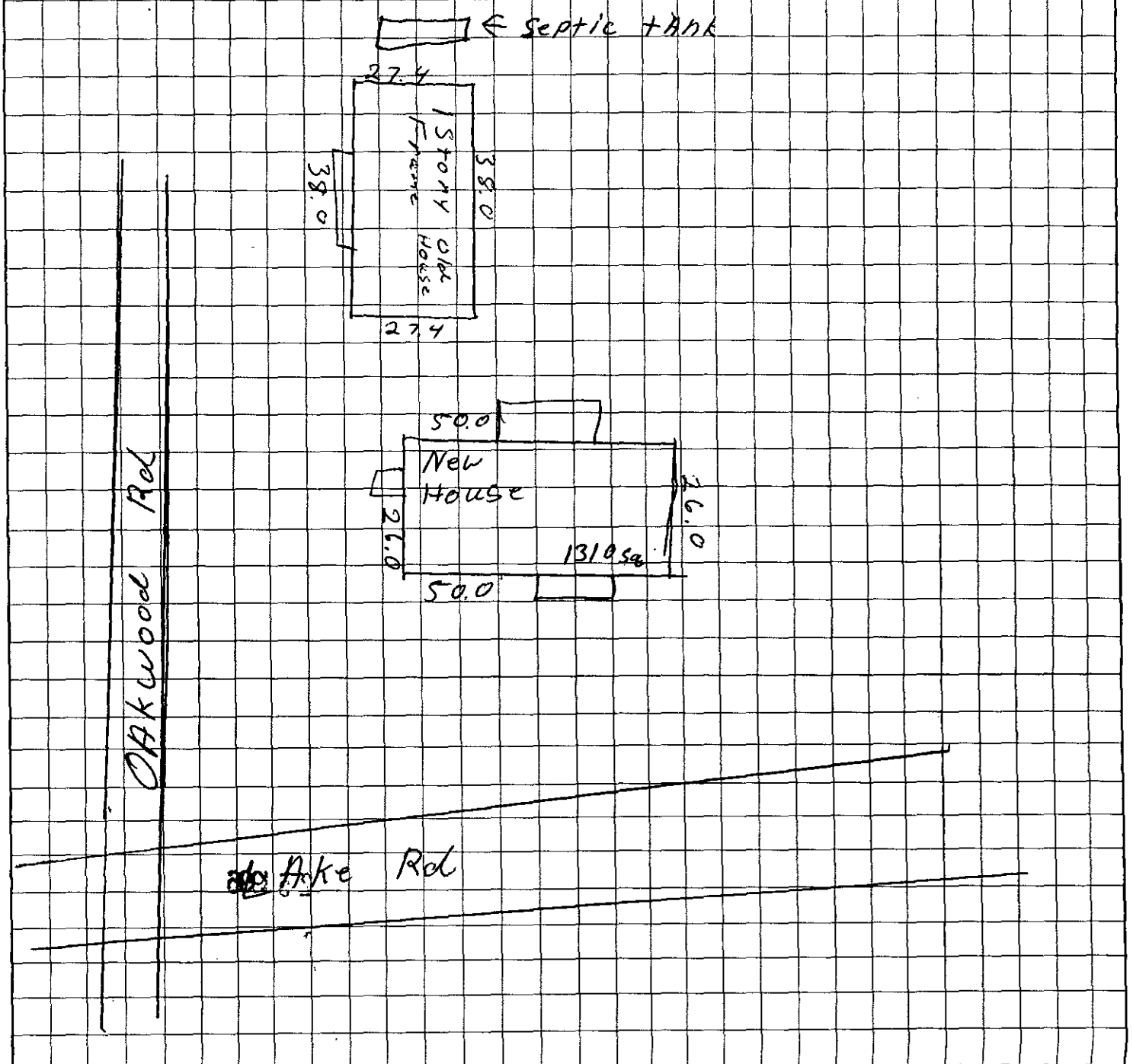
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