

10330 EAST LAKE RD

11111402

6/23/08

marliwr

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

See files
11674, 11677, 11678,
11679, 11680, 11681



NOV-23-93 TUE 11:40 P.02

JIM DICKERSON
537-9763

NOV-23-93 TUE 16:26 MARY RYDER REALTY MATT. P.02

PD 25' Consultation
Ck 12/2/93 DX

11675

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

(1 of)

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 311
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5100

Date:

PERSON FILING APPLICATION:
NAME: Dickerson (last) James (first) A. (mi)
ADDRESS: 2701 Central Ave PHONE: (704) 334-0792
CITY: Charlotte STATE: NC ZIPCODE: 28205

PROPERTY OWNER:
NAME: Williamson (last) Harrison (first) M. (mi)
ADDRESS: 8129 Bruns Rd PHONE: (704) 375-5798
CITY: Charlotte STATE: NC ZIPCODE: 28207

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 111-142-02
STREET ADDRESS: 10330 E. Lake Rd.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3,4,5,6,7&9 LOT SIZE (in acres): 3.6

TYPE APPLICATION (check one):
X 1 SOIL TEST - INDIVIDUAL LOT (P)
2 NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
3 EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
4 ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or H)
5 COMMERCIAL OR INDUSTRIAL (N)
6 SOIL TEST DEVELOPMENT (P)
7 ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (E)
8 MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (I)
9 REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
1 SINGLE MOBILE HOME (S) 3 HOUSE (H) 5 MULTIPLE FAMILY (U)
2 DOUBLE WIDE (D) 4 MODULAR HOME (M) 6 OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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):
1 Community (C) 3 Shared Well (S)
2 Municipal (M) 4 Other (spring) (O)
5 Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
1 Swimming Pool 3 Jacuzzi 5 Stable/Barn 7 Workshop 9 None
2 Garage 4 Storage Building 6 Deck/Patio 8 Bedrooms 10 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: X Harrison K Williamson Date: 11/23/93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Sequent 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.

...

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

Environmentalist Date

Jim Richardson
537-9763

PROPOSED PLOT PLAN

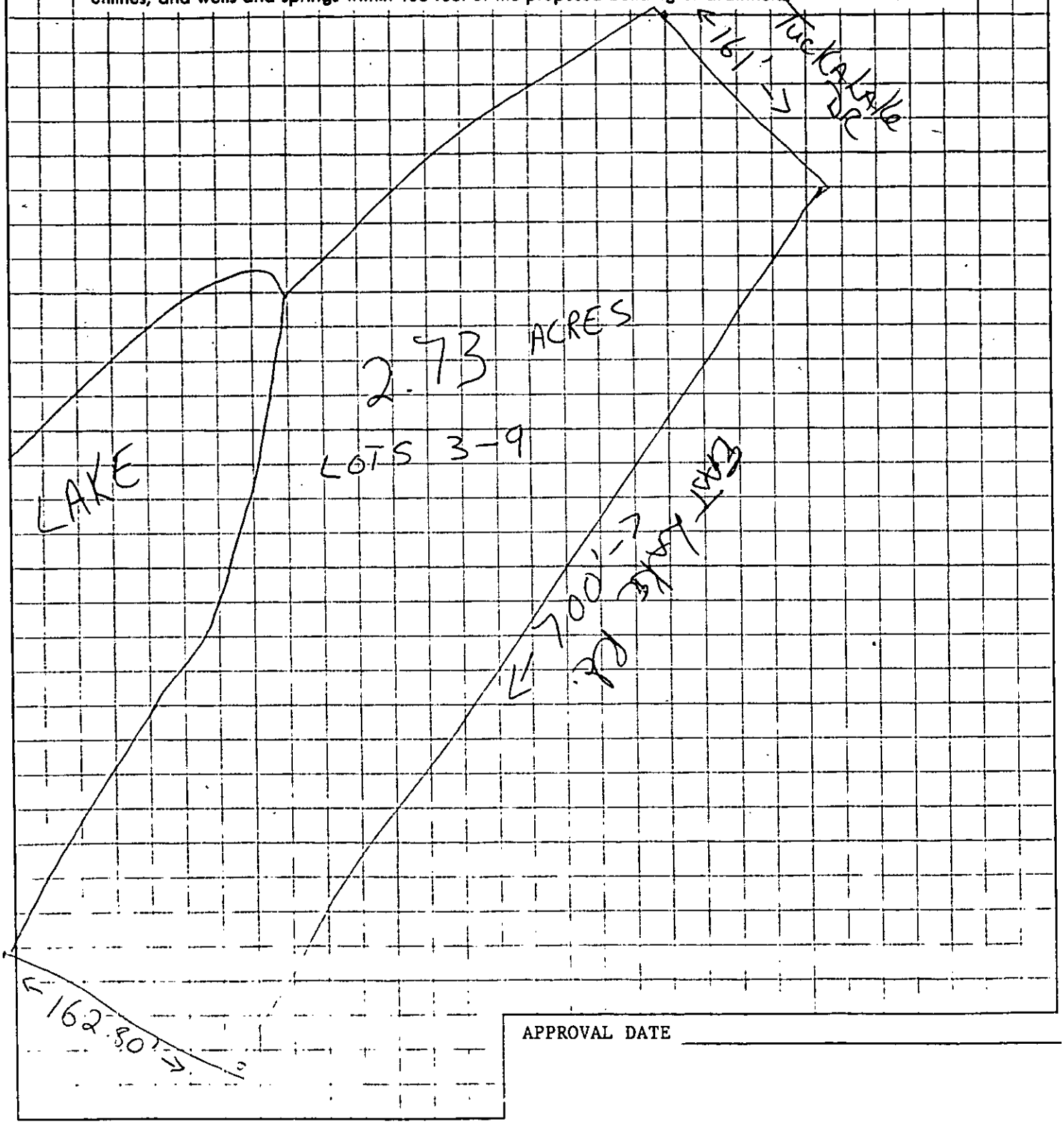
COPY

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

FILE: 11675

TC: 111-114-02

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.



APPROVAL DATE _____

JIM DICKERSON
537-9763

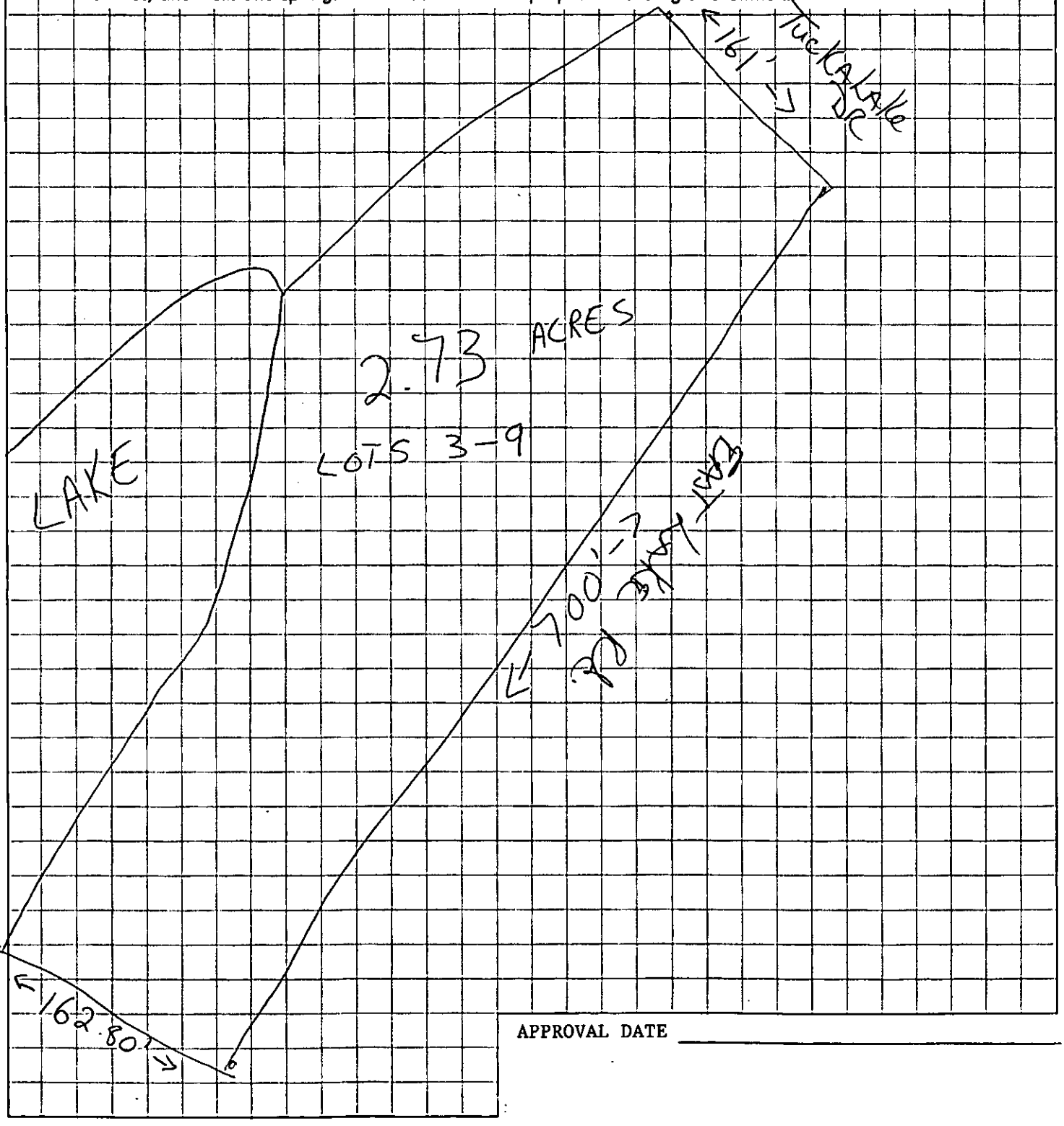
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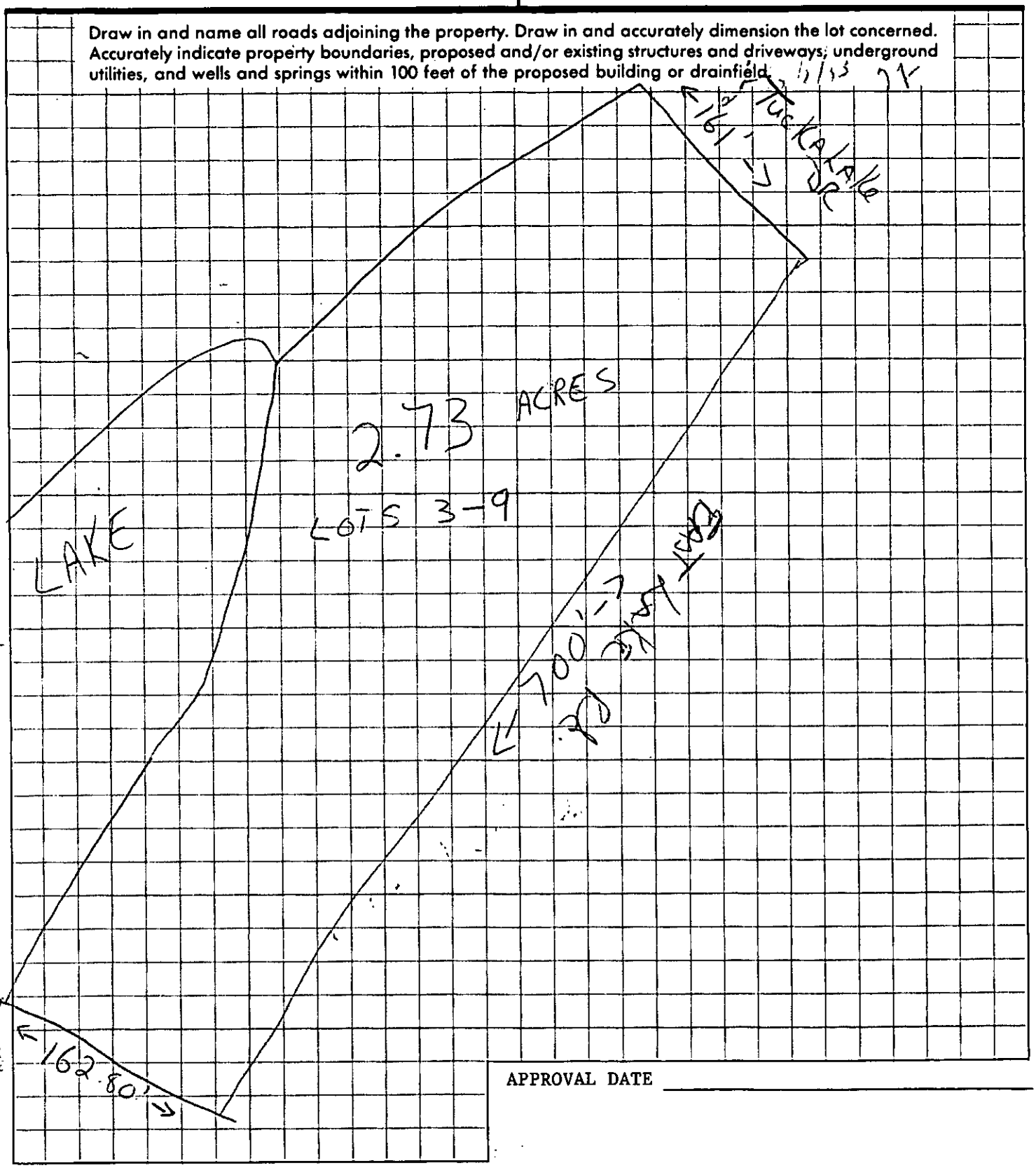
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