

20741 LAGOONA DR

00170114

12/26/2007

duponbj

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: March 5, 1997

Ref: 20741 Lagoona Drive/File 1799B

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Mike Moss originally paid $100.00

for an Improvement Permit on March 3, 1997

.

A refund should be issued for $100.00 because

the request was cancelled prior to the services being performed

.

Please make check payable to: Mike Moore

7700 Browne Road

Charlotte, NC 28269

FEE: 150.00 Ck

DATE: 3/3/97

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 1799B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-701-14

STREET ADDRESS: 20741 Lagoona Dr.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 45

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
✓ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

TYPE OF

__ SING
__ DOU
✓ HOU

HEATED S

NUMBER

FOUNDAT

__ WITH
__ ON S
✓ CRA

March 3, 1997
Lagoona Dr.
Mike Moore
7700 Browne Rd
Charlotte
28269

Two Story House
Cancel - City sewer available
sent care w/ P. Mabin

IF EXPAN

THE PROPOSED BUILDING ADDITION: 3/5/97

WILL THI

YES __ NO TYPE: _____

WATER S

__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ OTHER 'SPRINGS' (O)

IF ANY O

, PLEASE SHOW LOCATION ON PLAT:

BURIED C
EXISTING
EASTMEN

WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

Agent was Cancel
001-701-14
1799B

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Wright JERRY EDGE (LAST) (FIRST) (MI)	NAME: Moore Mike (LAST) (FIRST) (MI)
ADDRESS: 4019 Durham LANE	DAYTIME PHONE: ( ) –
CITY: Charlotte STATE: NC ZIP 28269	7700 Browne Rd
DAYTIME PHONE: ( ) –	28269

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: ✓ Mike Moore DATE: ✓ 3/3/97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

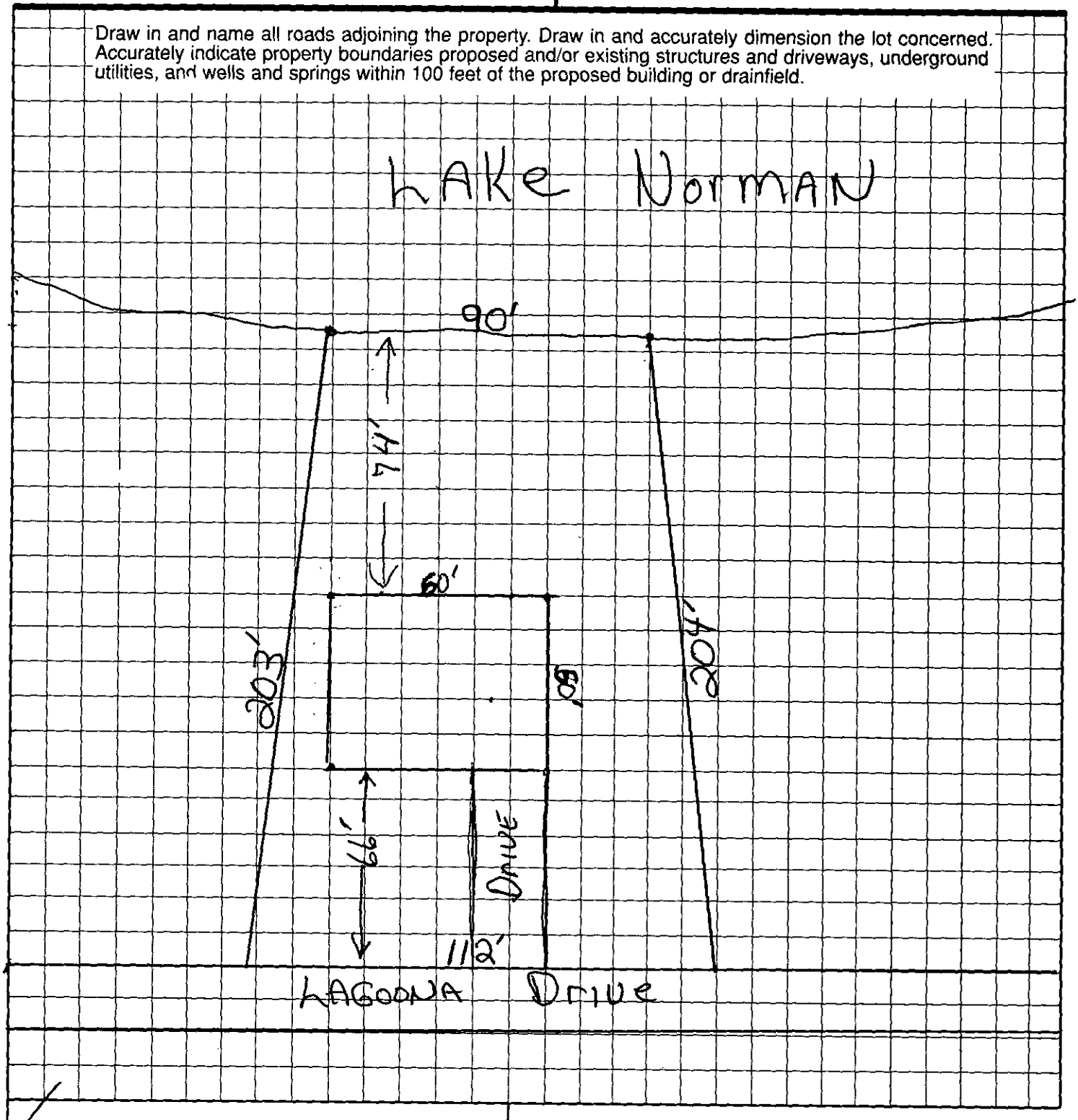
PROPOSED PLOT PLAN

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

FILE: 1799B

TC: 001-701-14

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

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy