

15517 MAC WOOD RD

01924213

6/13/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 11-10-89

NAME/COMPANY: Adams Homes

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: Mobile Home Exchange

Application Fee Treatment

63088

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 10 1989

FEE: 25.00

Completed By

Collected By

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY
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.

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 10 1989

(OFFICE USE ONLY)
FILE: 6308A
TC: CR#401
SERIAL: № 19471 $25.00 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 15517 (STREET NO.) Mac Wood Rd (STREET)
② FILE:
③ JURISDICTION:
④ TAX PARCEL NO.: 019-242 14 P0
⑤ SUBDIVISION:
⑥ LOT:
⑦ BLOCK:

OWNER

⑧ NAME: Audrey (FIRST) W (MIDDLE) Woods (LAST)
⑨ MAILING ADDRESS: 15517 Mac Wood Rd
⑩ CITY: Huntersville
⑪ STATE: NC
⑫ ZIP: 28078
⑬ PHONE: (WORK)
⑭ (HOME) 875-1124 SON

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type?
㉓ Maximum occupancy? 1
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats?

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: Mark Daryl Woods
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.

Use existing system

Phillip S. Walker, 11/22/89
Environmentalist — Date

Director or Authorized Section Head, 11-28-89
Date

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