

7510 WATERFORD SQUARE DR

1/9/2008

duponbj

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

GWYNN 336-6894

GWS - RES. APP 12/04

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 5822B

SEPTIC FEE: _____
DATE: _____
CRT [ ] _____

WELL FEE: ~~$200~~ cc appt 127939
DATE: 12/6/05 JC
CRT [ ] _____

SEPTIC / TYPE APPLICATION: ☑ NONE ☐ NEW SYSTEM ☐ EXISTING SYSTEM ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

JOB LOCATION INFORMATION:
TAX/PARCEL #: 209-241-02
STREET ADDRESS: 7601 WATERFORD SQ. DR.
CITY: CHARLOTTE
STATE: NC ZIP: 28226
SUBDIVISION OR MOBILE HOME PARK NAME: WATERFORD SQ
LOT #:
TOWNSHIP:
☐ 0-MECKLENBURG ☐ 4-PINEVILLE
☑ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

BUILDING INFORMATION:
TYPE OF BUILDING: N/A IRRIGATION WELL
☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☐ HOUSE (H) ☐ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:
FOUNDATION FOR RESIDENCE: N/A
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☐ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:
NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

WATER SUPPLY:
☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER SPRINGS (O)
PROPOSED USE OF WELL: ☐ N/A ☑ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

BURIED CABLES, LANDFILLS, STUMPHOLES	☑ YES ☐ NO	WELLS, SPRINGS, OR WATER LINES	☐ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☐ NO	DESIGNATED WETLANDS	☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☐ NO

PROPERTY OWNER:
NAME: Waterford Square Apartments Associates LLC.
ADDRESS: 23123 S. State Rd. 7 Suite 240
CITY: Boca Raton
STATE: FL ZIP: 33428
HOME PHONE: 561 451 0220 WORK PHONE:
MOBILE PHONE: FAX: 561 451 0229

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: N/A
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE WORK PHONE:
MOBILE PHONE: FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug 27, 2003
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? N/A

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Mail 1-19-05
Owner's/Agent's Signature Date

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

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Mail 1-19-05
Owner's/Agent's Signature Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202
704-336-5103 / FAX: 704-336-4694

CONTACT:
JEFF WILLINGHAM MOBILE 828-443-1893

Jeff Willingham

0753

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/26/05	**Amount:**	400.00
Receipt #:	31189	**Tendered:**	0.00
Check / Auth #:	VISA 727939	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: 200000
Contractor: WILLINGHAM JEFF
Attn:
Address: P O BOX 923
Address:
City/State/Zip: MORGANTON, NC 28680

Item	Description	Permit#	Quantity	Unit Price	Total Price
0753	Private Well, New 7601 WATERFORD SQ DRIVE - IRRIGATION WELL		1	400.00	400.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

ENVIRONMENTAL HEALTH
700 N TRYON ST #211
CHARLOTTE, NC 28202

BATCH: 064
S-A-L-E-S D-R-A-F-T
73822355
000500158410

REF: 0002
CD TYPE: VISA
IR TYPE: MAIL/PHONE
INV: 0502
DATE: JAN 26, 05 11:49:23

AVS: ZIP MATCH
CVV2: MATCH

TOTAL $400.00*

ACCT: 7459 EXP: **/**
AP: 727939
TAX $0.00

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

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