

6925 LAKELAND DR

05532115

5/30/2007

duponbj

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

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 5-12-89

No 22770

RECEIVED FROM: Dale T. Bradley

one thousand seven hundred forty + 00/100 $1,740.00

FOR: 4" sewer tap (Health Hazard Ext.)

6925 Lakeland Dr

Vorecia Johnson
RECEIVED BY:

CASH ☐

CHECK # 1113

Above Is Requested Copy Of Tap Fee Receipt. Please Call Me If You Have Any Questions.

Thanks
Dale Bradley

Dale T & Sandra M. Bradley
6925 Lakeland Dr
Charlotte N.C. 28214
399-6807

(Parcel 055-321-15)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

MAY 16 1989

ENVIRONMENTAL HEALTH
DIVISION

Mecklenburg County
Health Department

May 6, 1989

Dale T. & Sandra Bradley

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
NOV
ENVIRONMENTAL HEALTH
DIVISION

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.

(OFFICE USE ONLY)
FILE: 5169A
TC:
SERIAL: № 17135 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6925 (STREET NO.) LAKELAND DR. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 055-321-15
⑤ SUBDIVISION: WHITE OAK PARK ⑥ LOT: 5 ⑦ BLOCK: B

OWNER

⑧ NAME: DALE (FIRST) THOMAS (MIDDLE) BRADLEY (LAST)
⑨ MAILING ADDRESS: 6925 LAKELAND DR.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28214
⑬ PHONE: (WORK) (704) 339-0493 ⑭ (HOME) (704) 399-6807

REQUEST

This request is for a(n): Requesting C-MUD Extension
⑮ ☐ New permit TAP Fee Paid
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve: NO Available Soils for repair
⑲ ☒ Residence ⑳ ☐ Mobile home 11/22/88
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 4
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: Dale Thomas Bradley
Date: 11-1-88

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.

Environmentalist / Date

Director or Authorized Section Head / Date

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