

5721 TUCKASEEGEE RD

06122202

5/23/08

marliwr

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

Mecklenburg County
Health Department

July 28, 2000

Kisan Khandelwal
4211 Prosperity Church Road
Charlotte, NC 28209

Re: Humpty Dumpty Day Dare
File: 4939
Parcel: 061-222-02

Dear Property Owner:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been concluded. The results of the evaluation indicated that the site is **UNSUITABLE** under Rule.1945 **AVAILABLE SPACE**. For this reason, your application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d), which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating date if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5572.

Sincerely,

Jeremy P. Michelone, R.S.I.
Individual Water and Wastewater Systems

Enclosure

/kdt

399-2551

Pd 100 7/18/00 Check

COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 4939

PERSON FILING APPLICATION:
NAME: Khandelwal Kisan M.
(last) (first) (mi)
ADDRESS: 5721 Tuckaseegee Rd PHONE: (704) 394-8095 365-4561
CITY: Charlotte STATE: NC ZIPCODE: 28208

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 061-222-02
STREET ADDRESS: 5721 Tuckaseegee Rd
ZONING:

PROPERTY OWNER:
NAME: Khandelwal Kisan M.
(last) (first) (mi)
ADDRESS: 5721 Tuckaseegee Rd PHONE: (704) 394-8095 365-4561
CITY: Charlotte STATE: NC ZIPCODE: 28208

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted] 1973

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) modular unit
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (N) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Day Care # Employees 6 Per Shift 3
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [X] Other Temporary Modular Unit for After School Care 2:30 to 6 PM.

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: [signature] Date: 7/18/00

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...

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

Environmentalist Date

WWATER : 122791

#kids site plan 35 students

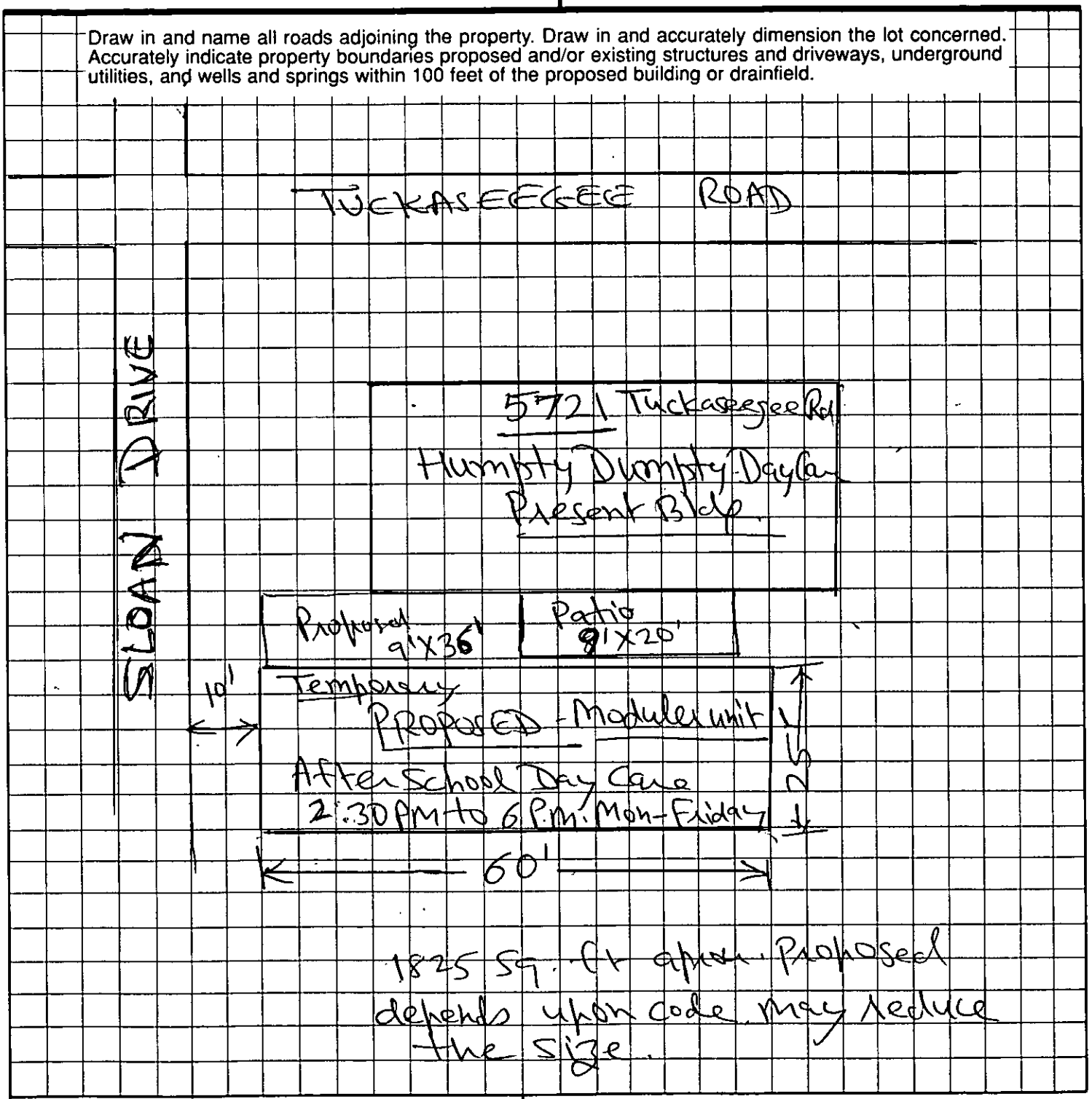
PROPOSED PLOT PLAN

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

FILE: 4939

TC: 061-222-02

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.



OWNER/AGENT SIGNATURE

DATE 7/18/2000

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

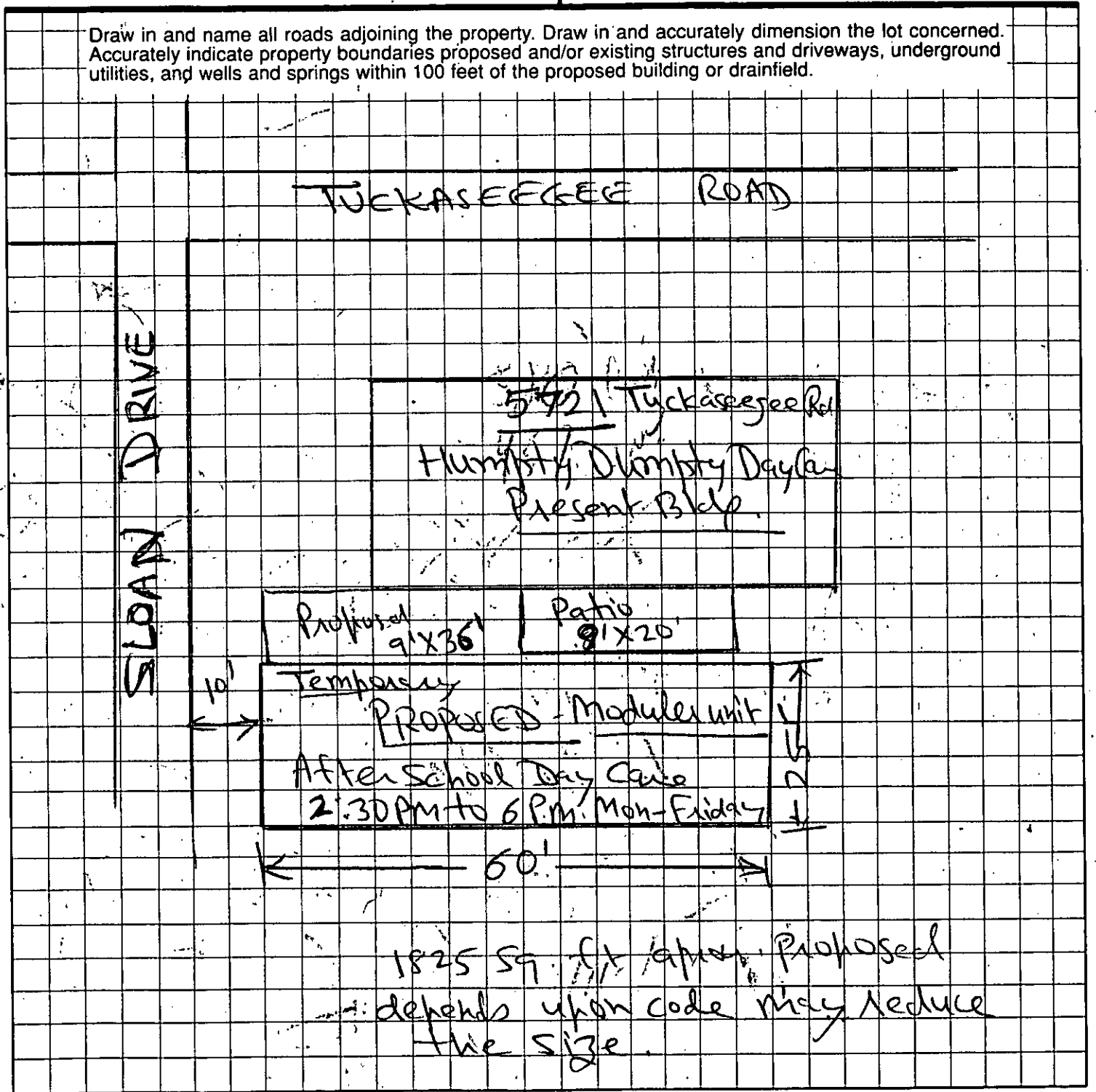
PROPOSED PLOT PLAN

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

FILE: 4939

TC: 061-22-02

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.



OWNER/AGENT SIGNATURE

DATE 7/18/2000

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

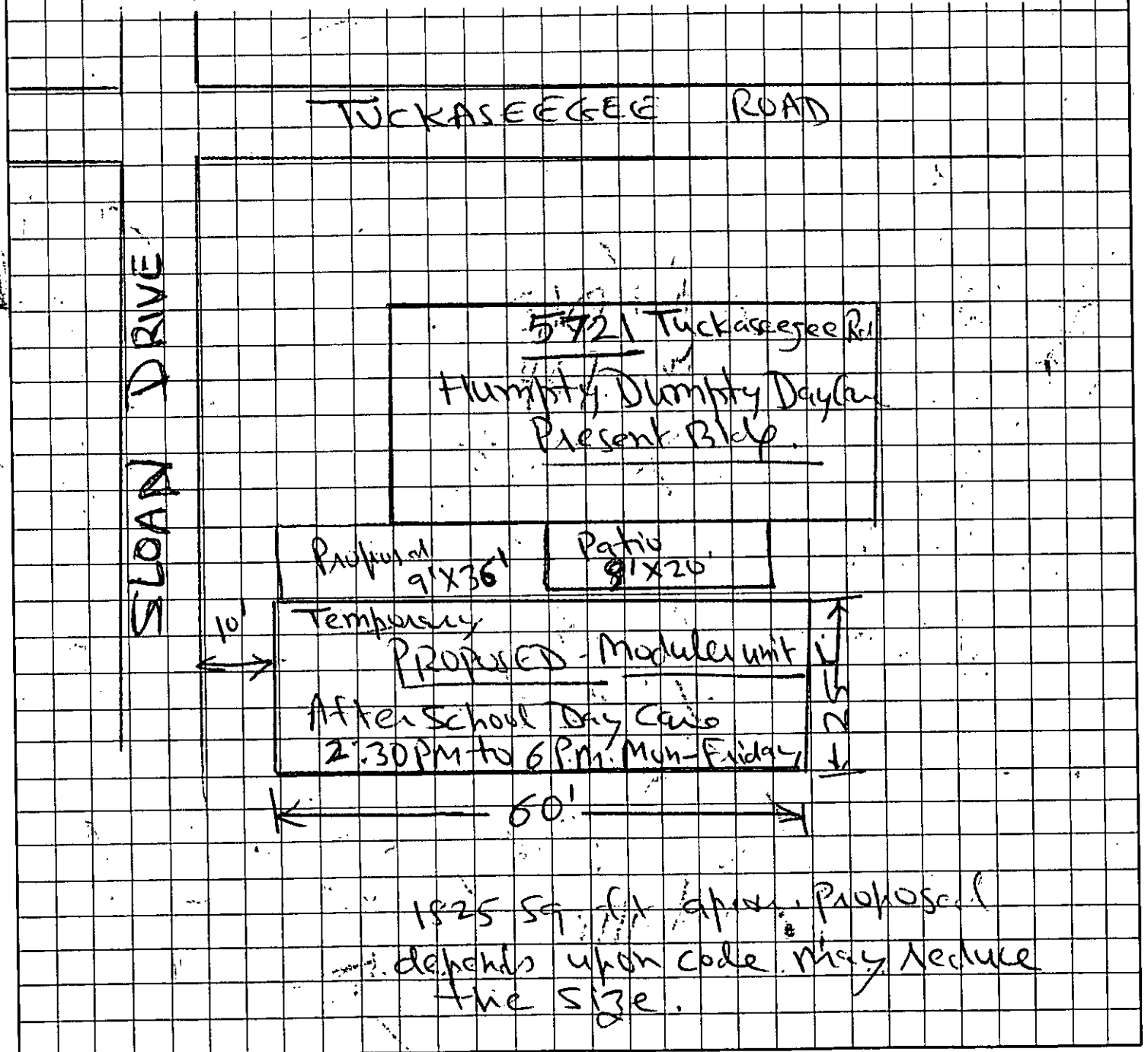
PROPOSED PLOT PLAN

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

FILE: 4939

TC: 061-222-02

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.



OWNER/AGENT SIGNATURE

DATE 7/18/2000

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Serial No. 3902

ICAR(S) Permit No. 7937

T. C. No. C61-232-S-4

Map Date 7-11-72

Date Issued 30 Aug 1973

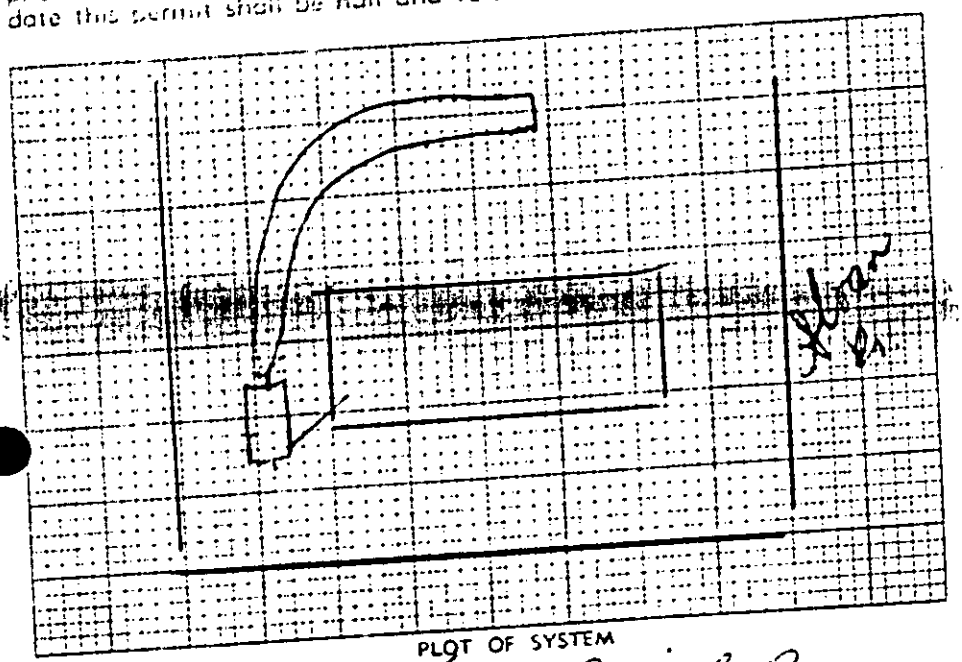
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank waste water treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 7937 dated ___ and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 30 Aug 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 53

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption and/or Nitrification Lines:

Total Line Length 500 lf

Number of Lines 5 (12.5 x 10)

Distance from House 10'

Distance from Property Line 12'

Distance from Well NA

NAME OF OWNER Ford, David Roe

LOCATION OF PROPERTY Tuckaseigee Rd. + Sloan Ave.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: no dishwasher on trench line

John R. Adkisson

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO. E-5-4 1-71

HEALTH DEPARTMENT'S COPY

Serial 3886

Date Issued 24 Aug 1973

T C No. C61-24-

Map Date 7-17-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Kane, David Roe
LAST FIRST MIDDLE

Location of Property Tuckaseyee & Sloan Drive

Application Number 4939

Permit Number 4939

Inspection Data:

Liquid Capacity of Tank 1500 gal

Total Length of Drain Tile 500 l/ft

Depth of Filter Material 12"

Water Supply Source NA (city)

Excavation Inspected 24 Aug 1973
DATE

Nitrification Field Inspected 24 Aug 1973
DATE

Washing Machine Line Inspected, If Applicable 24 Aug 1973
DATE

Tank Material Concrete

Number of Lines 5 (12"x1.0)

Cover Depth 24"

Distance from Water Source NA

Tank Inspected 24 Aug 1973
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, or effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: wash machine line installed in bed
10' x 75' x 12" total 300 l/ft

John R. Atkinson
Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 4937
TC: _____
SERIAL: Nº 14459

JOB LOCATION

① ADDRESS: 5721 Tuckaseegee Rd (STREET NO. / STREET) ② FILE: 4937
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 061-222-02
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Kisan M. (FIRST) & Veena (MIDDLE) Khandelwal (LAST)
⑨ MAILING ADDRESS: 5721 Tuckaseegee Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 394-8095 ⑭ (HOME) 553-7229

REQUEST

This request is for a(n): FOR EXPANSION OF DAY CARE FROM 49 to 71 children

⑮ ☐ New permit
⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit
⑱ ☒ Other (specify) EXPANSION OF DAY CARE

DESIGN CRITERIA

System will serve: DAY CARE 71 children

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☒ Business or place of public assembly
㉒ Number of bedrooms? _____
㉕ Type? DAY CARE
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 5
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Khandelwal
Date: 9/10/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH certifies that the Department has approved the Request for the Job Location contained on this application. This approval is granted in accordance with the provisions of the Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following conditions:

. . . No work shall be conducted on the septic tank system . . . Installation, Construction Alteration and or Repair permit issued by the Department.

. . . This permit is not transferable, and shall become null and void . . . months from the date of issuance.

_____
Environmentalist

_____
Director or Authorized Section Head

*This permit must be signed by the Director of Environmental Health or his authorized section head in order to be valid.

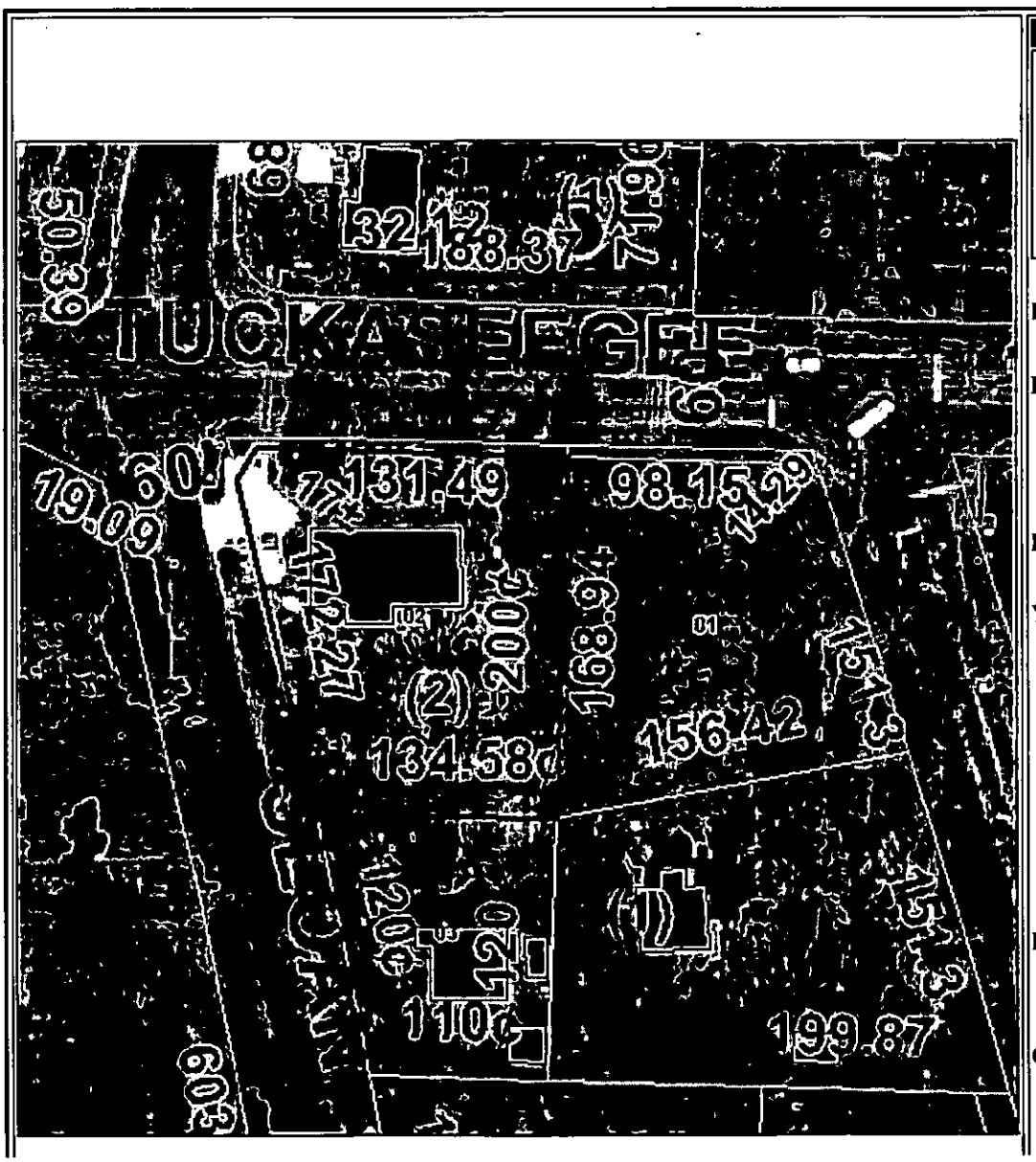
GIS Real Estate System

Mecklenburg County, NC Geographic Information Systems

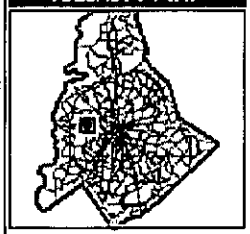
Tax Parcel & Map Sheet Search | Road Name & Intersection Search | Market Analysis Search Menu
Return to Full Map Extent | How to Use the System | Return to GIS Homepage

Click on Map to Perform Operation

○ Refresh Map ○ Pan ○ Zoom In ◉ Zoom Out Zoom Factor [1X] ○ Identify [Parcels]
○ Surveyor's Report
○ Adjoining Owner's Report within [10 FEET] ○ Measure [Start Line] Label Parcels by: [ ]



VICINITY MAP



LEGEND

- ☑ County Boundary
- ☐ Jurisdictions
- ☑ Tax Parcels
- ☑ Parcel Dimensions
- ☐ Sales by Deed Year
- ☑ Railroad ROW
- ☑ Utility ROWs
- ☑ Bodies of Wate
- ☑ Streams
- ☐ Floodplain
- ☐ Watershed
- ☐ Surface Water Buff.
- ☑ Building Outli
- ☐ Prop. I-485 Corridor
- ☐ Photo Controls
- ☑ 1999 Aerial

Photo
☐ Tax Parcel Lai
Use

Click here to submit questions or comments about the information shown on this page.

Map Scale: 1 Inch = 84 Feet Date and Time Stamp 7/24/00 8:14:59 AM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

Parcel-Id#: 06122202 **GIS Map#:** 06122202	**Legal Desc:** P2 B2 M4-163
Account Type: INDIVIDUAL	**Deed Book/Page:** 04596/310 **Date:** 11/19/82
Owner: KHANDELWAL KISAN M	**Sales Price:** $0
Add. Owner: &WF VEENA	**Sales Date:** 11/19/82 **Qualified Sale:** N
Mailing: 2813 VALENCIA TR	**Neighborhood Code:** 06101
Address:	**Historic Desig.:** **Farm Desig.:**
City: CHARLOTTE	**Deeded Acreage:** 0.461
State: NC **ZIP:** 28213	**Assessed Acreage:** 0.461
Location: 5721 TUCKASEEGEE RD Get Directions	**Assessed Land Value:** $23090
Municipality: CHARLOTTE	**Total Assessed Value:** $100140

Site Location Information

Zoning from Tax: R17MF	**Parks Within 3 Miles:** Click to Find Out
Fire District: N/A	**FEMA Flood Panel#:** 3701590007B
Voter District: Click to Find Out	**FEMA Flood Zone:** OUT
School District: Click to Find Out	**FEMA Flood Map Date:** 03/02/1993
Watershed Class: N/A	**Census Tract Number:** 43.01

Major Improvement Information

Parcel-Id# & Card#: 06122202-001	**Situs Location:** 5721 TUCKASEEGEE RD Get Directions
Land Use Type: OFFICE	**Ext. Type:** COMMON BRICK
Building Type: DAY CARE	**Heating Type:** FORCED AIR-DUCTED
Approximate Square Footage: 2080	**AC Type:** CENTRAL
Actual Year Built: 1973	**Fireplace:** NONE
Number of Stories: 1.0 STORY	**Garage:** N
Bedrooms: 0	**Basement:** N
Bathrooms: 0	**Assessed Net Bldg Value:** $75090 **$/SqFt =** $36.1
Restrooms: 0	**Total Assessed Bldg Value:** $77050

This site is powered by ESRI MapObjects Internet Map Server HITSTATS By

Mecklenburg County
Health Department

Date: 7/28/00

Name: Kisan Khandelwal
Address: 5721 Tuckaseegee Road
State/Zip: Charlotte, NC 28208

Re: Humpty Dumpty Day Care
File: 4939
Parcel: 061-222-02

Dear: Kisan

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is UNSUITABLE under Rules .1945 Available Space

For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, and or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified a PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:
>
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.
>
> The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5572

Sincerely,

Jeremy Michelsen

, R.S.
Environmental Health Specialist
Individual Water and Wastewater Systems

Jeremy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd 100 7/18/00 Credit Card

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 4939

Date:

PERSON FILING APPLICATION:

NAME: Khandelwal (last) Kisan (first) M. (mi)

ADDRESS: 5721 Tuckaseegee Rd PHONE: (704) 394-8095 365-4561

CITY: Charlotte STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 061-222-02

STREET ADDRESS: 5721 Tuckaseegee Rd

ZONING:

PROPERTY OWNER:

NAME: Khandelwal (last) Kisan (first) M. (mi)

ADDRESS: 5721 Tuckaseegee Rd PHONE: (704) 394-8095 365-4561

CITY: Charlotte STATE: NC ZIPCODE: 28208

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted] 1973

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) Modular Unit
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Day Care # Employees 6 Per Shift 3
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [X] Other Temporary Modular Unit for After School Care 2:30 to 6 PM.

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: [signature] Date: 7/18/00

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

...

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

Environmentalist Date

WATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
Environmental Health Fees

Requestor (please print): KISAN KHANDELWAL	Phone #:	Date Requested: 7/18/00	Date Filled:
Account Name:	Cash Charge	Account No.:	
I certify that I am authorized to charge this account for this service:			
Signature:	Printed Name:		Date:

T.C.	Qty	Description	Unit Cost	Total Cost
0701		Improvement Permit Application - Residential	$ 200.00	
0735		Improvement Permit Application - Commercial	$ 400.00	
0702		Optional Site Evaluations	$ 100.00	
0703		Installation and Final Approval	$ 150.00	
0704		Change in Plot Plan	$ 100.00	
0705	1	MH Exc/Add/Repl without System Modification	$ 100.00	100
0706		MH Exc/Add/Repl with System Modification	$ 300.00	
0707		Site Consultation Visit	$ 100.00	
0734		Authorization for Wastewater System Construction	$ 150.00	
0708		Realty Closing - Conventional	$ 85.00	
0709		Realty Closing - FHA with water	$ 135.00	
0710		Additional Trips	$ 65.00	
0711		Well Water Analysis-Bacteriological with regular parameters	$ 50.00	
0712		Well Water Analysis -Nitrates and Nitrites	$ 15.00	
0714		Well Water Analysis - Organic Analysis	$ 200.00	
0715		Admin. Fee - Field Activity Letter	$ 25.00	
0718		Residential Pool Permit	$ 50.00	
0719		Public Pool Permit - operating	$ 240.00	
0720		Seasonal Pool Permit - operating	$ 120.00	
0736		Pool Late Fee	$ 120.00	
0733		Permit to Construct a Public Pool	$ 200.00	
0721		Home Day Care Evaluation and Permit	$ 70.00	
0722		Home Day Care Evaluation and Annual Fee	$ 40.00	
0723		Eval and Report Non-Permit Facility	$ 50.00	
0724		Private Pool Testing	$ 15.00	
0731		Garbage Hauler Permit - (1-9 vehicles)	$ 30.00	
0736		Garbage Hauler Permit - (each over 9)	$ 20.00	
0725		Document Copies	$ 0.05	
Payment received by: J. Allen		Date: 7/18/00	Total:	100

5721 Tuckaseegee Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

COPY

PROPOSED PLOT PLAN

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

FILE: 4939

TC: 061-222-02

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.

TUCKASEEGEE ROAD

SLOAN DRIVE

5721 Tuckaseegee Rd
Humpty Dumpty Day Care
Present Bldg.

Proposed 9'X36'

Patio 8'X20'

10'

Temporary
PROPOSED - Modular unit
After School Day Care
2:30 PM to 6 P.M. Mon-Friday

60'

1825 Sq. Ft approx. Proposed
depends upon code may reduce
the size.

OWNER/AGENT SIGNATURE

DATE 7/18/2000

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy