

1301 CHOYCE AV

16713222

1/2/2008

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

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

Date: May 24, 1994

Ref: File #3144B/1301 Choyce Avenue

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Timothy Green originally paid $150.00

for Improvement Permit/change in septic system on May 12, 1994

.

A refund should be issued for $100.00 because

there was no change in the septic system or lines (Improvement Permit with no change applies, the fee for this service is $50.00.

Please make check payable to: Mr. Timothy Green

1301 Choyce Avenue

Charlotte, NC 28217

$3400 ea.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3148 — pd 4/30 5/2/94 ck# 6170 — [X] 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

PERSON FILING APPLICATION:
NAME: Green (last) Timothy (first) O (mi)
ADDRESS: 1301 Choyce PHONE: (704) 527-7158
CITY: Charolette STATE: NC, ZIPCODE: 28217

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 167-13222
STREET ADDRESS: 1301 Choyce Ave 28217
ZONING:

PROPERTY OWNER:
NAME: Green (last) Timothy (first) O (mi)
ADDRESS: 1301 Choyce PHONE: (704) 527-7158
CITY: Charolette STATE: NC ZIPCODE: 28217

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) BDRM
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
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 [ ] Other

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: Timothy Green Date: 5-12-94

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.

...May use existing System to Add Bedroom - Embody TAP has been Rid - IF System fails Connection will be Mandatory

[ ] 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: 5/2/94

Director or Authorized Section Head — Date:

WATER : 122791

PROPOSED PLOT PLAN

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

FILE: 3144B

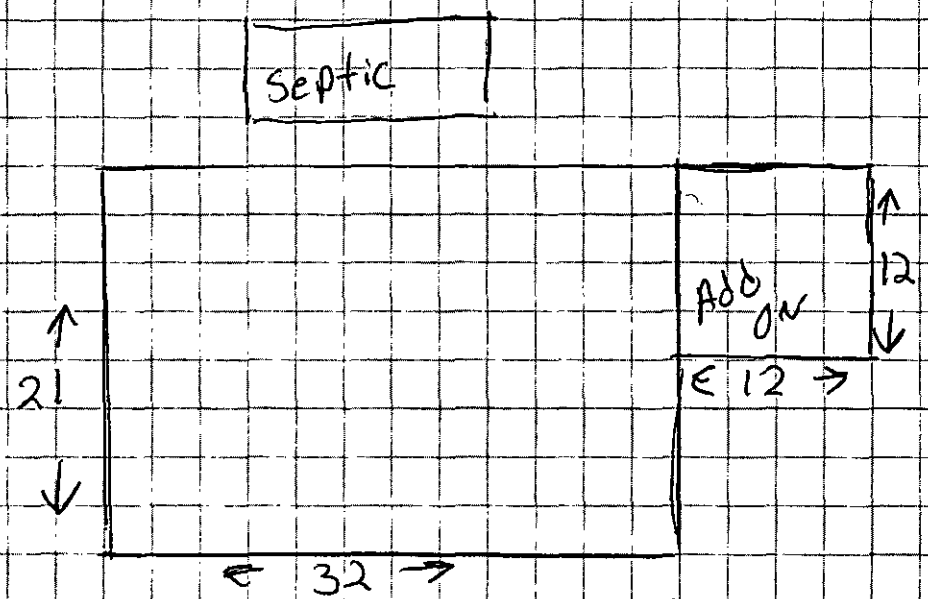
TC: 167-132-22

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.

NOTE: CHARLOTTE MECKLENBURG UTILITY TAP FOR SEWER CONNECTION WAS PAID IN 1978. THE IMPROVEMENT PERMIT WILL BE APPROVED TO ADD THE ADDITIONAL BEDROOM; HOWEVER PROPERTY OWNER UNDERSTANDS THAT IF THE SEPTIC SYSTEM SHOULD FAIL THERE WILL BE A MANDATORY REQUIREMENT THAT CONNECTION BE MADE TO THE CITY SEWER LINE.

OWNER HAS READ THE ABOVE STATEMENT AND HIS SIGNATURE FOLLOWS:

OWNER, DATE Dimetty O'Neal Dean



Choyce Ave

APPROVAL DATE 5/23/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy