

20511 SHEARER RD

00310104

1/8/2008

duponbj

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

ACS

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 file 5605B

PERSON FILING APPLICATION:
NAME: Alexander (last) Alice (first) C (mi)
ADDRESS: 20511 Shearer Rd. PHONE: (704) 892-6271
CITY: Davidson STATE: NC ZIPCODE: 28036

ICE:

OPERTY INFORMATION (FROM ENGINEERING FORM):
X/PARCEL NUMBER: 003-101-04
REET
DRESS:

ONING:

UBDIVISION OR MOBILE HOME PARK NAME:

PROPERTY OWNER:
NAME: Alexander (last) Alice (first) C (mi)
ADDRESS: 20511 Shearer Rd PHONE: (704) 892-6271
CITY: Davidson STATE: NC ZIPCODE: 28036

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

LOT NUMBER: LOT SIZE (in acres):

YPE APPLICATION (check one):

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

☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☒ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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

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)
☐ 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: Alice Christy - Alexander Date: 5-8-04

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.

... O.K. to use existing system for bathroom addition

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

Tommy Mobley R.S. 5/17/04
Environmentalist Date

WATER : 122791

0705 $100

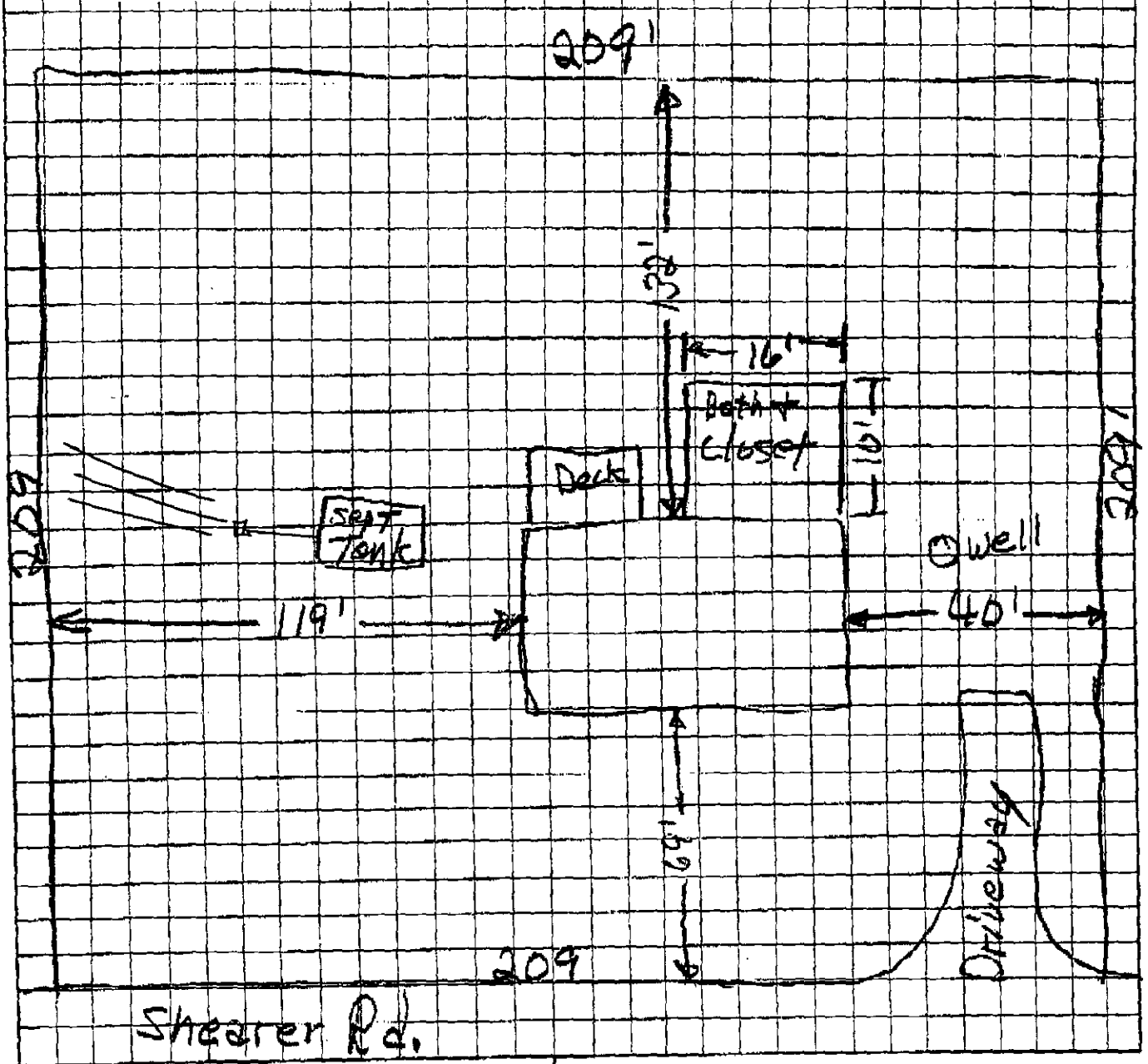
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

Canary - E.H.S. Copy

Pink - Owner's Copy

05/04/2003 10:41 7044322523 LUESA NORTH PAGE 02/04

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/12/04	**Amount:**	100.00
Receipt #:	25633	**Tendered:**	100.00
Check / Auth #:	CHECK 6918	**Returned:**	0.00
Received By:	POWELPT		

Account Information

Account #: 200000
Contractor: ALEXANDER, ALICE C
Attn:
Address: 20511 SHEARER RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 20511 SHEARER RD		1	100.00	100.00

ALICE CHRISTY-ALEXANDER
NCDL 2379029 Ph 704-892-6271
20511 Shearer Road
Davidson, NC 28036

Septic application

6918

5-12-04
Date

Pay to the order of Mecklenburg County $100.00

One hundred & 00/100 Dollars

WACHOVIA
Wachovia Bank, N.A.

For Water Permit

Alice Christy-Alexander

⑆053000219⑆ 2066440011443⑈ 6918

Outstanding Balances

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