

2005 DAVIS RD

00314119

12/31/2007

duponbj

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

FEE: 50.00 ok #5922
DATE: 4-29-98

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

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

FILE #: 2497B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: [redacted] Davis Rd Davidson

TAX/PARCEL NUMBER: 003-141-19

STREET ADDRESS: 2005 Davis Rd. Davidson

SUBDIVISION OR MOBILE HOME PARK NAME: n/a

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
X 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 4600

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
X WITH BASEMENT /NO PLUMBING

USE Existing System
5-22-98 Release to use existing system for 3 bedroom house. C

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: Walked through existing house before it was moved. C

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
X PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: Deutsch Donald
(LAST) (FIRST) (MI)

ADDRESS: 9015 Willow Trace Ct

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: ( ) 347-4303

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Choate Construction Co.
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 583-0941

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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

SIGNED: Shannon Thompson DATE: 4/29/98

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

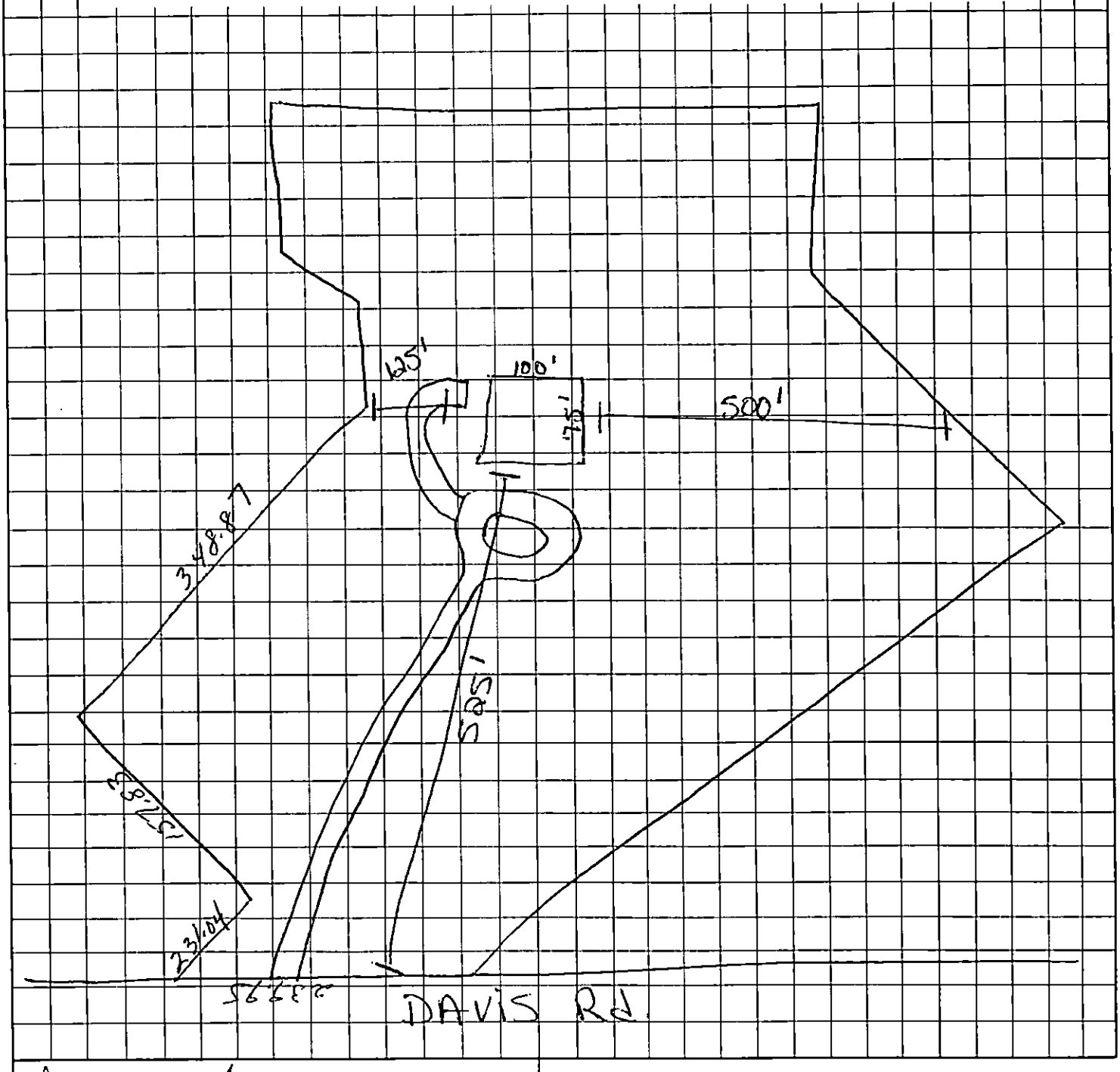
PROPOSED PLOT PLAN

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

FILE: 2497B

TC: 003-141-19

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.



Shannon Thompson
OWNER/AGENT SIGNATURE

DATE 4/29/98

APPROVAL DATE _____

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



CHOATE CONSTRUCTION COMPANY

Charlotte Partners
5960 Fairview Road, Suite 302
Charlotte, North Carolina 28210
704-583-0941 Fax: 704-583-0715

FACSIMILE TRANSMITTAL

DATE: *22-May-98* TIME: *8:20* Total # of pages (including cover): *2*

COMPANY *Meck. County Health Dept.* FAX: *336-6894*

CONTACT: *Larry Thompson*

FROM: *Shannon Thompson*

RE: *2005 Davis Rd.*

MESSAGE: *Attached is a copy of the bill for the septic pumping. Thank you for your help.*

If this transmission is not received in its entirety please call Choate Construction at (704)556-0550

DELIVERY RECEIPT

AUTRY CONCRETE PRODUCTS

5818 BYRUM DRIVE — PHONE 357-1250 — CHARLOTTE, NC 28217

DRAIN TILE
SEPTIC TANKS

STEPS
DRIVEWAYS AND PATIOS

PRE-CAST WORK
OUTDOOR TABLES

Late payment charge of 1½% (18% ANNUALLY) will be charged on all past due accounts.

Deliver To

Address 2005 Davis Rdy, Davidson N.C. Date 5/19 19 98

Cust. Order No.

Sold To Choate Custom Homes

Address 3545-D Center Circle Dr. Ft. Mill S.C. 29715

583-0941

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Pump Tank		175 00
1	Distribution Box		40 00
			215 00

ALL claims and returned goods MUST be accompanied by bill.

Rec'd by:

13605

TAX

TOTAL

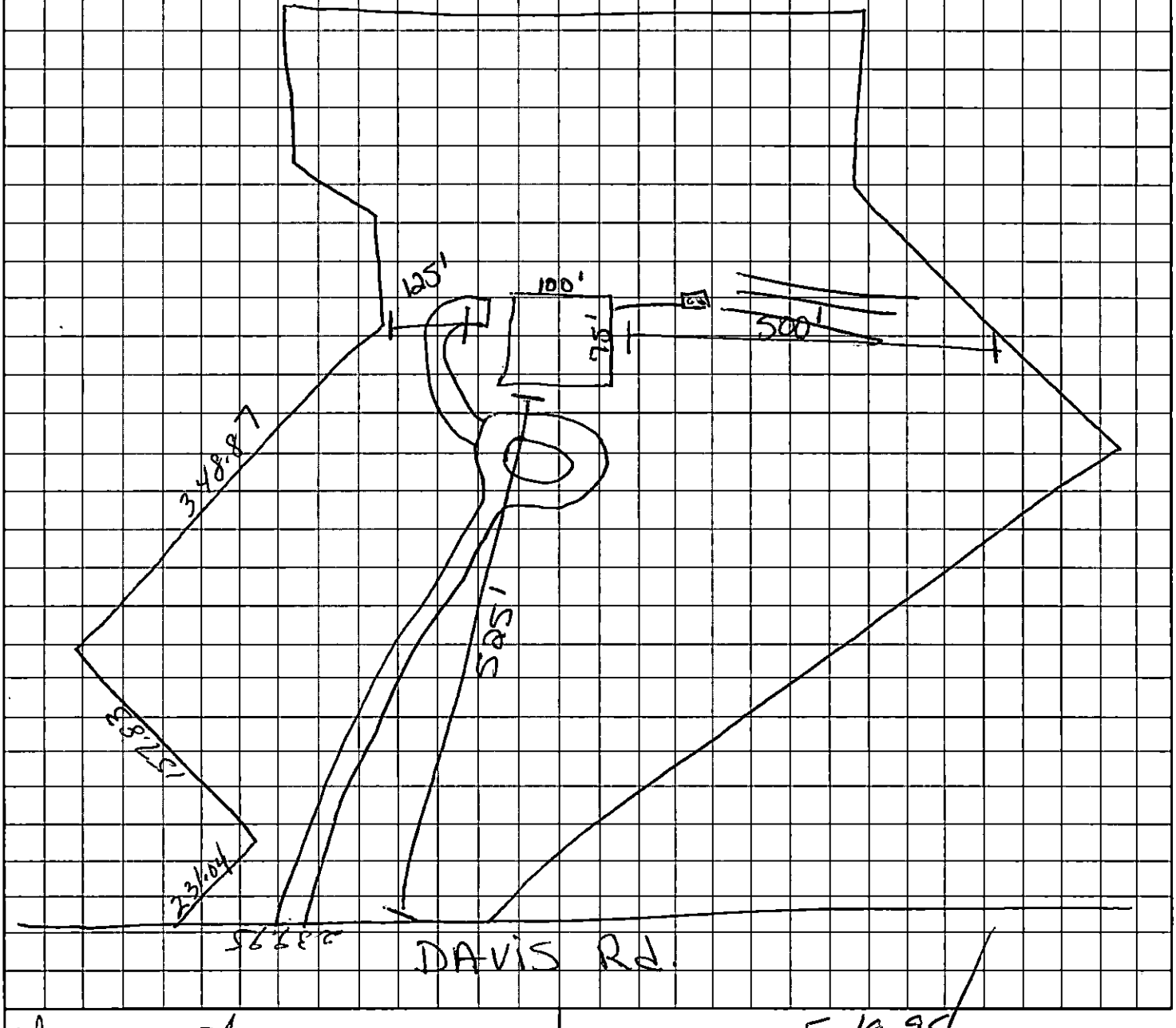
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