

6/14/2007

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Mecklenburg County
Health Department

December 22, 1989

Albert D. Nance
3117 Moores Lake Dr.
Charlotte, NC 28214

Re: Property located at 3020 Little Rock Rd.
File: 6380A

Dear Sir:

Receipt of the Application for Improvement Permit dated December 11, 1989 is hereby acknowledged. Upon receipt of the application a review was made of our records and a site evaluation was conducted with you on November 14, 1989. The application was then reviewed in conjunction with Provisions of 10 NCAC 10A .1900 "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

The existing septic system was designed and installed for the existing building on the site. Construction of another building on the site would require a separate septic system.

The remaining area available on the lot appeared to have been filled with soil and broken asphalt and, therefore, could not be utilized for nitrification lines.

For these reasons the application, as submitted, has been disapproved. Please contact me if you have further questions concerning this matter.

Sincerely,

Judy J. Kiser, R.S.
On Premises Waste Disposal & Water Supply Section

1-19-90 3:15pm Spoke w/ Ms. Nance discussed situation
1-19-90 4:00pm Spoke w/ Albert Nance Referred her to Comm for Possible Sewer Line Ext in future. Informed her that I would assist where possible but that our dept (per Strussy) could not take any further action until property matters between Nance has been resolved.

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 6380A
TC: 055-369-45
SERIAL: № 19562 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3020 (STREET NO.) LITTLE ROCK Rd (STREET) ② FILE: 6380A
③ JURISDICTION: ④ TAX PARCEL NO.: 055 369 45
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: ALBERT (FIRST) D (MIDDLE) NANCE (LAST)
⑨ MAILING ADDRESS: 3117 MOORES LAKE DR.
⑩ CITY: CHARLOTTE ⑪ STATE: N C ⑫ ZIP: 28214
⑬ PHONE: (WORK) — ⑭ (HOME) 3927254

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) USE EXISTING SYSTEM

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms?
㉕ Type? DETAIL CARS
㉓ Maximum occupancy?
㉖ Maximum number of employees? 4
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: Albert D. Nance

Date: 12/11/89

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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

OSE

CHARGE SLIP

Date: 12-11-89

Name/Company: Albert D. Mason

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Const Permit
3020 Little Rock Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 11 1989

638.14

C2#49

Fee: $ 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

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