


9536 PEMBROKE RD

01525210

6/27/2007

duponbj

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

73244 # 850

Fax 3 pages

14 OCT '16 PM 4:08

**MECKLENBURG COUNTY**
**HEALTH DEPARTMENT**

# APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

**APPLICATION TYPE:** (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(●) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION:**
NAME: Susan Houghtaling
ADDRESS: 9536 Pembroke Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: (704) 875-0992
ALTERNATE PHONE: (704) 235-8997
E-MAIL: sueslife@bellsouth.net

**PROPERTY OWNER:** ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

**JOB LOCATION INFORMATION**
**TAX PARCEL #:** 01525210
**STREET ADDRESS:** 9536 Pembroke Rd.
**CITY:** Huntersville
**STATE:** NC **ZIP:** 28078

**SUBDIVISION OR MOBILE HOME PARK NAME:**
**LOT #:**

**WATER SUPPLY:**
(●) MUNICIPAL ( ) PRIVATE WELL ( ) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

**RESIDENTIAL PROPERTY TYPE:** ( ) N/A
(●) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

**OCCUPANCY (both fields are required):**
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:** ☑ N/A
TYPE OF BUSINESS:
# EMPLOYEES PER SHIFT:
# OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

**ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:**
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

**ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:**
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Susan Houghtaling
Owner's/Agent's Signature

10/14/16
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

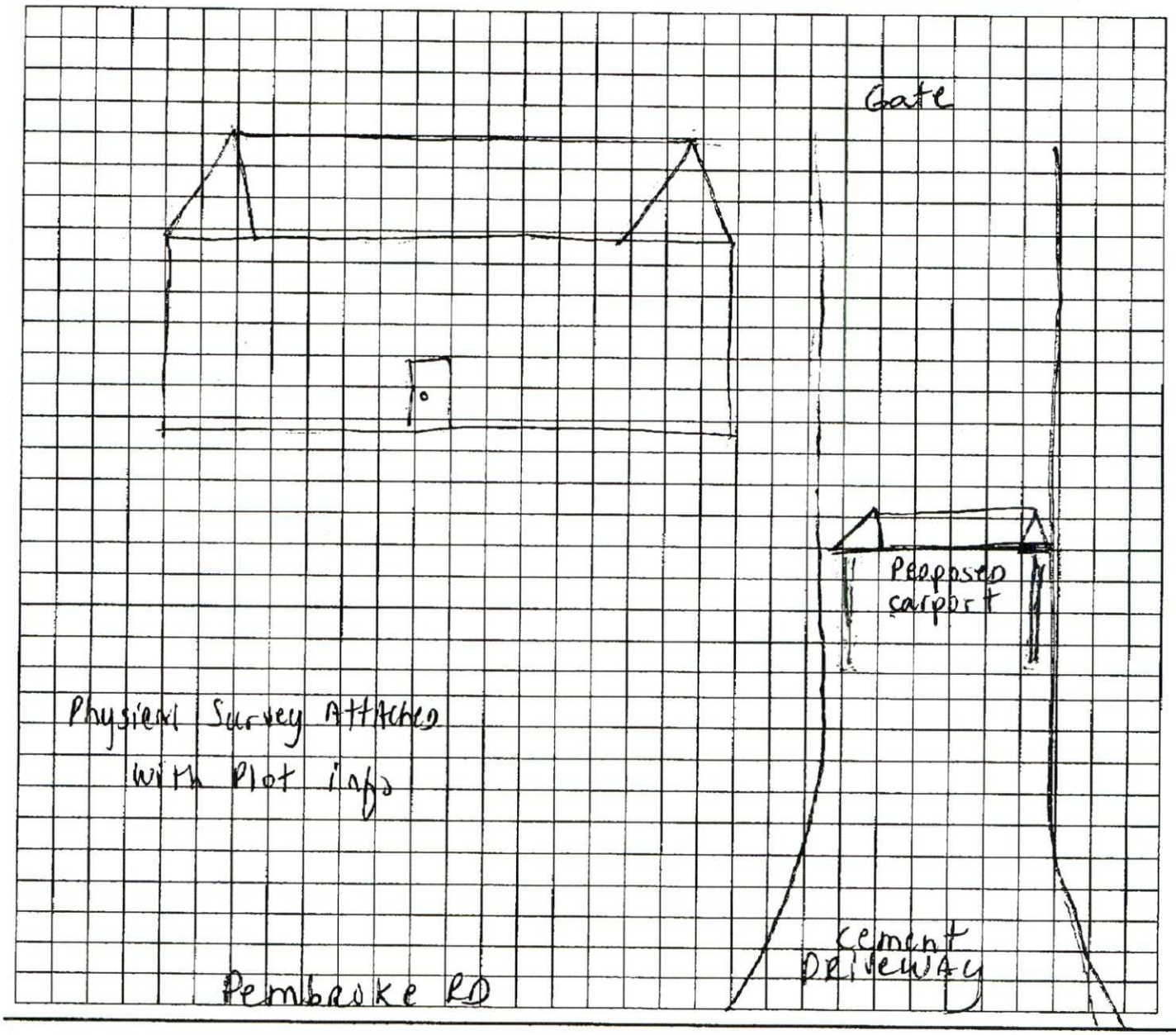
Revised on: 01/03/11

File #: _____

## PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 9536 Pembroke Rd. Huntersville, NC 28078 Tax Parcel #: 01525210




*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

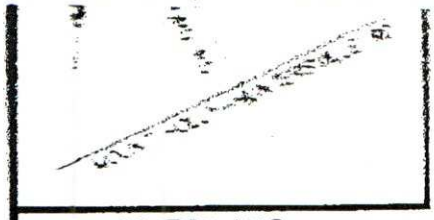
O.K. TO USE FOR A CARPORT ADDITION

REHS Signature 10/19/16 Date



MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

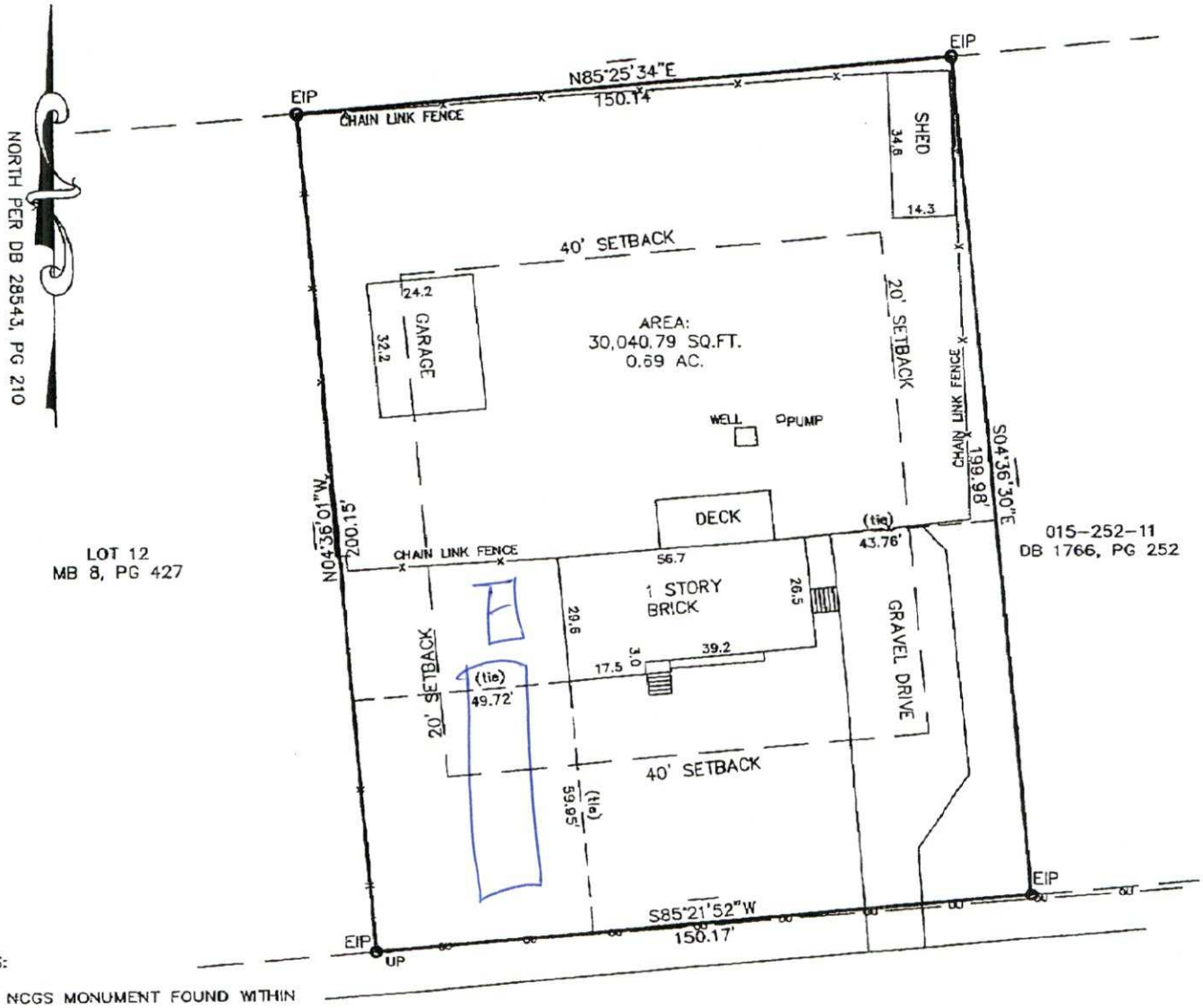
Revised on: 01/03/11



LOCATION MAP
NOT TO SCALE

S. KEMP MILLER, PLS, CFS
7330 E. Lakeside Dr.
Charlotte, NC 28215
704-535-0287
704-577-6516

015-252-27
DB 9671, PG 590




NOTES:

1. NO NCGS MONUMENT FOUND WITHIN 2000'

2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS, BUILDING SETBACKS, OR RIGHTS-OF-WAY THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

3. PROPERTY CURRENTLY ZONED: RURAL

4. EIP = EXISTING IRON PIPE
UP = UTILTIY POLE
—— o ——= OVERHEAD UTILTIY

5. THIS PROPERTY IS NOT IN A SPECIAL FLOOD HAZARD AREA PER FEMA PANEL 3710453800J, DATED 3/2/09.

# PHYSICAL SURVEY OF

## LOT 13 and part of LOT 14 of JOHN H. WILSON PROPERTY, MB 8, PG 427

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
***Payment Receipt***

**Receipt Information**

**Date:** 10/17/16
**Receipt #:** 102106
**Check / Auth #:** VISA 111107
**Received By:** ELLISLW

**Amount:** 100.00
**Tendered:** 100.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** HOUGHTALING,SUSAN
**Attn:**
**Address:** 9536 PEMBROKE RD
**Address:**
**City/State/Zip:** HUNTERSVILLE, NC 28078

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0705 | Use Existing System<br>9536 PEMBROKE RD | | 1 | 100.00 | 100.00 |

----------Outstanding Balances----------

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

---

Philo AC 5000 pd 100.00 11/27/00 Chk # Cash [ ] CRT X

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
## APPLICATION FOR SERVICES

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

(704)336-5102 732-A

PERSON FILING APPLICATION:
NAME: Deal (last) Clinton (first) W (mi)
ADDRESS: 9536 Pembroke Rd PHONE: (704) 392-0128
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date: 11-27-00

PROPERTY OWNER:
NAME: Deal (last) Clinton (first) W (mi)
ADDRESS: 9536 Pembroke Rd. PHONE: 704 392-0128
CITY: Huntersville, STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 015-252-10
STREET ADDRESS: 9536 Pembroke Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 13 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
1952
[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached garage
[redacted]

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: 3 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: Clinton W Deal Date: 11-27-00

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.

...Approval granted for a detached garage addition

use existing system

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

Philo A. Walker RS 12/1/00
Environmentalist Date

WWATER : 122791

# Payment Receipt

**Mecklenburg County POS**

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: SUSAN HOUGHTALING

**Bill To:**

SUSAN HOUGHTALING
9536 PEMBROKE RD

Huntersville, NC 28078

**Single Payment**

Transaction Date: 10/17/2016 6:10 AM Pacific Time
Pay Method: VISA **********1903
Approval #: 111107
Trace Number: e0b4aa6a-6357-4c06-a6e5-87994bed2b93
Amount: $100.00

Payment Amount: $100.00

**Total: $100.00**

Thank you for your payment.

# Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☑ Alteration ☐ Modified Plot Plan ☐

**New Septic Fees Paid:**

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

**New Well Fee Paid:** $550.00 _____ Initials/Date

**Use Existing Fee Paid:** $100.00 LE 10/17/16 Initials/Date

**Alteration Fee Paid:** $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

**Modified Plot Plan Fee Paid:** $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ _____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

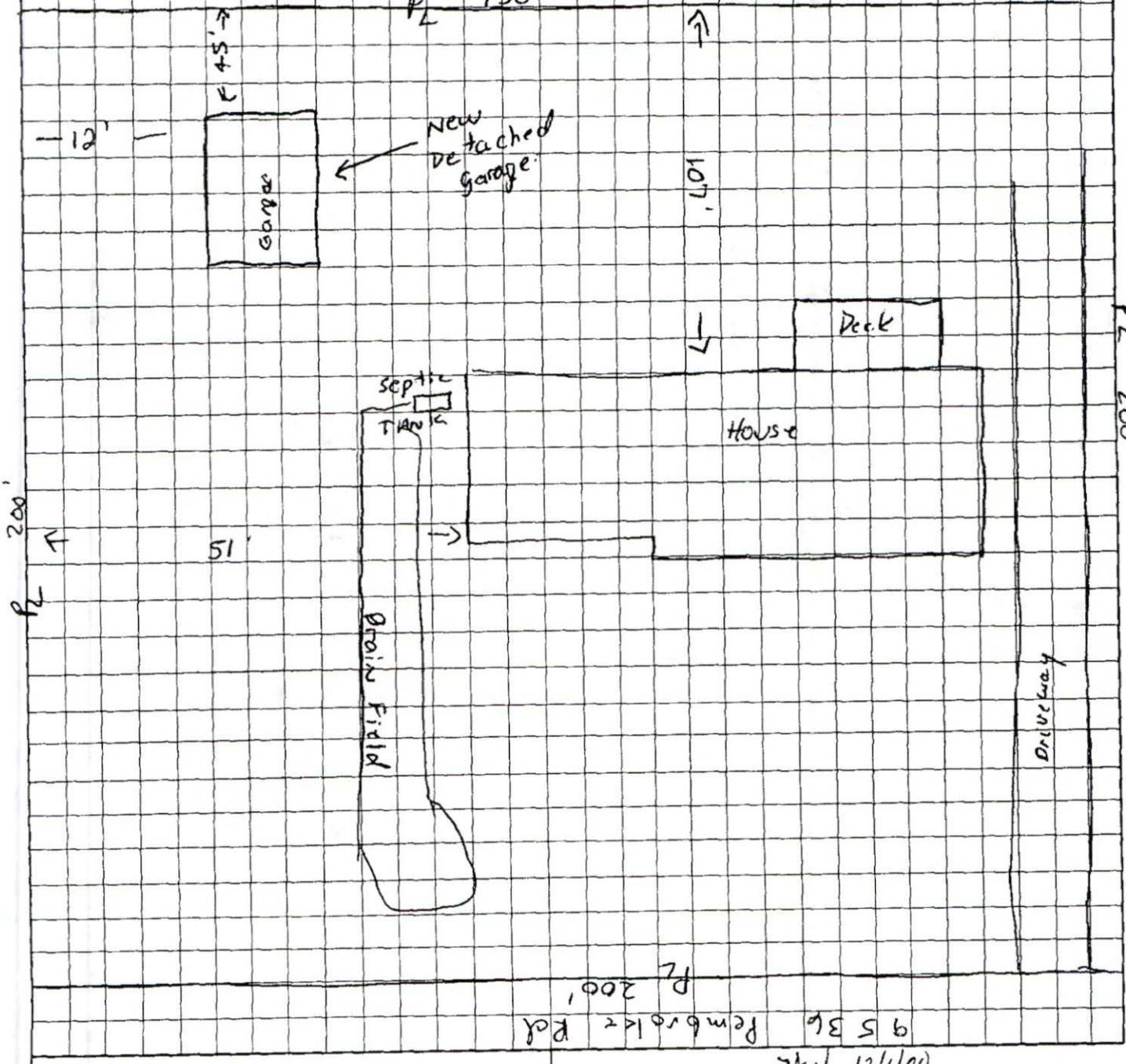
# PROPOSED PLOT PLAN

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

FILE: 7324A

TC: 015-252-10

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.




Clinton W Dow
OWNER/AGENT SIGNATURE

DATE 11-27-00

APPROVAL DATE MDW 12/1/00

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

| | | | |
|---|---|---|---|
| Requestor (please print): Neal Clinton | Phone #: | Date Requested: 11/27/00 | 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: | | Date: 11-27-00 | Total: | 100 |

12/1/0 paid

9536 Pembroke Rd.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

# 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: 7324A

TC: 015-252-10

SERIAL: Nº 21534 ☐ L ☐ CRT

RECEIVED MECKLENBURG COUNTY MAR 12 1991 ENVIRONMENTAL HEALTH DIVISION

## JOB LOCATION

① ADDRESS: 9536 Pembroke Road (STREET NO.) Huntersville, NC. 28078 (STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 015-252-10

⑤ SUBDIVISION: ⑥ LOT: L13 PTL14 ⑦ BLOCK: B1 MB 427

## OWNER

⑧ NAME: Ricky (FIRST) Von (MIDDLE) Wilds (LAST)

⑨ MAILING ADDRESS: 10800 Tradewinds Lane

⑩ CITY: Charlotte ⑪ STATE: NC. ⑫ ZIP: 28226

⑬ PHONE: (WORK) 889-7272 (Cathy)373-9124 (Rick) ⑭ (HOME) 542-2611 (Rick) 825-7132 (Cathy)

## REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☑ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

## DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type?

㉓ Maximum occupancy?

㉖ Maximum number of employees?

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: Cathy Brown - Secretary

Date: 3/11/91

## 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 ~~60~~ 60 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.

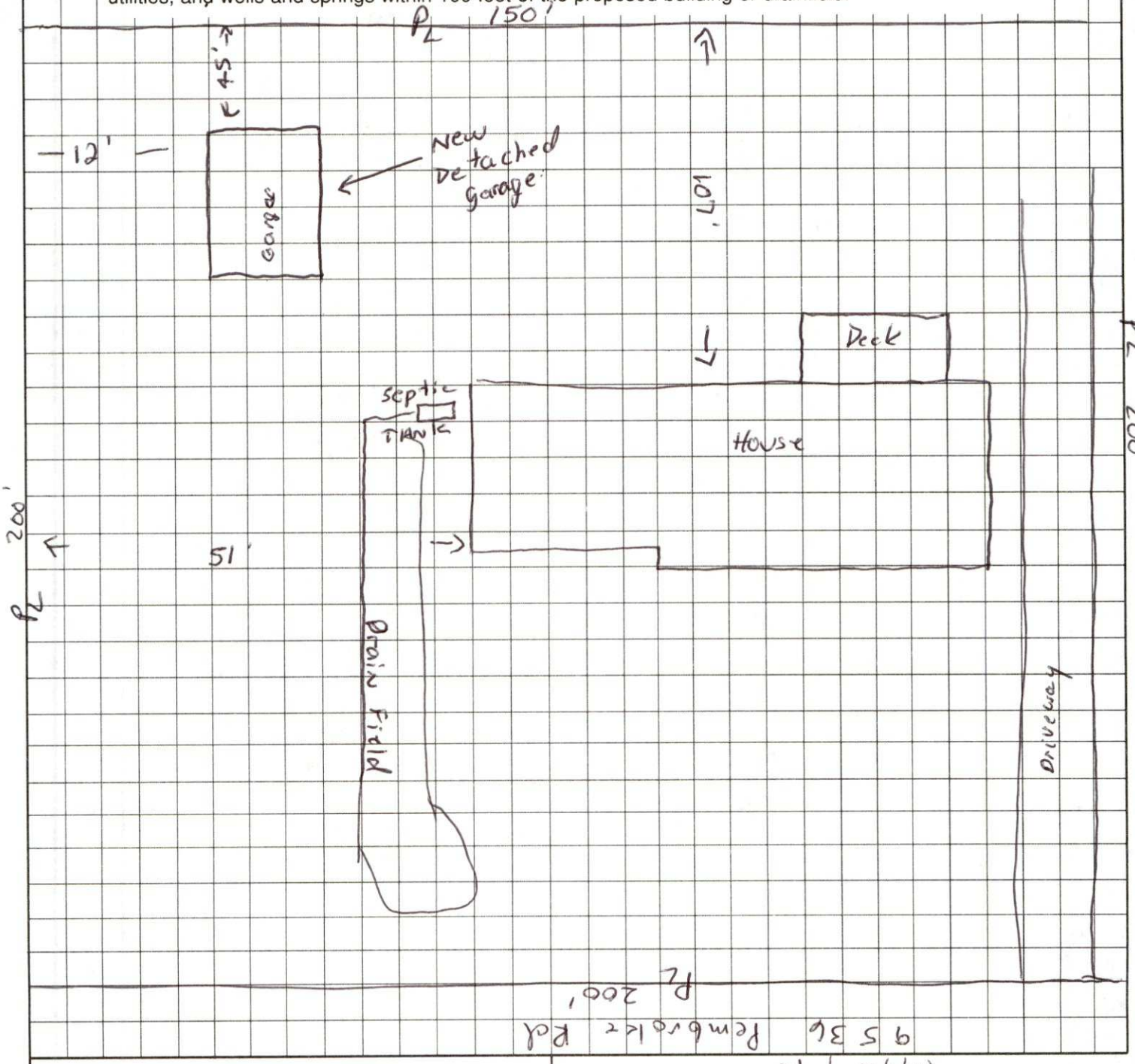
# PROPOSED PLOT PLAN

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

FILE: 7324/A

TC: 015-252-10

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.




Clinton W Dd
OWNER/AGENT SIGNATURE

DATE 11-27-00

APPROVAL DATE JDW 12/1/00

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

**App. #:** 8550

Fee: 100.0000

Date: 10/17/2016

CRT[ ]

**APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL**

**MECKLENBURG COUNTY HEALTH DEPARTMENT**

**Groundwater & Wastewater Services**

**FILE #:** 7324A

TYPE APPLICATION:

- (•) SEPTIC ONLY
- ( ) WELL ONLY
- ( ) SEPTIC AND WELL
- ( ) ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE
- ( ) EXCHANGE MOBILE HOME - SAME # OF BEDROOMS
- (•) ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES
- ( ) COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION**

NAME: HOUGHTALING,SUSAN
ADDRESS: 9536 PEMBROKE RD
CITY: HUNTERSVILLE
STATE: NORTH CAROLINA ZIP: 28078
PRIMARY PHONE: 704-875-0992 ALTERNATE PHONE: 704-235-8997
EMAIL: SUESLIFE@BELLOUTH.NET

**JOB LOCATION INFORMATION:**

TAX / PARCEL #: 01525210
STREET ADDRESS: 9536 PEMBROKE RD
CITY: HUNTERSVILLE NC ZIP: 28078
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 0

**PROPERTY OWNER:** [ ] Same as Filer

NAME: HOUGHTALING,SUSAN
ADDRESS: 9536 PEMBROKE RD
CITY: HUNTERSVILLE
STATE: NORTH CAROLINA
ZIP: 28078
PRIMARY PHONE: 704-875-0992
ALTERNATE PHONE: 704-235-8997
EMAIL: SUESLIFE@BELLOUTH.NET
General Comments:

WATER SUPPLY:

- [x] MUNICIPAL (M)
- [ ] PUBLIC (C)
- [ ] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

**RESIDENTIAL PROPERTY TYPE:**

- (•) HOUSE
- ( ) MODULAR HOME
- ( ) MULTIPLE FAMILY
- ( ) SINGLE MOBILE HOME
- ( ) DOUBLE WIDE
- ( ) OTHER

NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:

NUMBER OF EMPLOYEES PER SHIFT: 0
NUMBER OF SHIFTS: 0
INDUSTRIAL WASTES?: ( ) YES (•) NO
UNDERGROUND STORAGE TANKS?: ( ) YES (•) NO

**ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:**

- [ ] BEDROOM
- [ ] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] DEN
- [ ] GARAGE
- [ ] SUNROOM
- [ ] PORCH
- [ ] DECK
- [ ] OTHER

**ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:**

- [x] DETACHED GARAGE
- [ ] DETACHED GARAGE WITH PLUMBING
- [ ] POOL HOUSE
- [ ] SHOP
- [ ] BARN
- [ ] STORAGE SHED
- [ ] DETACHED PORCH/DECK
- [ ] OTHER

Print | Update | Go to Front Counter

# 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: 7324A

TC: 015-252-10

SERIAL: № 21534 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 9536 Pembroke Road (STREET NO. / STREET) Huntersville, NC. 28078 ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 015-252-10

⑤ SUBDIVISION: ⑥ LOT: L13 PTL14 ⑦ BLOCK: B1 MB 427

**OWNER**

⑧ NAME: Ricky (FIRST) Von (MIDDLE) Wilds (LAST)

⑨ MAILING ADDRESS: 10800 Tradewinds Lane

⑩ CITY: Charlotte ⑪ STATE: NC. ⑫ ZIP: 28226

⑬ PHONE: (WORK) 889-7272 (Cathy)373-9124 (Rick) ⑭ (HOME) 542-2611 (Rick) 825-7132 (Cathy)

**REQUEST**

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

**DESIGN CRITERIA**

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type?

㉓ Maximum occupancy?

㉖ Maximum number of employees?

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: Cathy Brown - Secretary

Date: 3/11/91

## 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 60 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.