


3721 VOYAGER RD

11317105

12/17/07

duponbj

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

S.K.

UPDATE COMPLETE

Applicant HUGHES JAMES,MRS O Appl.Date 03/04/92 Updated 03/10/92
Mail Addr 3721 VOYAGER ROAD Phone 704 392-0848
City CHARLOTTE State NC Zipcode 28214
Prop Ownr HUGHES JAMES,MRS O
Mail Addr 3721 VOYAGER ROAD Phone 704 392-0848
City CHARLOTTE State NC Zipcode 28214 Township 0
Tax Map No. 11317305 Road 3721 VOYAGER ROAD Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App X Site Y or Tract Type Bldg S System Classif 1 480 GALLONS
Resident. Specif: No. Bedrooms 02 No. Occupants 2 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. S Proposed Sewage E Construct. Status P Sites 1
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17029
Directions: MOBILE HOME EXCHANGE

Date Appl. Recd. 03/04/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 00211B Operat. Permit (Y/N)
3/10/92 8:09:18
01-03 SA MW KS IM II S1 S1037498 KB

3/23 Site visit. She wanted to tie into existing system for house - Advised Sep. system required.

Referred to Zoning for lot site ste. Setbacks - & she must apply for soil wrk

JK Isley

60x
148x42
5408

25[00] **PROPOSED PLOT PLAN**

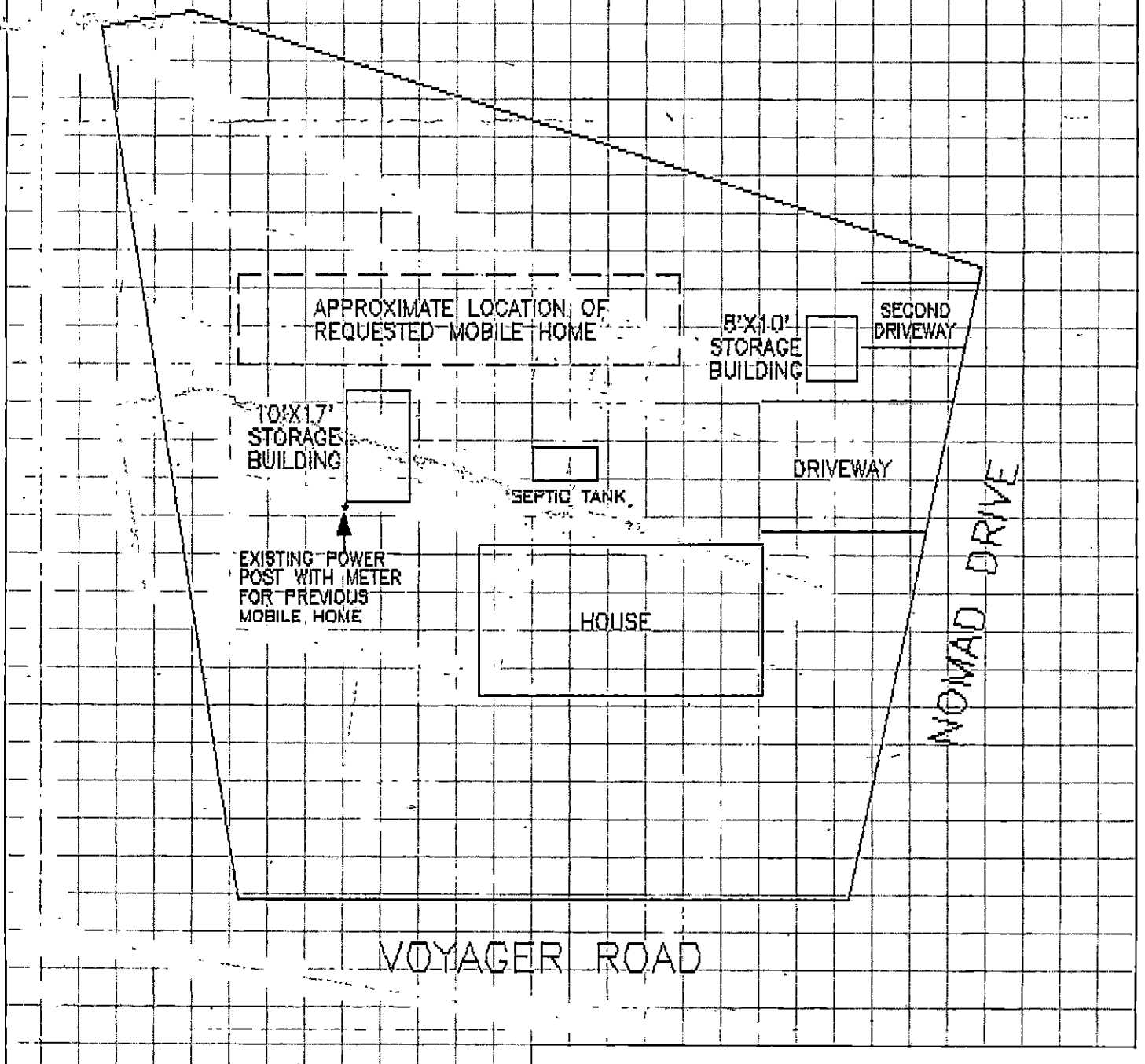
705
Pd 25 CL 477
2-28-92 CAPCO

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603
336-5102

FILE: 81021A(211B)

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.



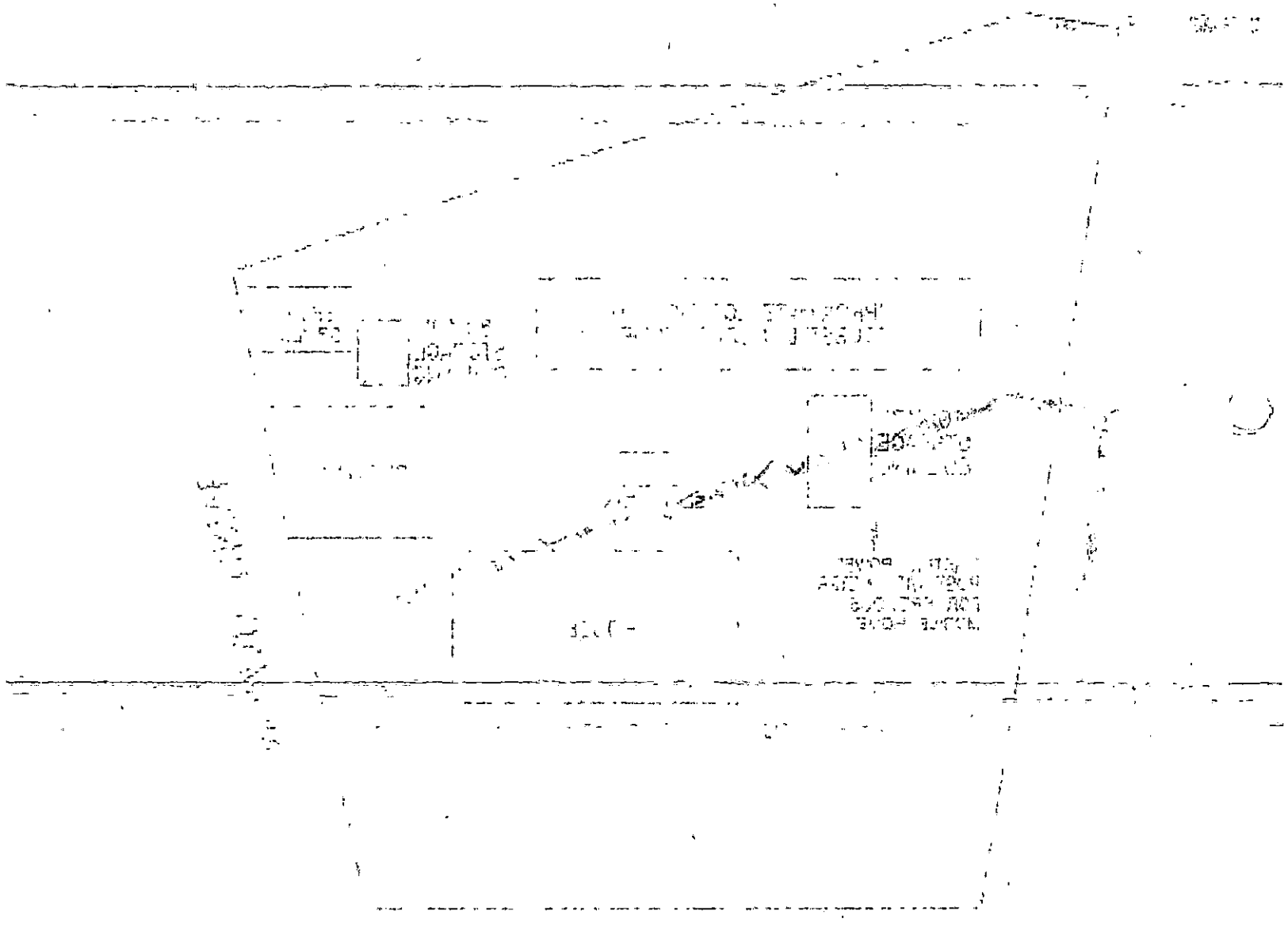

SCALE: 1/4" = 6'

Signed: Bernice N. Hughes

Date: 2/27/92

392-0848

Dim of lot to scale
Size of Mobile Home
+ where on lot



Pd 25.00 CK 477

2-28-92. WQ

400 [V] 8102A(2)(b)

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

PERSON FILING APPLICATION:
NAME: HUGHES (last) MRS JAMES (first) O (mi)
ADDRESS: 3721 VOYAGER RD PHONE: (704) 392-0848
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-173-05
STREET ADDRESS: 3721 VOYAGER RD CHARLOTTE NC 28214
ZONING:

PROPERTY OWNER:
NAME: HUGHES (last) MRS JAMES (first) O (mi)
ADDRESS: 3721 VOYAGER RD PHONE: (704) 392-0848
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

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

SUBDIVISION OR MOBILE HOME PARK NAME: BERRYHILL MOBILE HOME PARK

LOT NUMBER: 42 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] 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):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

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) [X] 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: Bernice Hughes Date: March 4, 1992

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.

...

[] 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

Director or Authorized Section Head Date

WWATER : 122791

2500 **PROPOSED PLOT PLAN**

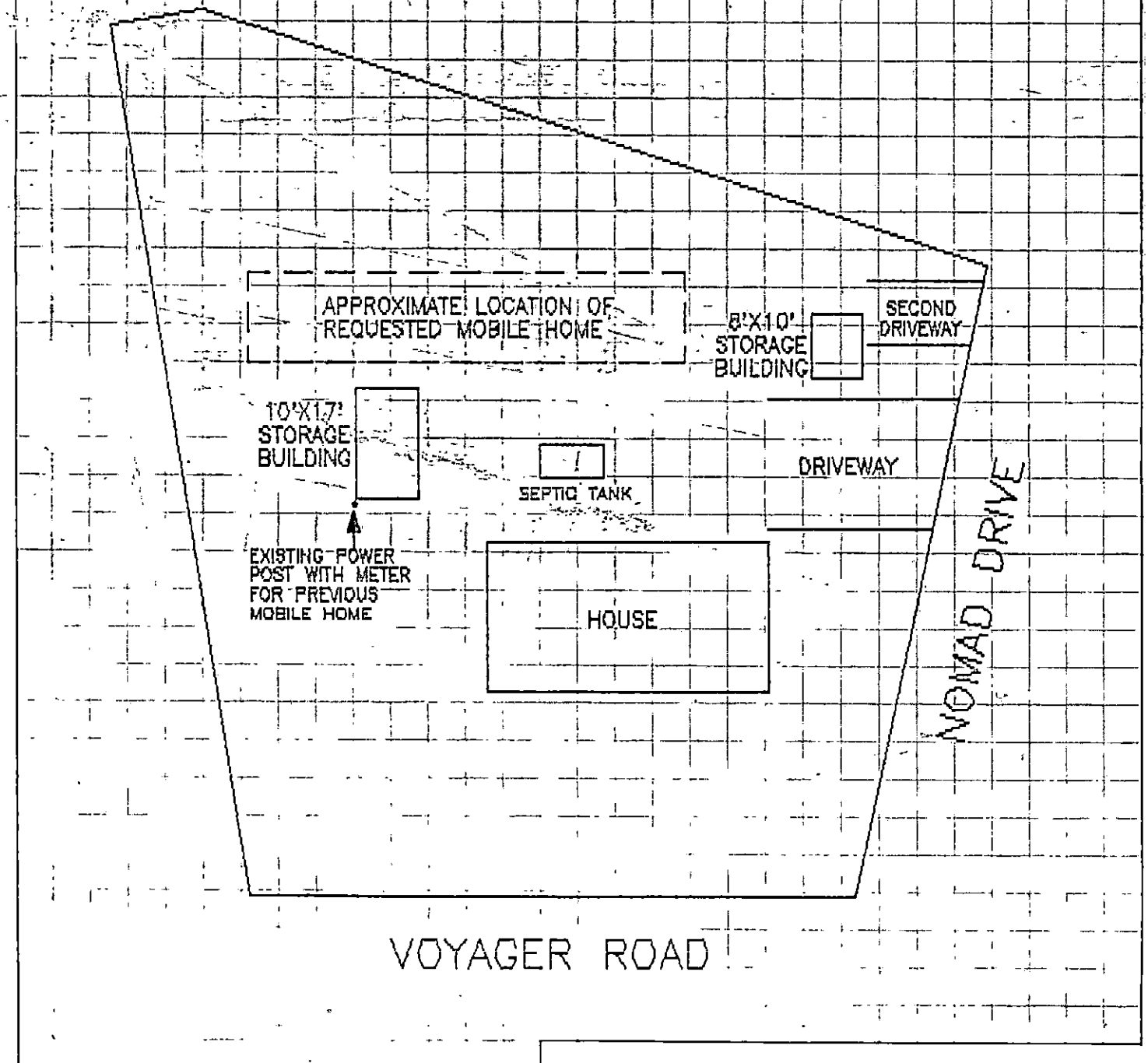
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