

HENDERSON ROAD

6/21/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Waiting for
plot plan to be
mailed to us

JR

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: 6852A

TC: _____

SERIAL: Nº 19807 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: Rt 7, Box 526 (Henderson Rd.) ② FILE: _____
STREET NO. STREET

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Evelyn C Smith
(FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: Rt 2, Box 526

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213

⑬ PHONE: (WORK) _____ ⑭ (HOME) 598-0237

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) use exist'g septic

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 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: Evelyn Smith

Date: 6/22/90

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

CHARGE SLIP

Date: 6-22-90

Name/Company: Evelyn Smith

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Appl for Impact Permit

MECKLENBURG CO.
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 22 1990

FG 6852A

Fee: $ 25.00

Cash #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

Collected by

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: 6852A
TC: _____
SERIAL: No 1987 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: R+ 7, Box 526 (Henderson Rd.) ② FILE: _____
STREET NO. STREET

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Evelyn C Smith
(FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: R+ 7, Box 526

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213

⑬ PHONE: (WORK) _____ ⑭ (HOME) 598-0237

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) use exist'g syst.

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 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: Evelyn Smith

Date: 6/22/90

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.

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: 6552A

TC: _____

SERIAL: [illegible] 199.7 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: Rt 7, Box 526 (Henderson, Ind.) ② FILE: _____
STREET NO. STREET

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Evelyn C Daniel
(FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: Rt 7, Box 526

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213

⑬ PHONE: (WORK) _____ ⑭ (HOME) 598-6231

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) Use Exist Syst

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 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: Evelyn Daniel

Date: 6/22/90

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.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear [illegible] APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**