

650 SHERYL CR

16717531

5/21/2007

duponbj

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

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
DIRECTOR

249 Billingsley Road
Charlotte, North Carolina 28211
Phone (704) 375-1885

May 13, 1988

M E M O R A N D U M

TO: KEITH STIWALT
BUDGET/FISCAL OFFICER

RE: REFUND $50.00 ORG 462
DEPOSIT DATE 5/11/88
EDWARD L. JENKINS,JR.

DEAR MR. STIWALT:

PLEASE REFUND THE AMOUNT OF $50.00 TO THE ABOVE CLIENT. THE REASON FOR THE REFUND, THE CLIENT DECIDED TO CONNECT TO CITY SEWAGE, THEREFORE THERE IS NO FEE FOR AN ADDITION, THE SANTATION WORKER DID NOT GO OUT ON THE SITE.

THANK YOU.

SINCERELY.

LORRAINE C. WHITAKER
ACCT TECH
ENVIRONMENTAL HEALTH DIVISION

ADDRESS AND MAKE CHECK PAYABLE TO:

MR. EDWARD LEE JENKINS,JR.
650 SHERYL CIRCLE
CHARLOTTE, N. C. 28217

ENCLOSURE DOCUMENTATION

File 4360A

Paid 5/11/88 $50.00 check #1805

Total Fee $50.00

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: 4560A

TC: _____

SERIAL: No: 16223 ☐ L ☐ CRT

JOB LOCATION

ⓧ ADDRESS: 650 (STREET NO.) Sheryl cir (STREET) ② FILE: _____

③ JURISDICTION: _____ ⓧ TAX PARCEL NO.: 167-175-31

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

OWNER

⑧ NAME: Edward (FIRST) Lee (MIDDLE) Jenkins Jr (LAST)

⑨ MAILING ADDRESS: 650 Sheryl cir

⑩ CITY: Char. ⑪ STATE: NC. ⑫ ZIP: 28217

⑬ PHONE: (WORK) — ⑭ (HOME) 523-2958

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) Repair

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? 2

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: Edward Lee Jenkins Jr

Date: 5-11-88

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.

PROPOSED PLOT PLAN

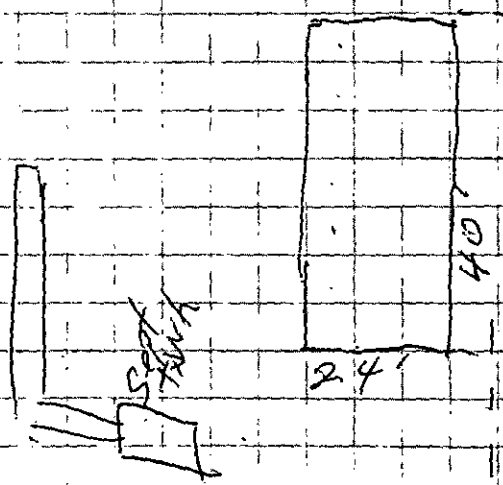
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4560A

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.



650 Sheryl Cir

Signed: Edward Lee Lankford

Date: 5-11-88