

4125 CARMEL ACRES DR

20926211

12/17/07

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

MEMORANDUM

TO: Susan Uzzell

FROM: Sylvia D. Daniel, R.S.
Program Chief
Individual Water and Wastewater Systems

Date: May 11, 1992

Ref: File No. 8206A/

SUBJECT: Refund on 4125 Carmel Acres Drive, Charlotte, NC

Please issue a refund in the amount of $25.00 for an addition. The residence is on City sewage and no permit is necessary.
Please make payable to:

W. B. Andrews Const.
3615 Barclay Downs Drive
Charlotte, NC. 28201

Thank you for your prompt attention to this matter.

SD:lw

Pd 2500 CK 4455
9 4-21-92

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

05 206A (3143)

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: Andrews (last) William (first) B. (mi) Mary Ralston - SIL 1752
ADDRESS: 3615 Barclay Downs Dr PHONE: (704) 527-7159
CITY: Charlotte STATE: NC ZIPCODE: 28209

Date: 4/21/92

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 209-262-11
STREET ADDRESS: 4125 Carmel Acres Dr

PROPERTY OWNER:
NAME: Simpson (last) William (first) M (mi)
ADDRESS: 4125 Carmel Acres PHONE: (704) 542-1752
CITY: Charlotte STATE: NC ZIPCODE: 28

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOB
[] 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)

NEEDS FICE

RESIDENTIAL PROPERTY (Type Building, check
[] SINGLE MOBILE HOME (S) [X] HOUSE (H)
[] DOUBLE WIDE (D) [] MODULAR HOM

NUMBER BEDROOMS: NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Emp
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ TYPE _____

WATER SUPPLY (check one):
[] Community (C) [] 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: William B. Andrews Date: 4/22/92

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

Pd 25 CK#4455
g - 4-21-92.

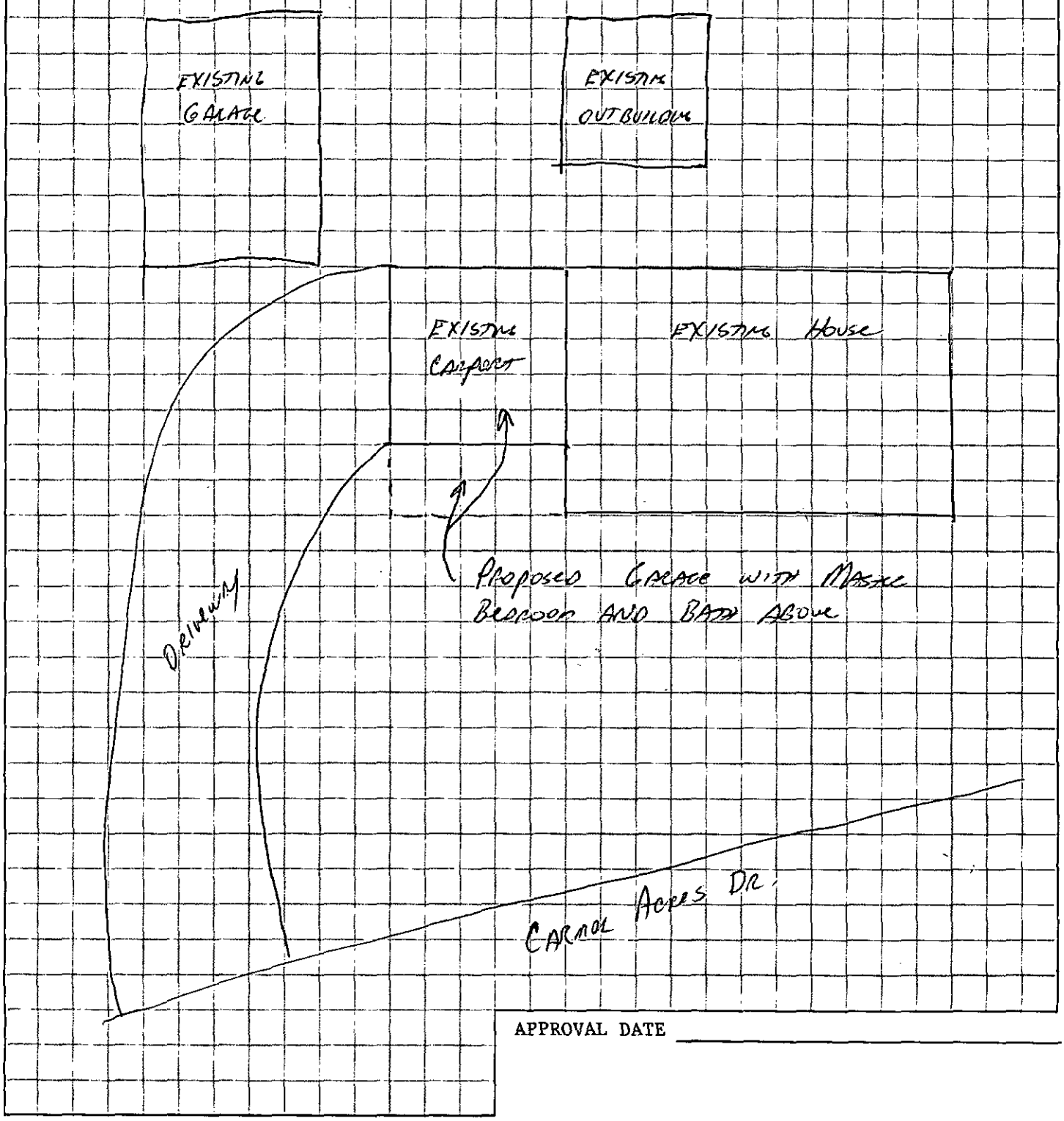
PROPOSED PLOT PLAN

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

FILE: 8206A (314B)

TC: 209-262-11

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy