

4832 SANDY PORTER RD

20146116

5/21/2007

duponbj

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

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: October 21, 1993

Ref: 4632A/4832 Sandy Porter RD.

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Carlton C. Epple originally paid $50.00

for improvement permit/addition on September 22, 1993

.

A refund should be issued for $25.00 because

originally applied for addition/consultation performed.

.

Please make check payable to: Carlton C. Epple

4832 Sandy Porter Rd.

Charlotte, NC 28217

Lorraine —

Refund $25 —

permit expired, ~~[illegible]~~
site inspect required
by Building Standards.
Original approval
by this program
verified and released
with minimum work
~~[illegible]~~ effort. Fee
charged as consultation.

SD 10/14/93

DAILY DEPOSIT SHEET

DATE 9-22-93

ADDRESS	DESCRIPTION	NAME	CK/CA	INITIAL	AMOUNT
462	4632A				
533 Kuna Rd	Wells Septic	Ronald + Carl Yates	Cash	Dyf	85 00
5101 Amos Smith Rd	1182B Coal	Linsa Construct	2206	Dyf	50 00
Black Belt Rd	1189B, 1190B Coal 2 sets	Duyany Whitson	Cash	Dyf	100 00
6418 Teague Ln	Voc Water Pastic Tanks	L. J. Stanley	257	Dyf	50 00
14237 Crown Crk	1145B Deck	Sandra Brown	2083	Dyf	200 00
4832 Sandy Porter	4632A Log add'l	Carlton Apple	Cash	Dyf	50 00
463					
3820 Voyager Rd	Deadwood	David Ayres	Cash	Dyf	25 00
204 Hamlet Ct 104 Waccamaw St	Deck	Roberts Contel Const	5783	Dyf	75 00
2001 Rogers Terry	Deck	Tax Trading Inc	1030	Dyf	50 00
464					
Lot 13 Carolina Hills	pool Area	Lee Doc Pools + Spas	Cash	Dyf	30 00
11820 Commodore Court	pool Area	Leonard Anderson Hills	5411	Dyf	30 00

4632A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

9/22 KB Cash $50.00

[] 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: EAGLE (last) CARLTON (first) C (mi)

ADDRESS: 4832 Sandy Porter PHONE: (704) 588-0067

CITY: CHAR STATE: N.C ZIPCODE: 28217

Date: 9/22/93

PROPERTY OWNER: D-Page-829-9686

NAME: SAME (last) (first) (mi)

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 201-063-17

STREET ADDRESS: 4832 Sandy Porter RD.

CHAR. 28217

ZONING:

ADDRESS: PHONE: (__) __

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS:

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)
[] Municipal (M) [] Other 'spring' (O)
[X] 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: Carlton C Eagle Date: 9/22/93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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

DATE 9/22/93

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

201-063-17
PARCEL NUMBER

4832 Sandy Porter Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. EROSION CONTROL REGULATIONS	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Storage building

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

6/14/88 Pd 50 - ck#818 JM

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 14 1988
ENVIRONMENTAL HEALTH
DIVISION
☐ L ☑ CRT

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: 4632A
TC: 201-063-17
SERIAL: No 16330

JOB LOCATION

① ADDRESS: 4832 (STREET NO.) SANDY PORTER RD. (STREET) 28217 ② FILE: —
③ JURISDICTION: N/A ④ TAX PARCEL NO.: 3869593 (DEED REFERENCE)
⑤ SUBDIVISION: N/A ⑥ LOT: 17 ⑦ BLOCK: —

OWNER

⑧ NAME: OLGA A. EPPLE (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: SAME AS ABOVE
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28212
⑬ PHONE: (WORK) — ⑭ (HOME) 588-2373

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? 4
㉓ Maximum occupancy? —
㉔ Basement? ☐ yes ☑ no
㉕ Type? ~~STORAGE ONLY~~ N/A
㉖ Maximum number of employees? —
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

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. use existing system

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.

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: Olga A. Epple
Date: 6/10/88

PROPOSED PLOT PLAN

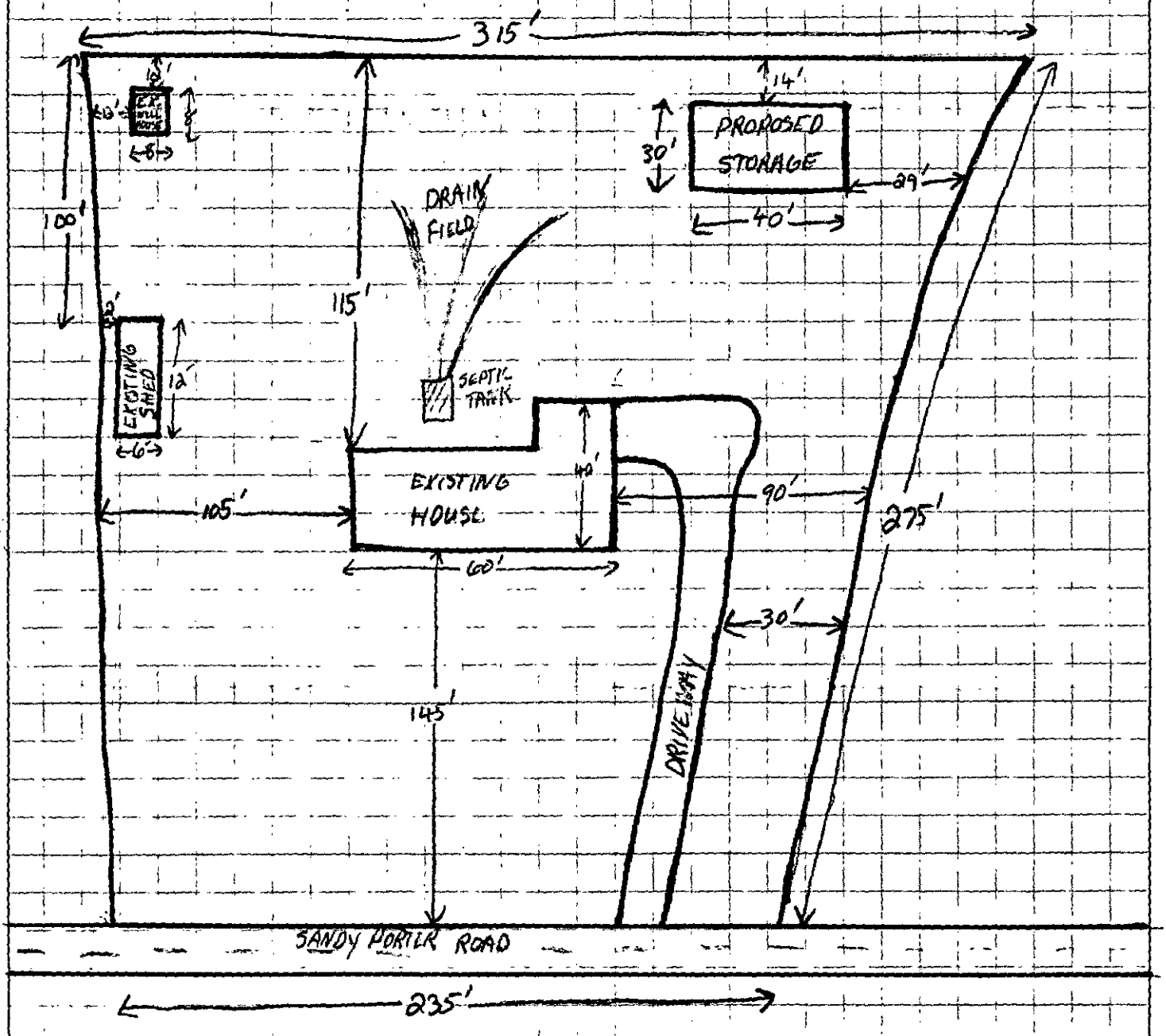
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 4632

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.



Signed: Olga A Epple

Date: 6/10/88