

10000 COMMUNITY HOUSE RD

22904119

1/8/2008

duponbj

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

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT FORM

See back for completion instructions and the Credit/Refund Schedule

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND (To Be Completed By Requestor)

CREDIT ☐

OR

REFUND ☐

1. Property Owner's Name: _____ 2. Permit Number: _____
3. Address: _____ 4. Date Issued: _____
5. Reason for Request: (✓one) ☐ Plan Change ☐ Not Doing Work ☐ Other (Specify) ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____
6. Account Name: _____ Account # _____
7. *If Refund*, Check payable to: Richard W. McCoy (Please Print) 8. Phone 704-634-9565
9. Address: 10000 Community House Road Charlotte NC 28277 (Street / City / State / Zip)
10. Signature: _____ 11. Printed Name by telephone call Request 12. Date: 1/29/04

For Departmental use only - Do not write below this line

SECTION II - IF ADJUSTMENT (To Be Completed By Employee & Supervisor)

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING (To Be Completed By Applicable Core Process)

	B	E	M	P	F	L
# Of made Inspections						

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS (To Be Completed By Applicable Core Process)

Plan Review? (Y/N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$	$ 100	$ 100.00
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials J.C. Date 1/30/04

SECTION V - VERIFICATION (To Be Completed By Revenue Collection)

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund / Charge on account	88 ---			

Section VI - APPROVALS (To Be Completed By Department And Finance Representatives)

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ - _____ Refund from Account #

_____ Check #

To Finance Call 1/30/04

Daily Counter Transactions - Environmental Health

Transaction Date **01/20/04**

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
21834	X36417	CAROLINA AQUA SUN INC	0718 Residential Pool Permit	10529 WASHAM POTTS ROAD	CHARGE		AIDOOJK	75.00
21838	200000	BROTHERTON, JR STEPHEN S	0734 Auth for Waste Wtr Sys Constr	12325 MCCORD RD/FILE 5495B	CASH		CRAIGGY	150.00
21839	200000	BROTHERTON, JR STEPHEN S	0703 Installation/Final Approval	12325 MCCORD ROAD/FILE 5495B	CASH		CRAIGGY	150.00
21840	200000	DOMEIER PAUL	0725 Document Copies	FOOD AND FACILITIES COPIES	CHECK	2607	AIDOOJK	7.45
21847	200000	THOMPSON, JR HUBERT	0711 Well Water Analys-Bacteriolgcl	13010 SLEDGE ROAD	CHECK	9393	CRAIGGY	50.00
21848	200000	THOMPSON, JR HUBERT	0712 Well Water Analys-Nitra/Nitri		CHECK	9393	CRAIGGY	15.00
21849	200000	MCKNIGHT, ALVONIA LOUISE	0722 Home Day Care Eval/Annl Fee	7918 LAYLA DR	CHECK	141315	JONESNY	40.00
21850	200000	MCCOY RICHARD W	0705 MH Exc/Add/Repl w/o System Mod	10000 COMMUNITYHOUSE RD	CHECK	675	CRAIGGY	100.00
21851	200000	SUMMIT RIDGE APTS	0720 Seasonal Pool Permit-Operating	SWIM-OUTDOOR	CHECK	103145	JONESNY	120.00
21852	200000	PROVIDENCE COURT APTS	0719 Public Pool Permit-Operating	SPA-OUTDOOR; ANNUAL	CHECK	185299	JONESNY	240.00
21854	200000		0719 Public Pool Permit-Operating	SWIM-OUTDOOR; ANNUAL	CHECK	185398	JONESNY	240.00
21855	200000		0719 Public Pool Permit-Operating	SWIM-OUTDOOR, ANNUAL	CHECK	185398	JONESNY	240.00
21856	200000		0720 Seasonal Pool Permit-Operating	SWIM-OUTDOO	CHECK	185571	JONESNY	120.00
21857	200000		0720 Seasonal Pool Permit-Operating	SWIM-OUTDOOR	CHECK	9726	JONESNY	120.00
21858	200000		0720 Seasonal Pool Permit-Operating	SWIM-OUTDOOR	CHECK	1042	JONESNY	120.00
21859	200000		0720 Seasonal Pool Permit-Operating	SWIM-OUTDOOR	CHECK	1042	JONESNY	120.00
21860	200000		0720 Seasonal Pool Permit-Operating	SWIM-OUTDOOR	CHECK	99760	JONESNY	120.00

Cancelled, Refund requested by Richard McCoy 4/10/03 JD

~~Phone Call~~ APPLIED 1/29/04

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 5509B

PERSON FILING APPLICATION:
NAME: McCoy (last) Richard (first) W (mi)
ADDRESS: 10000 Community House Rd PHONE: (704) 634-9565
CITY: Charlotte STATE: NC ZIPCODE: 28277

Date:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 229-041-19
STREET ADDRESS: _____
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 1.974

TYPE APPLICATION (check one):

☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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: 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)
☐ 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: Richard W. McCoy Date: 1/13/03

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

WWATER : 122791

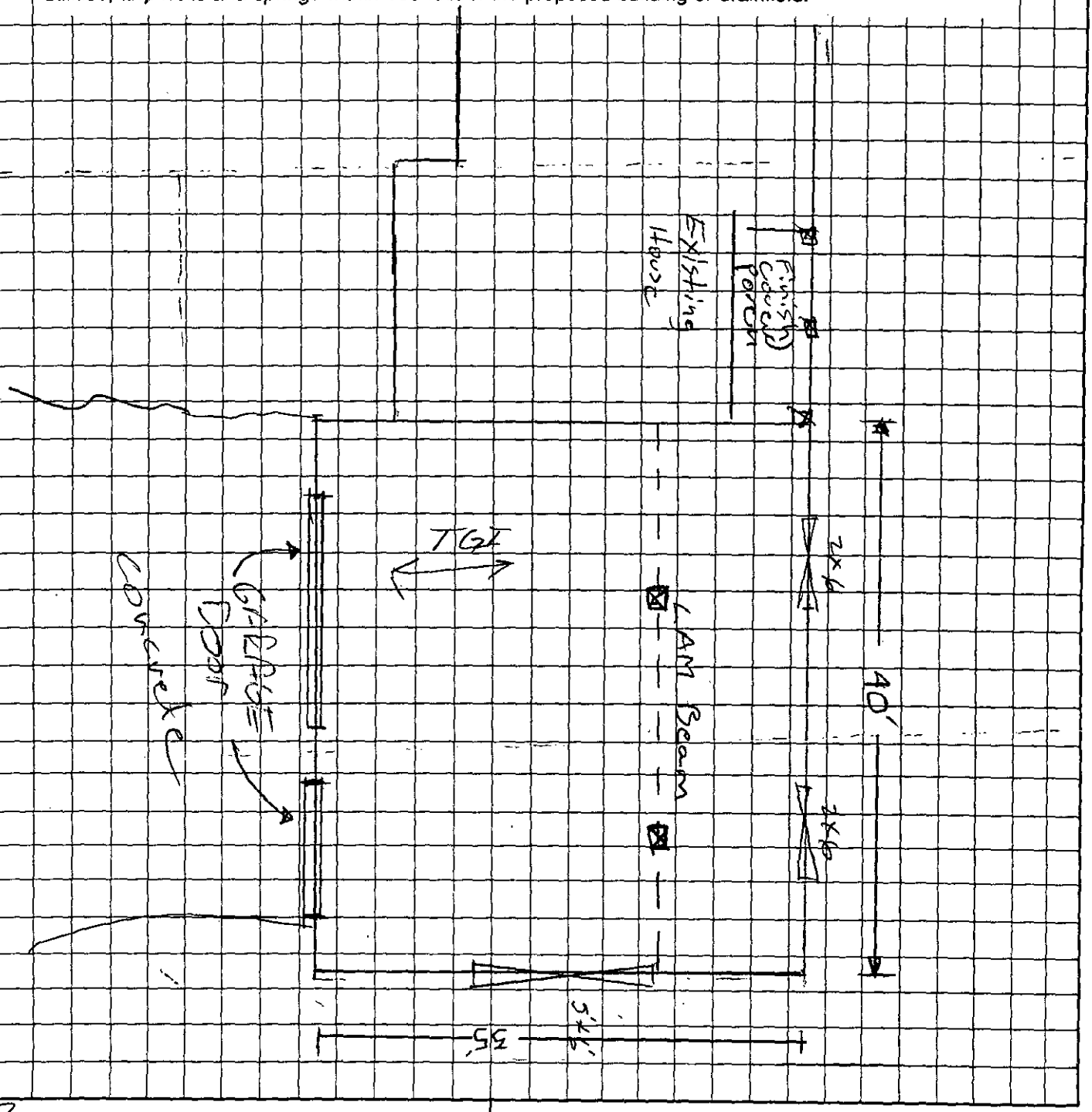
PROPOSED PLOT PLAN

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

FILE: _____

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.



Richard W. McG
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy