

10435 KERNS RD

01522105

7/2/2007

duponbj

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

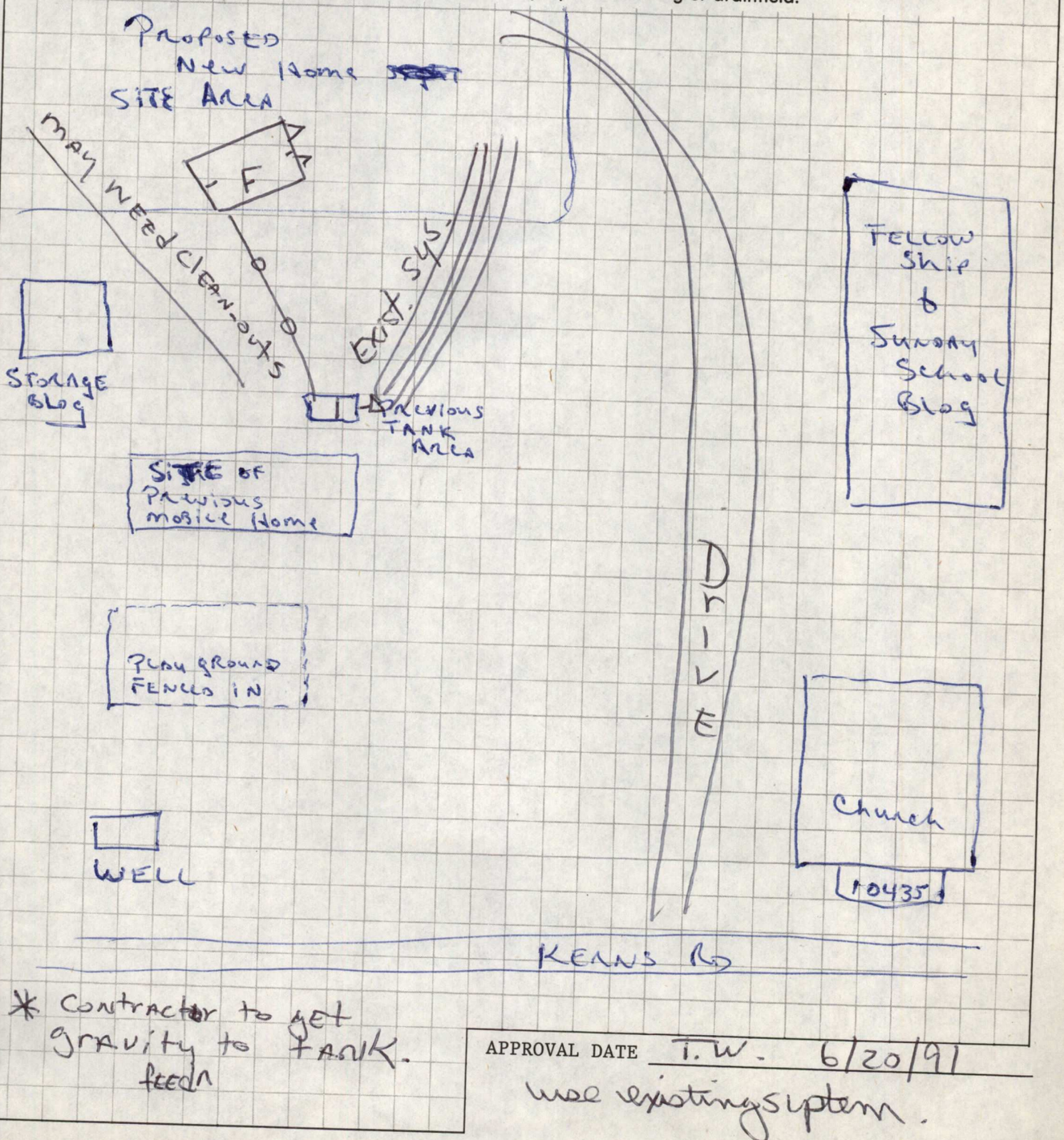
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 74254

TC: 015 221 05

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.



* Contractor to get gravity to TANK.

APPROVAL DATE T.W. 6/20/91

use existing system.

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

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: 7425A
TC: 015 22105
SERIAL: № 21895
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 10435 (STREET NO.) KERNS RD (STREET) ② FILE: 015 22105
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: GOSPEL WAY (FIRST) BAPTIST (MIDDLE) CHURCH (LAST)
⑨ MAILING ADDRESS: 10435 KERNS RD.
⑩ CITY: HUNTERSVILLE ⑪ STATE: N.C ⑫ ZIP: 28078
⑬ PHONE: (WORK) 8751822 ⑭ (HOME)

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
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 3
㉔ Basement? ☐ yes ☑ no

㉑ ☐ Business or place of public assembly
㉕ Type?
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

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: R.T. Caldwell
Date: 5-1-91

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 60 months from the date of issuance.

use existing system.

Tim Whittaker, Environmentalist, 6/20/91 (Date)

Director or Authorized Section Head, 6-21-91 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

14254

10435 → church

10439 Kearns Rd.
Meck

T 015-221-05

Verify Approval on Septic

X 3803
Johnnie
Build / Standards