

1801 OAKRIDGE DR

03514208

5/29/08

marliwr

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

(Repair)

6466 D402

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Lundy (last) Mark (first) A. Jr. (mi)

ADDRESS: 1801 OAKRIDGE DR PHONE: 704 399-3054

CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

Date: 6/11/93

PROPERTY OWNER: (FORMERLY RACHEL M. BRIDGES - MARRIED 5/1/93)

NAME: Lundy (last) Rachel (first) M (mi)

ADDRESS: 1801 OAKRIDGE DR PHONE: 704 399-3054

CITY: CHARLOTTE STATE: NC ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM)

TAX/PARCEL NUMBER: 035-142-08

STREET ADDRESS: 1801 Oakridge Dr.

ZONING: (R)

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: Lot 5 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 (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] 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)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
[X] 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: Date:

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

..7/22 Spoke to Ms Lundy She will follow up w/C MUD
6/24 Dept message in Archive
Sewer lateral installed 1/27/93
per Julie Mae Trapp - CMUD

N/A
Environmentalist Date

Director or Authorized Section Head Date

Tricky Fiber 3/27/93

WWATER : 122791

Mecklenburg County Public Health Laboratory

Environmental Health Section

249 Billingsley Road • Charlotte, North Carolina 28211

Microbiological Analyses

Owner, System or Establishment: Mr. Lunday

Address: 1801 Oakridge Dr

Zip

Collected By: JKiser

Date Collected: 7/20/93 Time: 1015 AM PM

Sample Source: Surface

Date Delvd. to Lab: 7/20/93 Time: 345 AM PM

Delivered By: JKiser

Type of Sample

Potable Water

☐ Individual Well ☐ Non-Community

☐ Community ☐ City

☒ Other (specify) Surface

Treatment: ☐ chlorinated ☐ nonchlorinated

☐ Initial Sample ☐ Recheck (chlorinated)

☐ Recheck (nonchlorinated)

☐ Other (specify)

Food (specify):

Analysis Requested: ☐ Total Coliform ☒ Fecal Coliform ☒ Fecal Strep

☐ Sulfate Reducing Bacteria ☐ **Giardia lamblia** (contact laboratory for instructions)

☐ Food Quality Survey ☐ Other (specify)

☐ Foodborne Investigation (specify)

Comments:

Laboratory Analysis Report

Method: ✓ Membrane Filter _____ Colilert

Total Coliform _____ /100 ml. Non-Coliform _____ /100 ml.

Fecal Coliform 21,000 /100 ml. Plate Count _____ /gm. or ml.

Fecal Strep 3900 /100 ml. Coliform Count _____ /gm. or ml.

Laboratory Comments:

Date Received: 7/20/93 Date Reported: 7/22/93

Received By: _____ Analyst: DGW/HW Lab #: 929

Laboratory Identification #: 37518

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LAB REPORT COPY