

7604 CARELOCK CR

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Groundwater and Wastewater Services File Imaging Project
May 2007
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COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 100 Craft 2/28/02 gc

[] CRT

DEW

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

(704)336-5102 4/8 AB

PERSON FILING APPLICATION:

NAME: BOST (last) ERVIN (first) I (mi)

ADDRESS: 1215 BILMARK AVE PHONE: (704) 596-4066

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28213

Date: 2-28-02

PROPERTY OWNER:

NAME: BOST (last) ERVIN (first) I (mi)

ADDRESS: 1215 BILMARK AVE. PHONE: (704) 596-4066

CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28213

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 111-146-02

STREET ADDRESS: CARLOCK CIRCLE 7604

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: 2 LOT SIZE (In acres): 1/2

TYPE APPLICATION (check one):

[redacted]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

New house 4 BDRMS

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[redacted]

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: 3

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 [X] 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: Ervin Bost Date: 2-28-02

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.

...4/26/02 I COULD NOT LOCATE ANY TANK - APPLICANT WILL TRY TO LOCATE & CALL WHEN READY.

[] 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

WATER : 122791

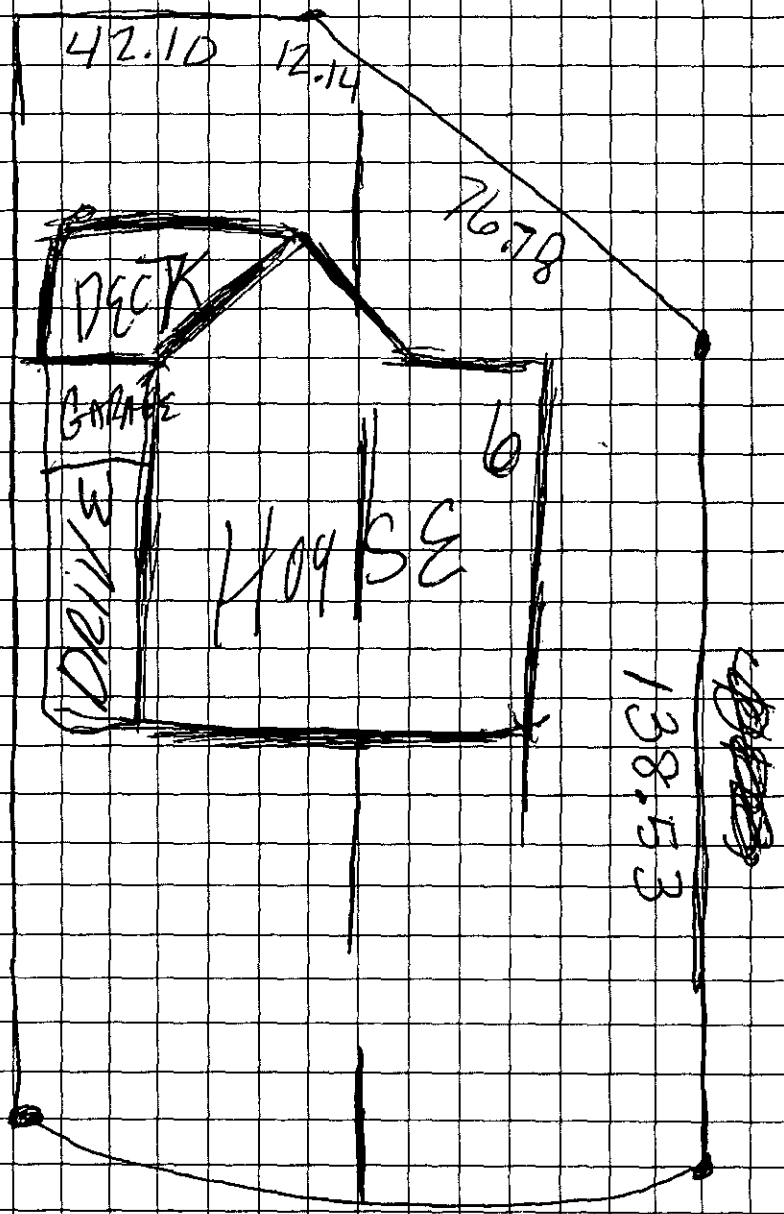
PROPOSED PLOT PLAN

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

FILE: 4861B

TC: 111-146-02

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.



Gwin Frost
OWNER/AGENT SIGNATURE

DATE 2-28-02

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

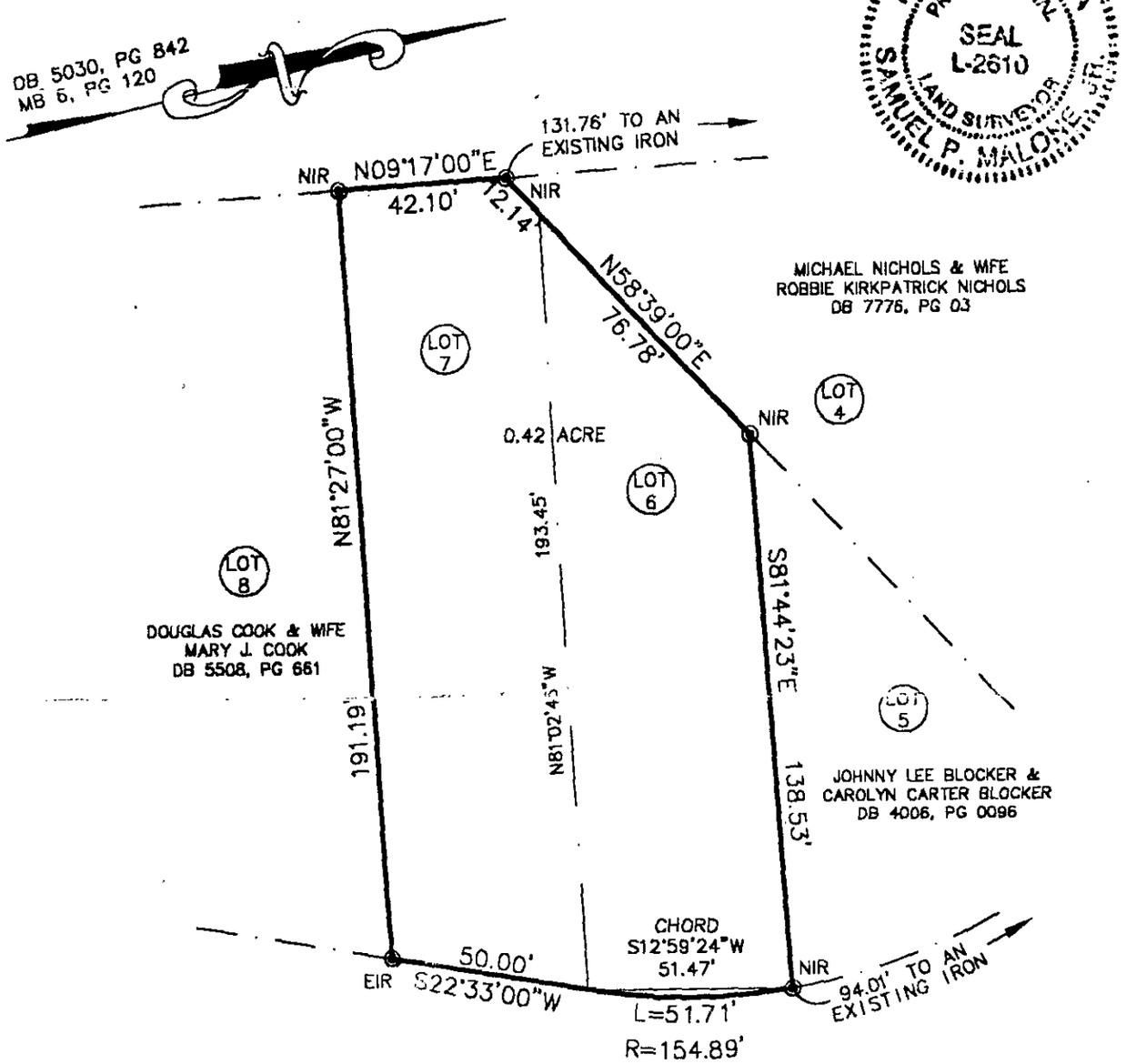
THIS IS TO CERTIFY THAT ON THE 10TH DAY OF AUGUST 1999, I SURVEYED THE PROPERTY SHOWN ON THIS PLAT AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING IF ANY ARE AS SHOWN HEREON.

SIGNED _____
REGISTERED LAND SURVEYOR

SAM MALONE & ASSOCIATES
Surveying – Design – Planning
P.O. BOX 1139
MATTHEWS, N.C. 28106
PHONE (704) 847-9026
FAX (704) 847-5188
TOLL FREE 1 800 287-8978

NOTES:
1. R/W = RIGHT OF WAY
2. ATTORNEY TO VERIFY COMPLIANCE WITH ZONING RESTRICTIVE COVENANTS AND HOMEOWNERS ASSOC. REQUIREMENTS OF RECORD.
3. P.D.U.E. = PUBLIC DRAINAGE UTILITY EASEMENT
4. P.S.D.E. = PUBLIC STORM DRAIN EASEMENT
5. EIR = EXISTING IRON REBAR
6. OS/EIR = OFF-SITE EXISTING IRON REBAR
7. N.T.S. = NOT TO SCALE
8. NIR= NEW IRON SET

NORTH CAROLINA PROFESSIONAL SEAL L-2610 LAND SURVEYOR SAMUEL P. MALONE, JR.



BOUNDARY SURVEY
OF:
LOTS 6 & 7 OF THE T.K. HARRISON PROPERTY
CRAB ORCHARD TOWNSHIP, MECKLENBURG COUNTY, N.C.

SCALE: 1"= 40'
FOR THE BENEFIT OF LINDA BOST

MAP REFERENCE IN BOOK 6 PAGE 120 DEED REFERENCE IN BOOK 5030 PAGE 842

ACAD FILE: C:\D\SURV\7604CC.DWG FOLDER: 29 JULY 1999

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PL 100 Crafty 2/28/02 JC

[] CRT

Drew

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Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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Charlotte, NC 28202

(704)336-5102 4/86B

PERSON FILING APPLICATION:
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ADDRESS: 1215 Bilmark Ave PHONE: (704) 596-4066
CITY: Charlotte STATE: N.C. ZIPCODE: 28213

Date: 2-28-02

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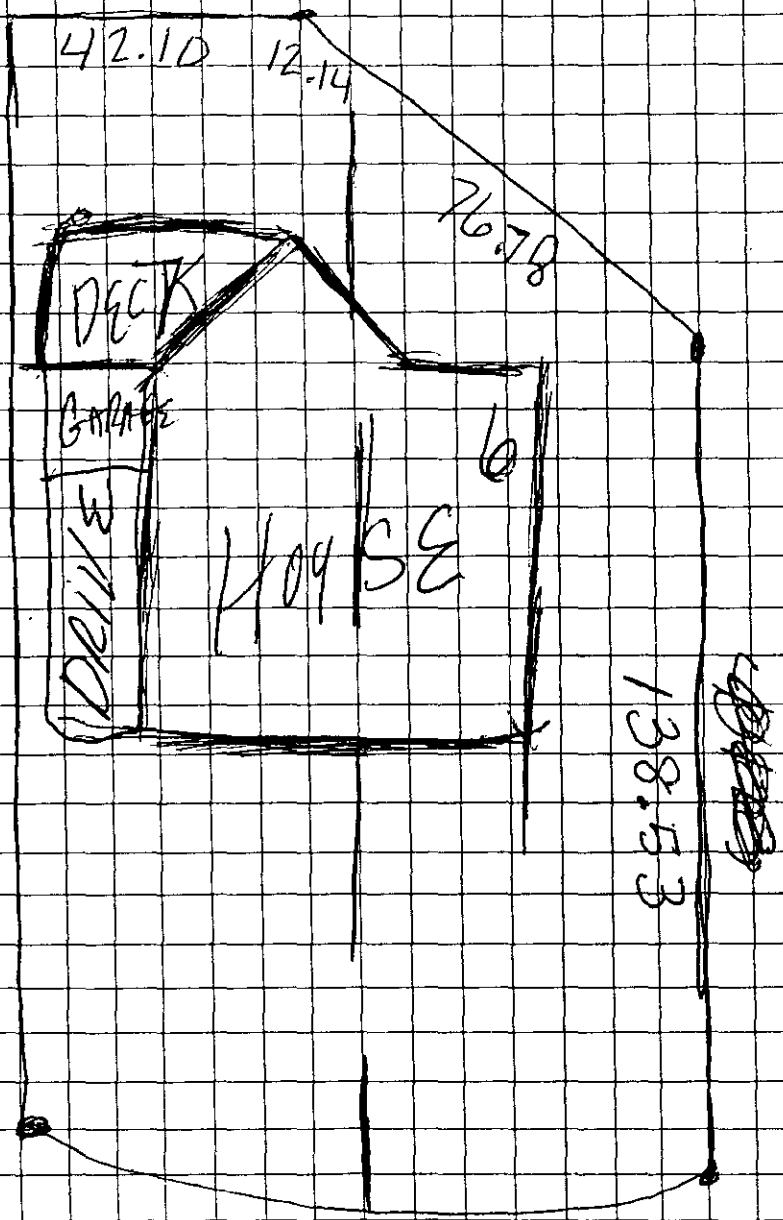
COPY

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

FILE: 4866

TC: 111-146-02

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Gwin Frost
OWNER/AGENT SIGNATURE

DATE 2-25-02

APPROVAL DATE _____

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