

20935 ISLAND FOREST DR

00111405

5/10/2007

duponbj

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

3932A

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

July 27, 1992

Mr. B. K. Barringer, Jr., P.E.
104 Westfield Center
Mooresville, NC 28115

Re: 20935 Island Forest Drive
File No: 7478A

Dear Mr. Barringer:

This letter is in response to your letter of July 21, 1992. I have made further review of Mr. Toney Jacobs soils analysis on the above referenced property. After the review Mr. Jacobs and I talked on the telephone (7-27-92) and at that time I requested that he provide the substantiating data to support his conclusions. Mr. Jacobs agreed to provide me with the substantiating data and I agreed to review the data when it is submitted.

Your written request for a reexamination of the soils by Mr. Joe Lynn is hereby acknowledged. We have arranged a schedule for Mr. Lynn to reexamine the soils on July 30, 1992. We will arrive at the site at approximately 11AM - 12PM on that day.

If I can be of further assistance please call me at 336-5573.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
SEP 15 1987
ENVIRONMENTAL HEALTH
DIVISION

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 3932A
TC: _____
SERIAL: № 14516
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 20935 (STREET NO.) ISLAND FOREST DR (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 001-114-05 & 06
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: C. (FIRST) MILTON (MIDDLE) COX (LAST)
⑨ MAILING ADDRESS: RT 2 Box 594 DAVIDSON N.C.
⑩ CITY: DAVIDSON ⑪ STATE: N.C. ⑫ ZIP: 28036
⑬ PHONE: (WORK) _____ ⑭ (HOME) 892-5698

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Storage Bldg.

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____
㉔ *Basement?* ☐ yes ☒ no 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: C. Milton Cox
Date: 9/15/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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, 9-18-87 (Date)

Director or Authorized Section Head, 9-18-87 (Date)

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

Building Standards
Bunny Benson 336 3575

C. MILTON COX

LOTS 36 & 37 ISLAND FOREST TAX LINE MAP Book 01, P 11.

ADDRESS: 20931 & 20935 ISLAND FOREST DR. MECK. COUNTY

REQUEST FOR PERMIT FOR 8'X10' OUTBUILDING

