

9001 RICHFORD DR

01727401

1/3/2008

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

400 PA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRT

3819B

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Lawhorn (last) Angela (first) J (mi)
ADDRESS: 9001 Richford Dr PHONE: (704) 948-9276
CITY: Huntersville STATE: N.C ZIPCODE: 28078

Date:

PROPERTY OWNER: Kiker
NAME: [illegible] (last) NANCY (first) (mi)
ADDRESS: _____ PHONE: (704) 662-9881
CITY: Mooresville STATE: N.C ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-27401
STREET ADDRESS: 9001 Richford Dr
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 257 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] 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):
[X] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5
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: Angela Lawhorn Date: 11-17-95

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.

... Use existing system for 3 bedroom mobile. Approved under 1962

Note: Per 11/7/95 phone conversation with owner, Nancy Kiker, this is first mobile home exchange; original mobile home was a 3 bedroom.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[X] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Lisa B. Mialik, RS 11/17/95
Environmentalist Date

S Boardman for S Stanik, Program Chief 11-20-95
Director or Authorized Section Head Date

WATER : 122791

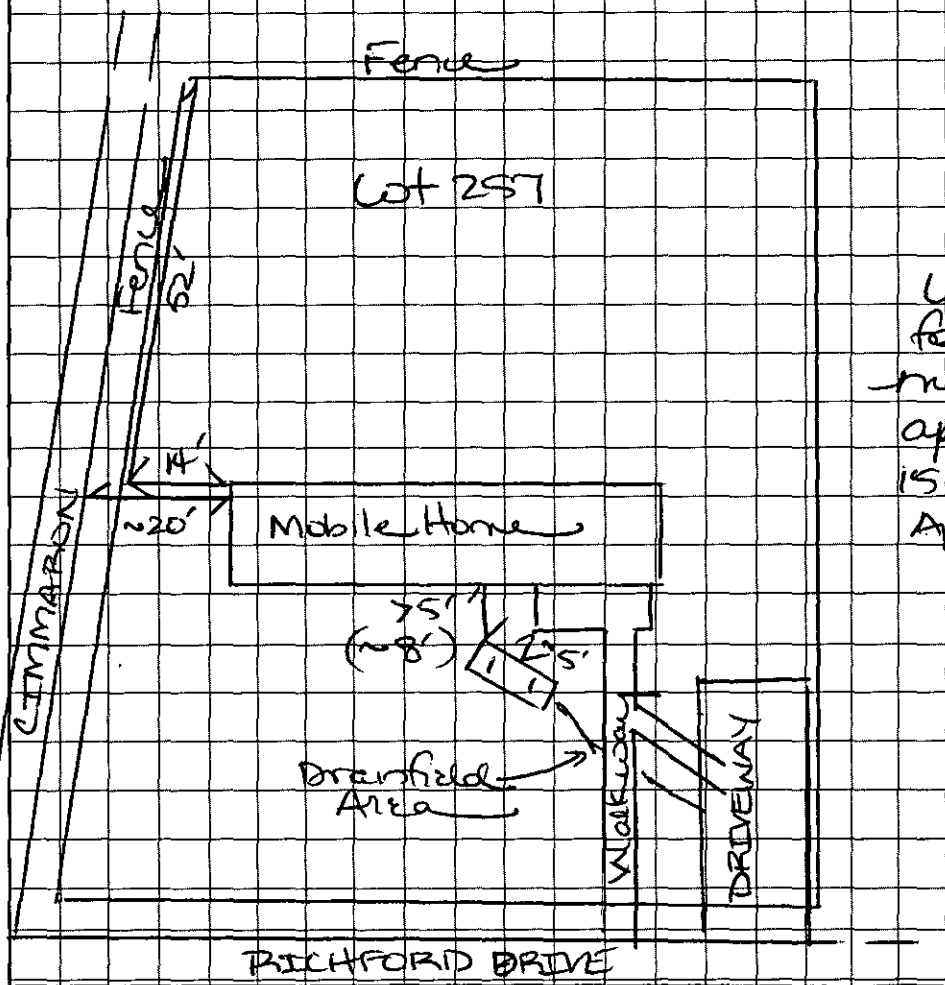
PROPOSED PLOT PLAN

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

FILE: 38/9B

TC: 017-274-01

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.



Use existing system for 3 bedroom mobile home approved under 15A NCAC 18A .1962, Applicability

COMMENTS:

1. No record found.
2. Per phone consultation with owner 11/7/95 - this is first mobile home exchange; original mobile home was a 3 bedroom. Advised owner - Nancy Kikers of my recommendation to pump both compartments of septic tank.
3. Plumb all fixtures to septic tank.

Angela Lawhorn
OWNER/AGENT SIGNATURE

DATE 11-17-95

APPROVAL DATE 11/17/95 Joe B. Mialik, RS

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Pd #50 cash 11/2/95

[ ] CRT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Massey (last) Angela (first) J (mi)
ADDRESS: 9000 Richford Dr PHONE: (__) _____
CITY: Huntersville STATE: N.C ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 117275-16
STREET ADDRESS: 9000 Richford Dr
ZONING:

PROPERTY OWNER:
NAME: Nancy Kiker (last) Nancy (first) _____ (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: Mooresville STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 5

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):
[X] Community (C) [ ] Shared Well (S)
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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[ ] 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: Angela Massey Date: 11-02-95

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:

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...This permit is not transferable.

11/3 ...OS @ 9000 Richford. Tenant present. Numb. Exchange proposed - does not know applicant

OS @ 9001

[ ] 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

Director or Authorized Section Head Date

WWATER : 122791

Incorrect application - wrong property. jbm

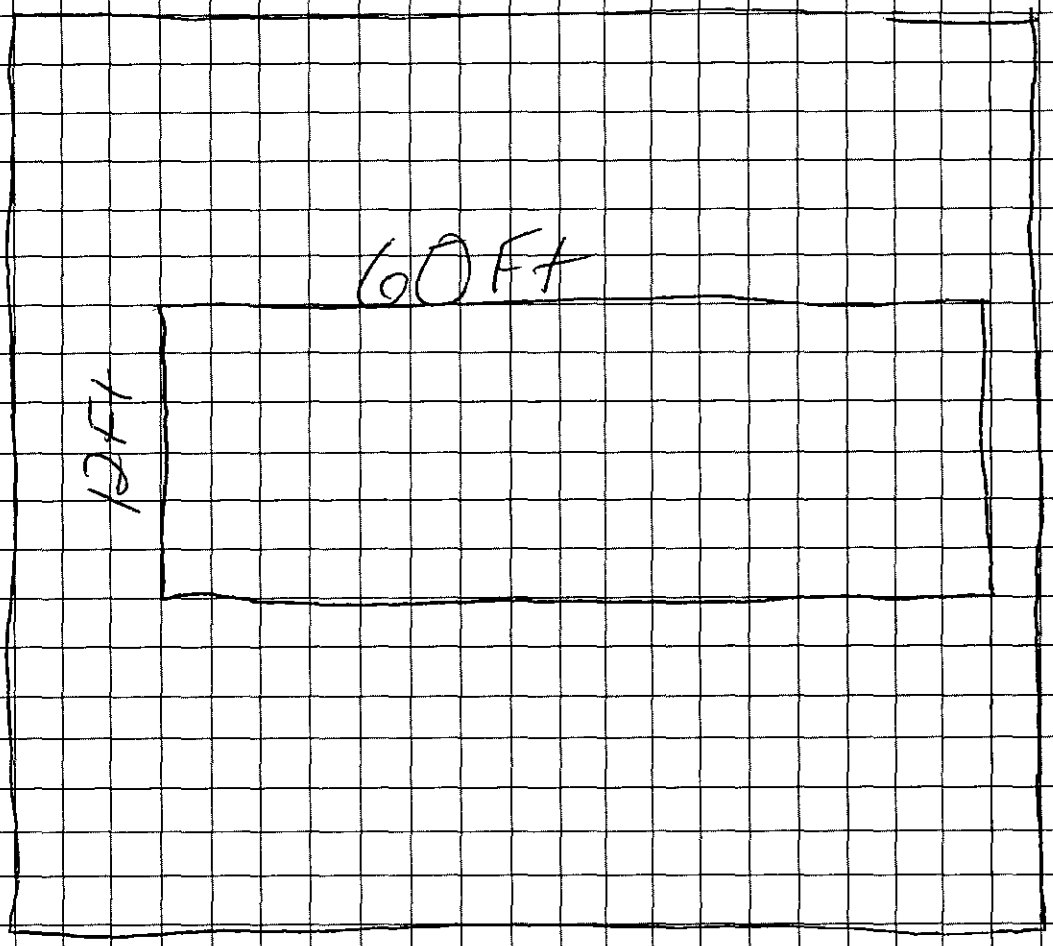
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 6000A

TC: 017-275-16

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Angela Massey
OWNER/AGENT SIGNATURE

DATE 11-02-95

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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[] CRT

60004

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Lawhorn Massey (last) Angela (first) J (mi)
ADDRESS: 9000 Richford Dr PHONE: (__) 948-9468 neighbor - The Ramseys
CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Nancy Kiker - Nancy (by will) (last) (first) (mi)
ADDRESS: 1809 old Bruton Ln. Charlotte 28216 PHONE: (__) 662-9881
CITY: Mooresville STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-275-16
STREET ADDRESS: 9000 Richford Dr
? 9001 Richford Dr
ZONING: 017-274-01 Lot 257

Township (check one):
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Signed: Angela Or Massey Date: 11-02-95

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[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

11/3 ... OS @ 9000 Richford. Tenant present. Mo.h. Exchange proposed does not know applicant

OS @ 9001

11/3 No phone # given for applicant. No listing in phonebook for Nancy Kiker in Charlotte or Mooresville.

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

11/6 PC from Lawhorn (Massey) - correct address 9001 Richford
11/6 PC to Mo. Kiker @ 9:30. NC.
11/7 PC to Mo. Kiker @ 4:15. NC
11/7/95 @ 3:00 pm. PC w/ Nancy Kiker; stated original m.h. - 3 bedroom - on lot since installation ~1970. 1st exchange shown -
11/8/95 OSV. 11/8/95 PC w/ Mo. Lawhorn - advised need ST uncovered

11/15/96 PC from Mrs Massey - sm portion of ST
washed

11/16/96 OSV. O.K

11/17/96 PC to neighbor - in for Mrs Massey.
need to fill out corrected appl. & sign plat