

4917 RIVERDALE DR

19919212

12/31/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

400 1/4/98 00-50-00 #3495 EWJ

[X] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 28216

(704)336-5102

Date:

PERSON FILING APPLICATION:

NAME: Little (last) Douglas (first) (mi)

ADDRESS: 14000 E Indpd. Blvd. PHONE: (704) 821-3113

CITY: Matthews STATE: NC ZIPCODE: 28104

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 199-192-12

STREET ADDRESS: 4917 Riverdale Dr

ZONING:

PROPERTY OWNER:

NAME: Beatty (last) Odell (first) (mi)

ADDRESS: 4917 Riverdale Dr PHONE: (704) 588-1144

CITY: Charlotte STATE: NC ZIPCODE: 28273

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 14 B LOT SIZE (in acres):

[redacted] 1962

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

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

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

NUMBER BEDROOMS: NUMBER OCCUPANTS:

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)
[] 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
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms

The undersigned, owner, or legal agent for the owner, of the property descr
foregoing application, acknowledges that the contents of same are true, and aut
DEPARTMENT to enter onto the property for the purpose of processing this reques

Signed: Douglas Little Date: 1/4/98

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTME
the Request for the Job Location contained in this document. This approval is
And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect a
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.

... Approval granted for a detached garage (No plumbing) use existing system

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

Phila J. Walker R.S. 1/5/98
Environmentalist Date

J Thompson for S Jamil 1-7-98
Director or Authorized Section Head Date

HEARTLAND
DOUG LITTLE
Garage Construction Manager
14000 E. Independence Blvd.
Matthews, NC 28104
www.Heartlandind.com
704-821-3113
Fax 704-821-3115

WWATER : 122791

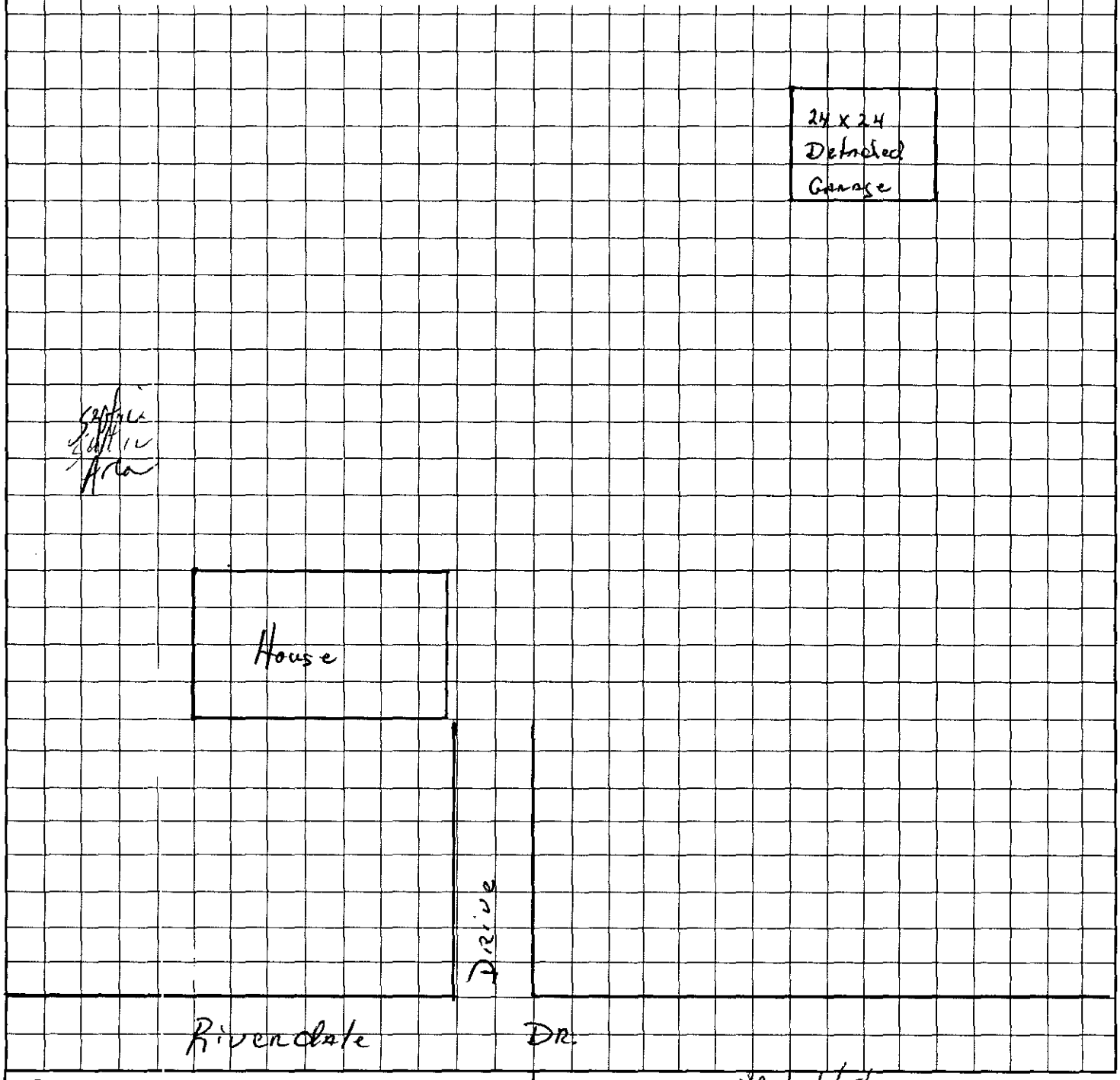
PROPOSED PLOT PLAN

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

FILE: 2816B

TC: 199-192-12

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE JSW 1/5/99

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