

3924 WELL RD

19503121

6/25/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

MECK... HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
P.O. ...

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 7162A
TC: 195-031-21
NOV 30 1990
SERIAL: № 21398
L CRT

JOB LOCATION

① ADDRESS: Andrew H. Tarlton 3924 Well Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: #195-031-21
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Andrew (FIRST) Harold (MIDDLE) Tarlton (LAST)
⑨ MAILING ADDRESS: 3924 Well Rd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) 2 Car garage Attached

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Andrew H. Tarlton
Date: 10-20-90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance.

Use existing system

Philo S. Walker, 11/26/90
Environmentalist Date

Director or Authorized Section Head 11/27/90 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11/20/90

Name/Company: Andrew H Tarlton

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: [illegible]
3924 Wood Rd
Fee # 7162A
Tc # 195-031-21

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 20 1990

Fee: $ 25.00 CR# 1851 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

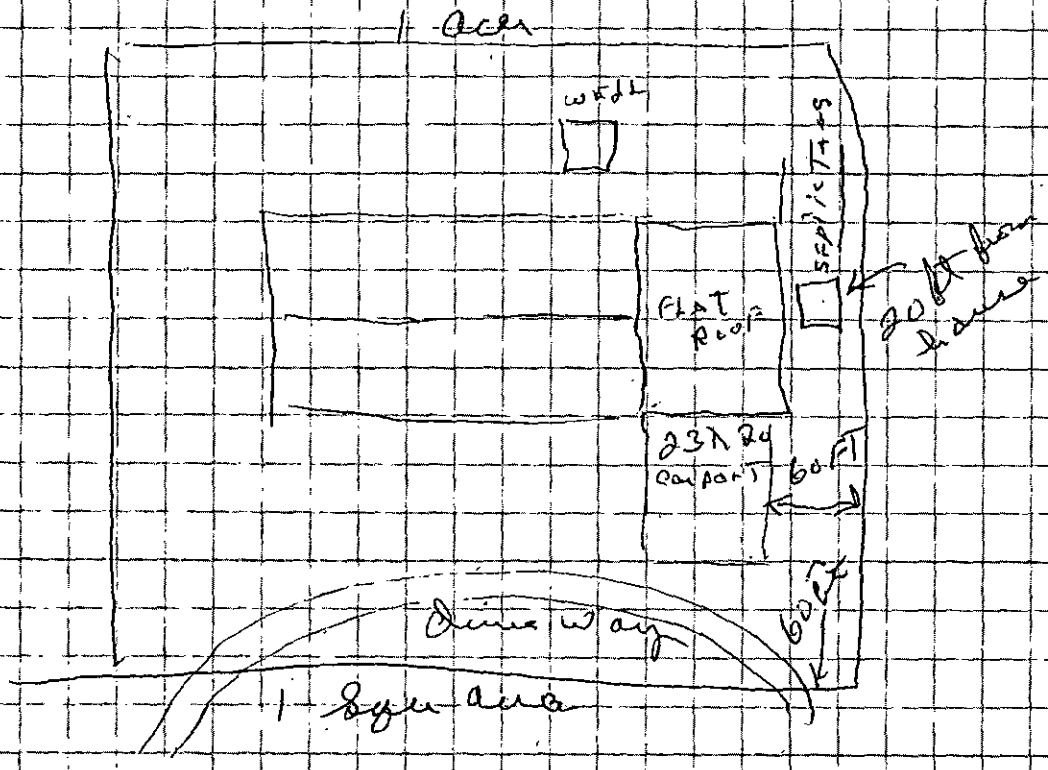
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7162A

TC: 195-031-21

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.



APPROVAL DATE PW appr 11/26/90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

LC - Dixie - Environmental Protection

DATE 11/20/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

195-031-21
PARCEL NUMBER

3924 Well Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	/ APPROVED		NOT APPROVED
2.	FLOODWAY REGULATIONS	/ APPROVED		NOT APPROVED
3.	EROSION CONTROL REGULATIONS	/ APPROVED		NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	/ APPROVED		NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	PRESENT	/	NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	YES	/	NO
7.	DRIVEWAY PERMIT REQUIRED	YES	/	NO

REMARKS: Garage (2 car.)

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

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