

2017 KIMWAY DR

21518118

12/17/07

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Groundwater and Wastewater Services File Imaging Project
May 2007
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Repair

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#8027A/137B

PC [X]

[] 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

PERSON FILING APPLICATION:

NAME: Hartman (last) Maxine (first) (mi)

ADDRESS: 2017 Kimway PHONE: (704) 847-4371

CITY: Mathews STATE: NC ZIPCODE: 28105

Date: 1-22-92

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 215-181-18

STREET ADDRESS: 2017 Kimway Drive

ZONING:

PROPERTY OWNER:

NAME: Hartman (last) Maxine (first) (mi)

ADDRESS: 2017 Kimway PHONE: (704) 847 4371

CITY: Mathews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] 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)
[X] REPAIR TO SYSTEM (R)

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: 2

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)
[X] 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: Maxine Hartman, Date: 1-22-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

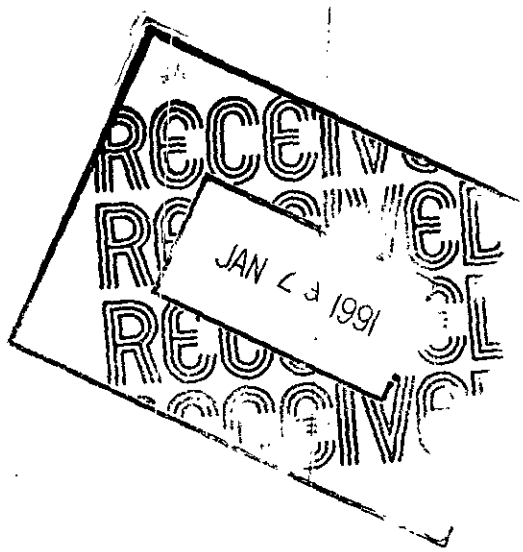
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[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist 2-14-92 Date

Director or Authorized Section Head Date

WWATER : 122791


JAN 2 3 1991

JS

0027A/137B = S

Repair

UPDATE COMPLETE

Applicant HARTMAN MAXINE Appl.Date 01/29/92 Updated 02/03/92
Mail Addr 2017 KIMWAY DRIVE Phone 704 847-4371
City MATTHEWS State NC Zipcode 28105
Prop Ownr HARTMAN MAXINE
Mail Addr 2017 KIMWAY DRIVE Phone 704 847-4371
City MATTHEWS State NC Zipcode 28105 Township 5
Tax Map No. 21518118 Road 2017 KIMWAY DRIVE Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App R Site Y or Tract Type Bldg H System Classif NOT REQUIRED
Resident. Specif: No. Bedrooms 03 No. Occupants 2 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. No. Empl. per Shift
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage I Construct. Status P Sites
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17035
Directions: REPAIR

Date Appl. Recd. 01/29/92 Date Insp. Insp. Status
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 00137B Operat. Permit (Y/N)
2/03/92 12:45:38

01-03 SA MW KS IM II S1 S1037498 KB

D Bok
Crushed & Replaced
Permit issued &
Repairs Complete

Serial No

Received 26 Sep 72

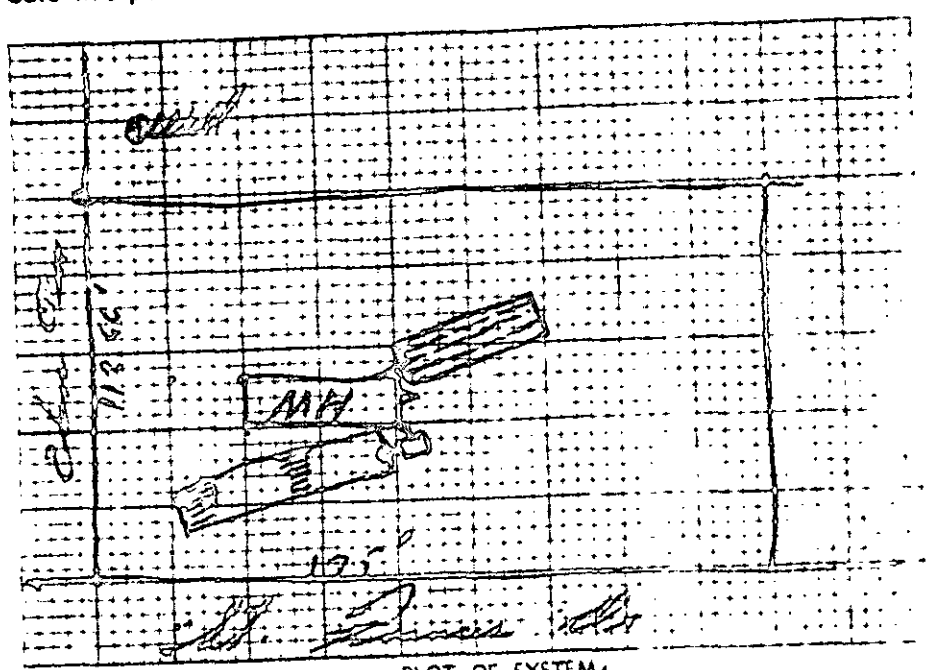
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR

Individual Septic Tank System with Subsurface, Soil Absorption Sewage Disposal

Permission is hereby given to ✓ Install or Construct, Alter or Repair a sewage treatment system with subsurface soil absorption effluent disposal at the described location. This permit is granted based upon the information contained in the application dated 27 Sept 72 and this permit shall be void and of no effect if the information contained in the application is not true or is erroneous. All work shall be completed on or before 26 Dec 72 date this permit shall be null and void.



PLOT OF SYSTEM

NAME OF OWNER Weiss, James E

LOCATION OF PROPERTY Skyway 21 (Lot #7)

The system shall meet all of the construction requirements as set forth in the Mecklenburg County Board of Health which are in effect on the date of application and must be issued by the Health Director before any sewage can be discharged or can be used

Comments: Claudius - Robinson (Contr)

Director of Environmental Health

Permission for the installation, construction, alteration or repair of individual sewage disposal systems is hereby granted where an existing system is being altered or repaired