

9201 FAIRVIEW RD

5/30/2007

duponbj

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

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EX400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#200 8/30/94 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: STARNES (last) Billy (first) J. (mi)
ADDRESS: 9203 LOT #8 Fairview PHONE: (704) 545-1364
CITY: Charlotte STATE: N.C. ZIPCODE: 28227

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: #139-032-16
STREET ADDRESS: 9203 FAIRVIEW Rd.
ZONING:

PROPERTY OWNER:
NAME: MULLIS (last) Robert (first) (mi)
ADDRESS: 5805 Indian Brook Dr. PHONE: (704) 821-6437
CITY: Indian Trail STATE: N.C. 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 [X] 7 Mint Hill

LOT NUMBER: 8 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) Mobile Home #40 Bedroom
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
[ ] 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: 4

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) [X] Shared Well (S)
[ ] Municipal (N) [ ] 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: Billy J. Starnes Date: 8-30-94

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 with alterations

[ ] 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

Philip A. Walker 10/18/94
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

COPY

PROPOSED PLOT PLAN

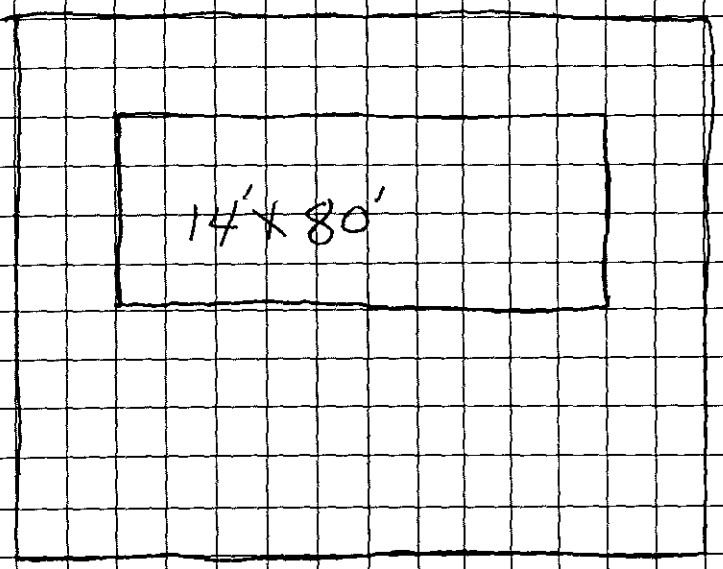
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

3282B

FILE: ~~3267B~~

TC: 139-032-16

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 PHW 10/18/94 VES
Lot #8

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5175A DATE: 10/18/94

TC: 139 0321 6 ☐ L ☒ CRT

SERIAL Nº 14347

Name of Owner Robert Mullis Juris.:

Address of Property 9203 Fairview Rd (Mullis Mobile Home Park)

Inspection Data:

Tank Material –

Total Length of Drainfield 200'

Number of Lines 2 @ 100'

Cover Depth 8" - 16"

Water Supply Source Com well

Distance to Water Source ≥100'

Excavation Inspected 10/18/94

Tank(s) Inspected new tee set

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1994, Repair CTR# RCS 90

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Repair MH # 7 & 8

D Newell for S Davis

Philo S. Walker R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

MULLIS MOBILE HOME PARK DIAGRAM

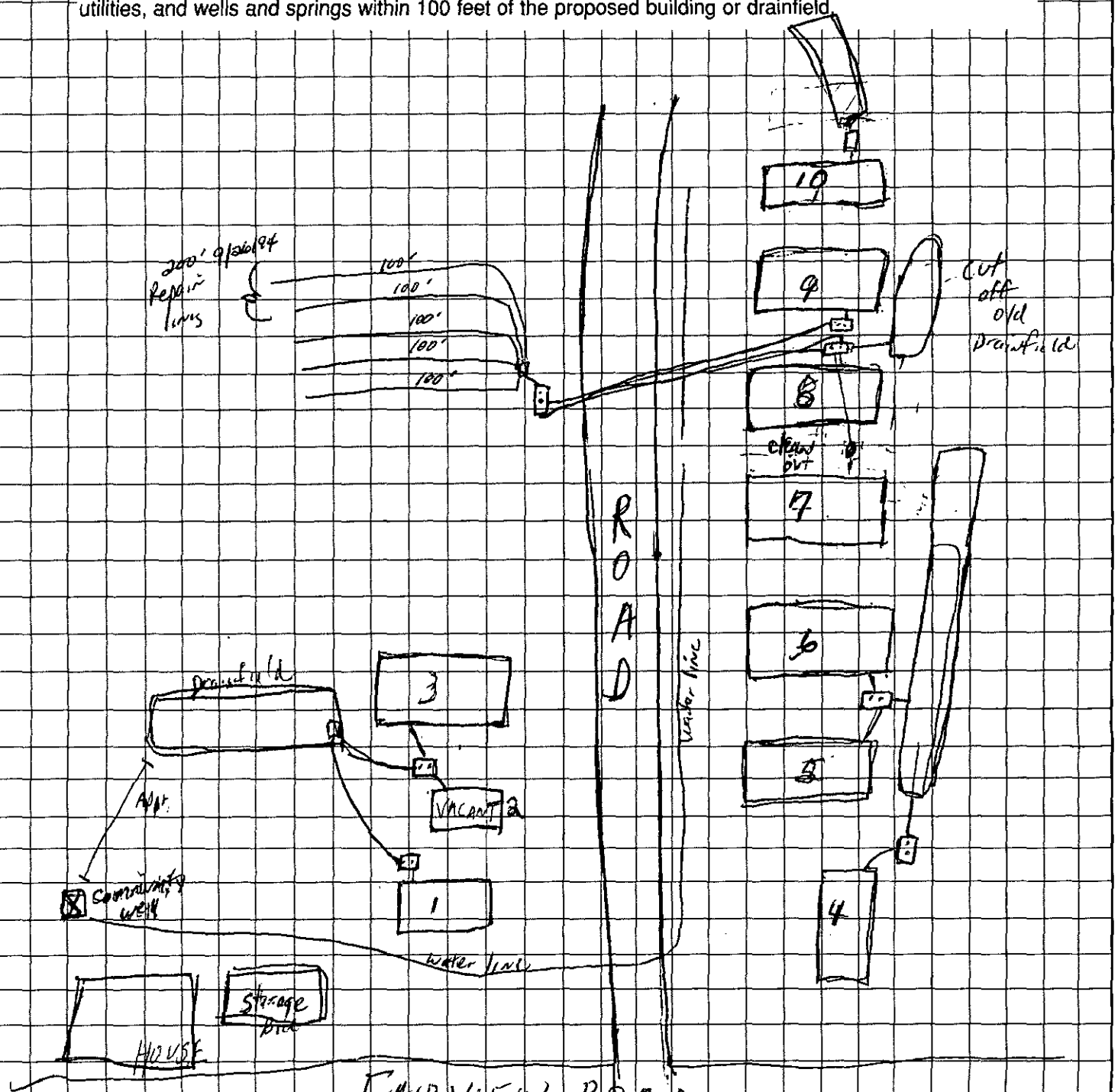
PROPOSED PLOT PLAN

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

FILE: _____

TC: 139 032 16

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.



9/26/94 PSW

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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

DATE 9/7/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

139-032-16
PARCEL NUMBER

9203 Jamison Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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. WATERSHED PROTECTION	**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**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Mobile Home Hook up

NOTE: THIS FORM MUST BE **TURNED IN AT T**
TIFICATE OF **OCCUPANCY WILL NOT B**
FINAL APPROVAL ON ***DRIVEWAY(S).***

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

PROPOSED PLOT PLAN

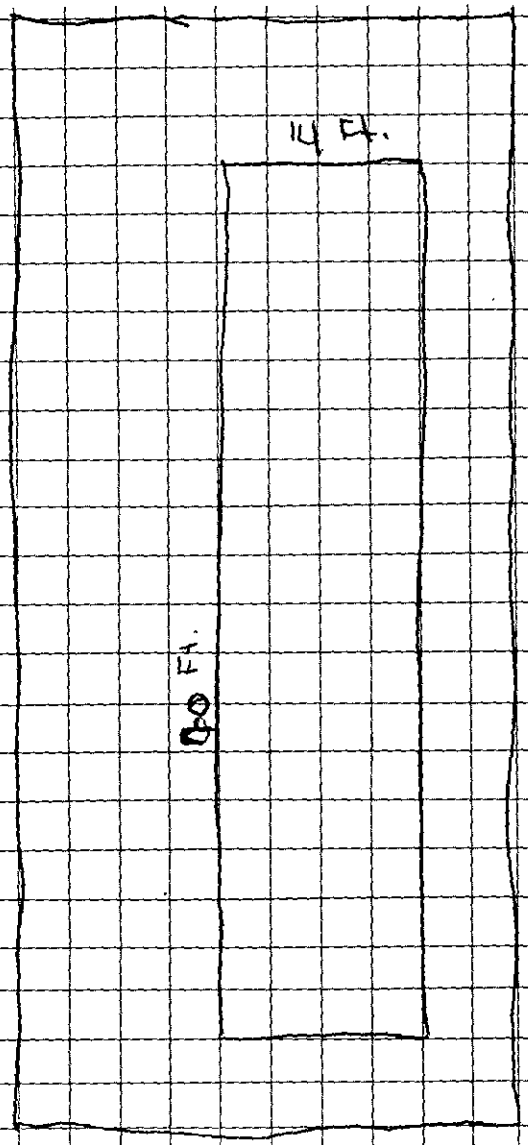
COPY

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

FILE: 5125A

TC: 139-032-16

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.



Betty P. Carson
OWNER/AGENT SIGNATURE

DATE 9-7-94

APPROVAL DATE PSW 10/18/94 VES
Lot #5

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5175A

PA #50 9/1/94 ck #1170

X CRT

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Capoon (last) Betty (first) P. (mi)
ADDRESS: 9203 Fairview PHONE: ~~704~~ 28227
CITY: Charlotte NC STATE: ZIPCODE:

PROPERTY OWNER:
NAME: Mullis (last) Robert (first) C (mi)
ADDRESS: 3805 Indian Brook PHONE: (704) 821-6437
CITY: Charlotte N.C. STATE: ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: #139-032-16
STREET ADDRESS: 9203 Fairview Road
Mullis Trailer Pk.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 5 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] 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)
[ ] REPAIR TO SYSTEM (R)

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: 3 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)
[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: Betty P. Capoon Date: 9-7-94

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 W/A/H

[ ] 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

Phil A. Walker 10/18/94
Environmentalist Date

Director or Authorized Section Head Date 10/20/94

WATER : 122791

DATE 8/30/24

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MINT

139-039-16
PARCEL NUMBER

9203 FAIRVIEW 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. WATERSHED PROTECTION	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
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: MOVE ON PERMIT / mobile Home / Lot 8

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: B. McConico

REVISED 1/91

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 5175A
TC: _____
SERIAL: № 17216 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 9203 (STREET NO.) Fairview (STREET) Rd ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 139-032-16 P/O
⑤ SUBDIVISION: Mullis TP ⑥ LOT: 3 ⑦ BLOCK: _____

OWNER

⑧ NAME: mike (FIRST) Faircloth (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 9 7939 Stancis Randle Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) _____ ⑭ (HOME) 536-4726

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 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: Mike Faircloth
Date: 11-7-88

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 months from the date of issuance. Use existing system

B. R. Ferguson — Environmentalist — 11-8-88 — Date

S. D. Davis — Director or Authorized Section Head — 11-9-88 — 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 11/7/88

Name/Company Mike Lucas

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: Temp Water Discharge
5175A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 7 1988

Fee: $20.00 #20.00

Completed by

Collected by