

1928 BIRCHCREST DR

10113119

6/19/2007

duponbj

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

Mecklenburg County
Health Department

Basil G. Jetta, M.D., M.P.H.
Health Director

April 24, 1990

6636A

TO: Susan P. Latimer
Accountant I

FROM: Lorraine C. Whitaker
Accounting Technician I

SUBJECT: Request for Refund/ Environmental Health Services

The following refund is requested:

AMOUNT: $25.00

ORG/ACCOUNT # 462-3511

PAYABLE: Mary K. Blumish
1928 Birchcrest Drive
Charlotte, N. C. 28205

DATE OF ORIGINAL DEPOSIT: April 4, 1990

REASON: Imp Permit/Addit Fee $25.00
The applicant withdrew the request.

/Enclosures

Mecklenburg County
Health Department

April 17, 1990

MEMORANDUM

TO: Lorraine Whittaker

FROM: Sylvia D. Daniel, R.S.
Program Chief

Please issue a refund in the amount $25.00 for an Application for Improvement Permit at 1928 Birchcrest Dr. The applicant withdrew the request. Please make the refund payable to:

Mary K. Blumish
1928 Birchcrest Drive
Charlotte, NC 28205

Thank you for your prompt attention to this matter.

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

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: 6636A
TC: _____
SERIAL: Nº 20600 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1928 Birchcrest Drive (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 101-131-19
⑤ SUBDIVISION: Derby Acres ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Mary & Kris (FIRST) K (MIDDLE) Blumisk (LAST)
⑨ MAILING ADDRESS: 1928 Birchcrest Drive
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28205
⑬ PHONE: (WORK) 522-5014 ⑭ (HOME) 536-0652

REQUEST

This request is for a(n):
⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Adding Deck

DESIGN CRITERIA

System will serve:
⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 2
㉔ Basement? ☐ yes ☒ no
㉕ Type? Deck
㉖ Maximum number of employees? _____
㉗ Maximum number of seats? _____

Mr Blumisk Telephoned Requested with-drawel of request - Says he found the front in area where he wanted to build the deck
T. Kisler 4/10/90

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: Mary Blumisk
Date: 4-4-90

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 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / 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: 4-4-90

Name/Company: Mary + Kris Blumish

Sanitation _____

Vector Control _____

O.P.W.D. Mr Blumish telepho ~~Initial~~ of request Ph tank in area where

Service: IP- Addition

1928 Birchcrest Dr

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 4 1990

File 6636A

Cash

Fee: $25.00 Ck 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.

Jackie Abernethy
Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)
FILE: 6636A
TC: _____
SERIAL: NP 205.0 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1928 Birchcrest Drive (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 101-131-19
⑤ SUBDIVISION: Darby Acres ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Mary & Kris (FIRST) K (MIDDLE) Blumish (LAST)
⑨ MAILING ADDRESS: 1928 Birchcrest Drive
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28205
⑬ PHONE: (WORK) 582-5014 ⑭ (HOME) 536-0652

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㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 2
㉔ Basement? ☐ yes ☒ no
㉕ Type? S.F. Deck
㉖ Maximum number of employees? _____
㉗ Maximum number of seats? _____

4/10/90

Mr & Mrs Blumish were told they would be required to have a soil evaluation done by a soil scientist before they could build a deck on the back of their house. They wanted to build a deck 12' x 16' and were told that they would be required to have a soil evaluation done by a soil scientist before they could build a deck on the back of their house.

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☒ Municipal system
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... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist _____ Date _____

Director or Authorized Section Head _____ Date _____

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APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)

FILE: 6636A

TC: _____

SERIAL: № 20601 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1928 (STREET NO.) Birchcrest Dr (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 101-131-19

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Mary & Kris (FIRST) K. (MIDDLE) Blumish (LAST)

⑨ MAILING ADDRESS: 1928 Birchcrest Drive

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28205

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㉓ Maximum occupancy? _____ ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats? _____

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_____ / _____

Environmentalist Date

_____ / _____

Director or Authorized Section Head Date

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PROPOSED PLOT PLAN

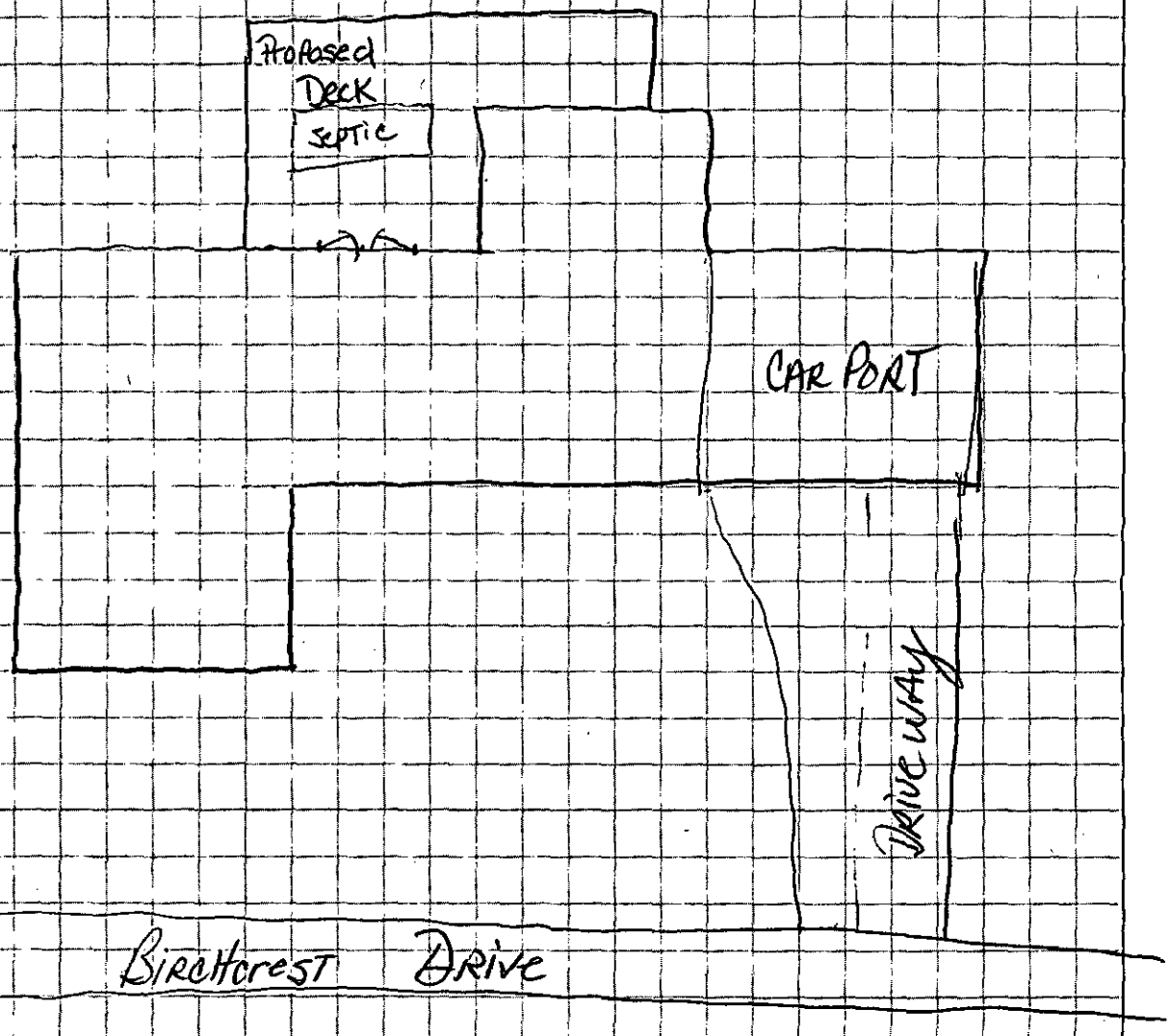
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6636A

TC: _____

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.

4/10 Request disapproved - plan is to build deck which would be over Septic tank and drainfield - J Kiser



APPROVAL DATE _____

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

PROPOSED PLOT PLAN

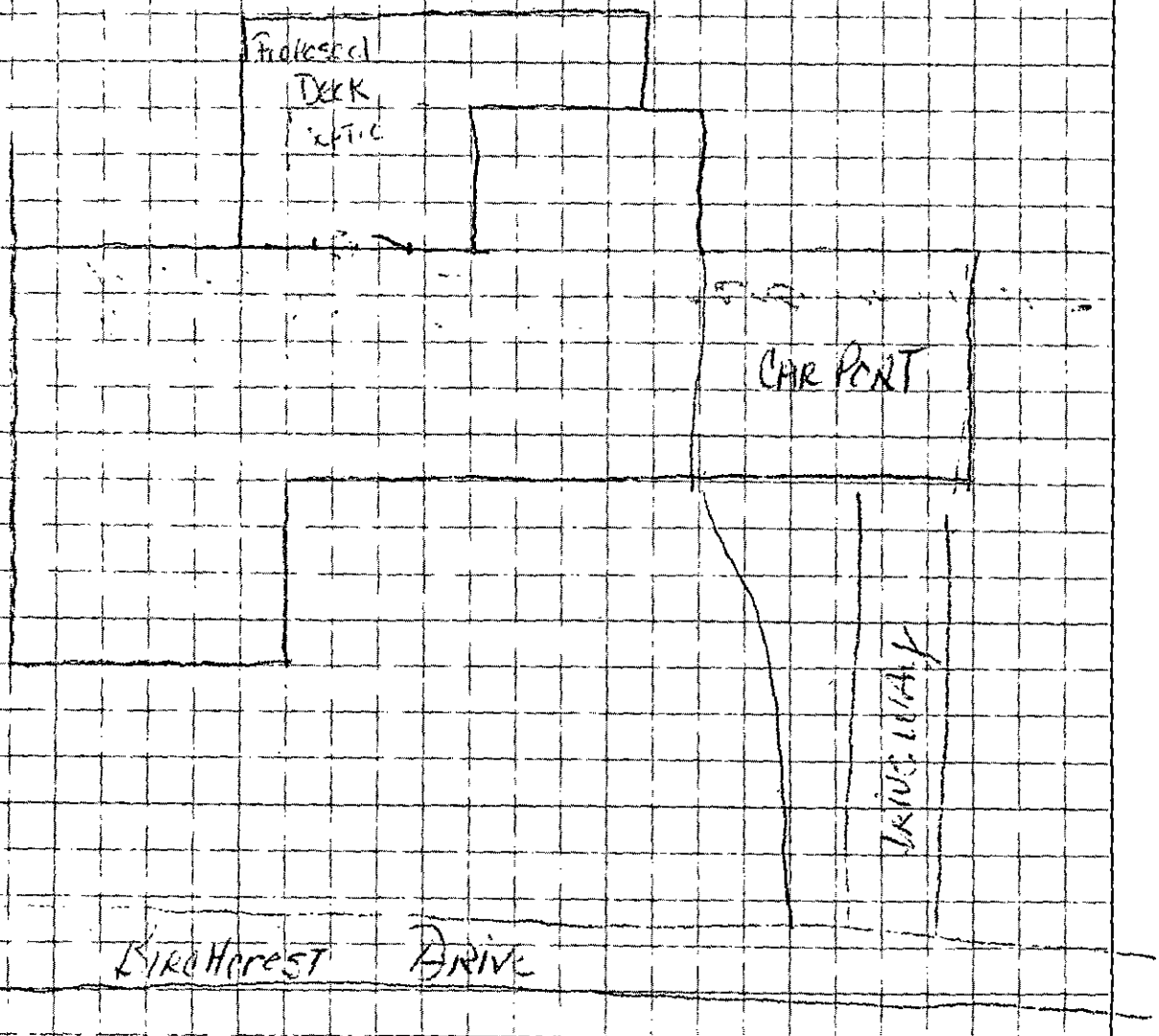
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