

12221 STATESVILLE RD

01720102

1/3/2008

duponbj

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

3763B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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: Hurd (last) Bryce (first) K (mi)
ADDRESS: 12221 Statesville Rd PHONE: (704) 875-2580
CITY: Huntersville NC STATE: N.C ZIPCODE: 28078

Date:

PROPERTY OWNER:
NAME: Hurd (last) Bryce (first) K (mi)
ADDRESS: 12221 Statesville Rd PHONE: (704) 875-2580
CITY: Huntersville STATE: NC. ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 017-201-02
STREET ADDRESS: 12221 Statesville Rd
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 4 1/2

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)
[X] REPAIR TO SYSTEM (R) Tap ON To Sewage line

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: 3

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)
[X] 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 [ ] 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: Bryce K. Hurd Date: 10-8-95

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.

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

...10/11/95 OSV. Mr Hurd present. Observed sewage discharging seeping down interior basement wall. ~~old septem~~ - cinders? CMUD sewer to front of residence. ~~Limited repair area due to~~ topography? Existing well. Soils? Plumbing problem?

Lisa B. Mialik, RS 10/12/95
Environmentalist Date

11/2/95 OSV. Plumbing to tap has been run 11/3/95 PCW/Barbara Powell @

Director or Authorized Section Head CMUDShop Date tap installed 10/16/95

10/12/95 PC from Mr Hurd stated he & his wife have decided to proceed w/ tap on. (See file for copy of CMUD tap on receipt dated 10/9/95)

10/12/95 PC w/ V. Johnson @ CMUD - Barbara Powell @ CMUDShop. 357-6064 advised tap needed & tap

WWATER : 122791

Lisa B Mialik
EPA

875 3581

BRYCE K. HURD
OR LINDA S. HURD
12221 STATESVILLE RD.
HUNTERSVILLE, NC 28078

10683

10-8 19 95

86-21/530
56006

PAY TO THE ORDER OF [redacted] $ 1,750.00

one thousand seven hundred & fifty ——— DOLLARS

FIRST UNION — First Union National Bank of North Carolina, Huntersville, N.C.

FOR Sewage Hook up. Bryce K. Hurd

"010683" :053000219: 2065636416646"

CHARLOTTE MECKLENBURG UTILITY DEPT.

DATE: 10-4-95

No 36043

RECEIVED FROM: Bryce K Hurd

Seventeen Hundred Fifty Dollars 00/100 $1750.00

FOR: 12221 Statesville Rd
4" Sewer Tap

Stellie M Lee Stapp
RECEIVED BY:

CASH ☐

CHECK ☒ 10683

704 336 6894:# 1
ADMINISTRATION→
:10- 8-95 ; 22:42 ;
SENT BY:CMUD
P01
10-09-95 11:49AM
File 37638



6324 SUNSET CR

03735413

1/3/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3764B

$ 50.00 10/10/95 # 245

[ ] 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: Kerns (last) Jeff (first) A (mi)

ADDRESS: 6324 Sunset PHONE: ( ) 3920004

CITY: Charlotte STATE: NC ZIPCODE: 28216

Date:

PROPERTY OWNER:

NAME: Same (last) (first) (mi)

ADDRESS: PHONE: ( )

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ✓037 07139

STREET ADDRESS: 6324 Sunset Cir

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 16 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)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Extending Garage
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] 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: 4

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COMMERCIAL/INDUSTRIAL PROPERTY:
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Underground Storage Tanks On Property (Y/N) ___ Type _____

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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

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Signed: ✓ Jeff Kerns Date: ✓ 10/10/95

NOTICE:

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...This permit is not transferable.

... Use existing system for recessed garage to be built attached to existing garage, No plumbing.

Washing machine straight pipe removed + washing machine replumbed to existing washing machine nitrification line.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Recessed garage - No plumbing

Lisa B. Mialik, RS 10/17/95
Environmentalist Date

Director or Authorized Section Head Daniel Program Chief 10-24-95 Date

WWATER : 122791

(Built 1968)

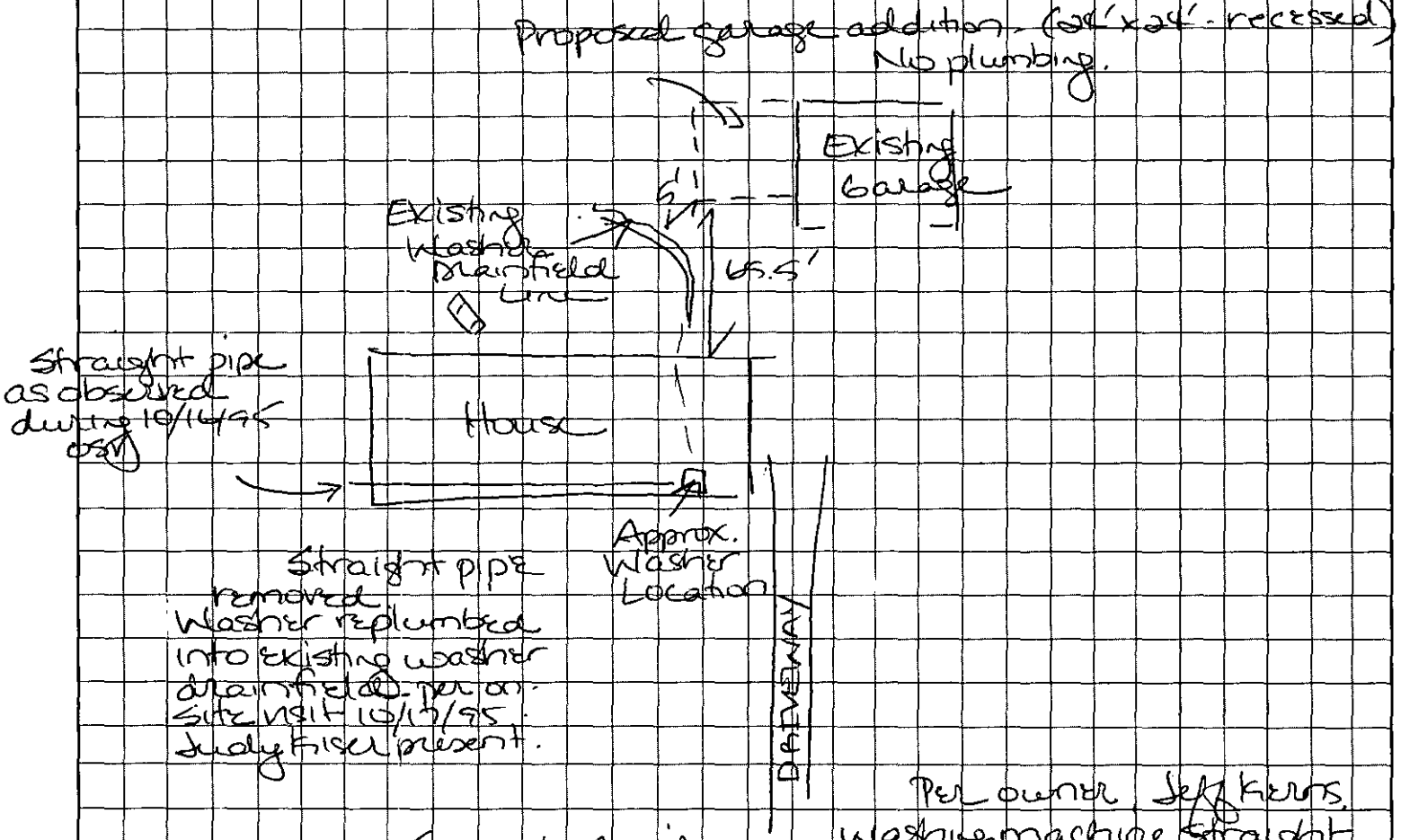
PROPOSED PLOT PLAN

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

FILE: 3764B

TC: 037-071-39

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 ~~10/16/95~~ 10/17/95

Use existing system for recessed garage - No plumbing. See plot plan - Bldg. Stds. forth.

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

- THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUMBER.
- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.
- SHADED AREAS FOR DEPARTMENT USE ONLY.

1906+

DATA FORMS OF CHARLOTTE, INC.

(3764B)

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W)	STREET NAME	(AV,RD,ST, etc)
6324	~~6~~ SUNSET CIR	CIR

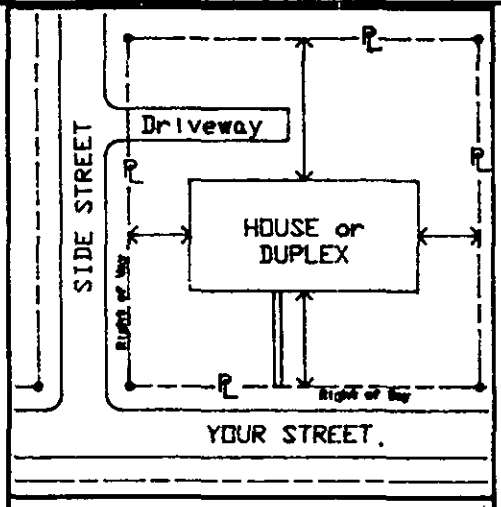
SUITE/UNIT(S):

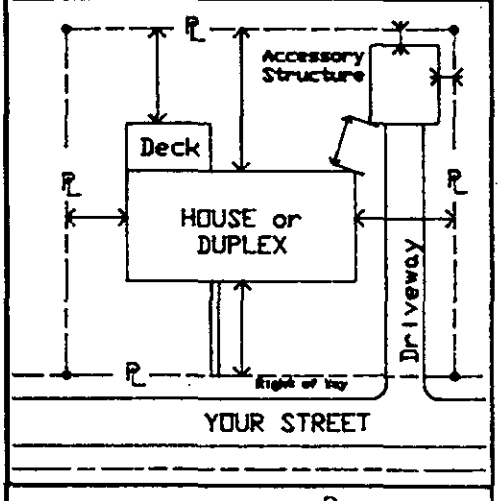
PERMIT #

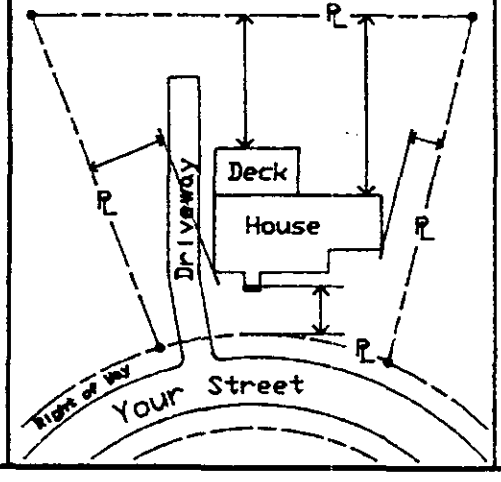
TAX JURISDICTION: *(Check One)*
☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

TAX PARCEL # 037-071-39 **JOB #**

EXAMPLES/PLOT PLAN





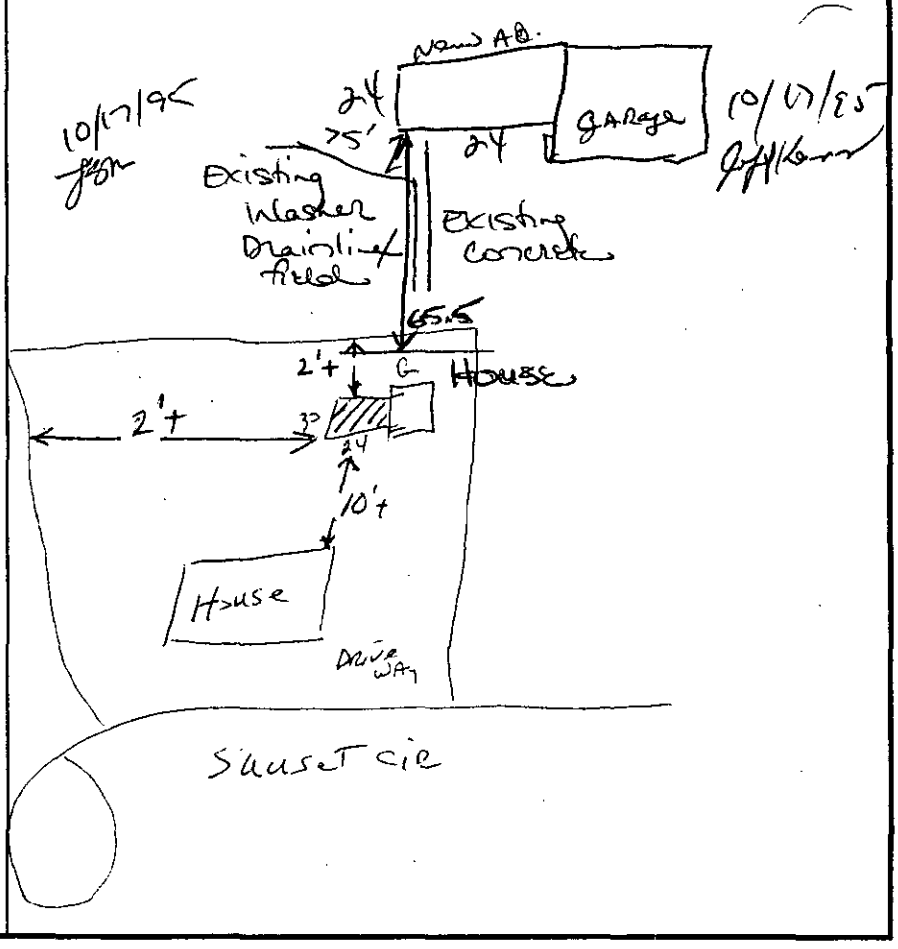


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), *chimney(s), carport(s), or garage(s), etc...*
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED