


10114 HARBOR DR

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5/22/08

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

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 4/027

Date:

PERSON FILING APPLICATION:
NAME: Custom Buildings (last) Jim (first) McCallum (mi)
ADDRESS: 8314 N Sabbatical PHONE: (__) 394-0046
CITY: Charlotte STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-172-56
STREET ADDRESS: 10122 Harbor Dr.
ZONING:

PROPERTY OWNER:
NAME: JAMES MUNDEN (last) JAMES (first) (mi)
ADDRESS: 10122 HARBOR DR PHONE: (__) 394-9681
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: PIER LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] [redacted] 1979
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (M)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) NEW
[ ] [redacted]

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: 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: Jim McCallum Date: 8/18/2000

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 for garage addition.

[ ] 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

Jimmy P. Medlin 8/21/00
Environmentalist Date

WATER : 122791

# MECKLENBURG COUNTY HEALTH DEPARTMENT
## Environmental Health Fees

Requestor (please print): Custom Buildings Phone #: Date Requested: 8/18/ Date Filled:

Account Name: Cash / Charge Account No.: 197865

I certify that I am authorized to charge this account for this service:

Signature: Printed Name: Date:

| T.C. | Qty | Description | Unit Cost | Total Cost |
|---|---|---|---|---|
| 0701 | | Improvement Permit Application - Residential | $ 200.00 | |
| 0735 | | Improvement Permit Application - Commercial | $ 400.00 | |
| 0702 | | Optional Site Evaluations | $ 100.00 | |
| 0703 | | Installation and Final Approval | $ 150.00 | |
| 0704 | | Change in Plot Plan | $ 100.00 | |
| 0705 | 1 | MH Exc/Add/Repl without System Modification | $ 100.00 | 100 |
| 0706 | | MH Exc/Add/Repl with System Modification | $ 300.00 | |
| 0707 | | Site Consultation Visit | $ 100.00 | |
| 0734 | | Authorization for Wastewater System Construction | $ 150.00 | |
| 0708 | | Realty Closing - Conventional | $ 85.00 | |
| 0709 | | Realty Closing - FHA with water | $ 135.00 | |
| 0710 | | Additional Trips | $ 65.00 | |
| 0711 | | Well Water Analysis-Bacteriological with regular parameters | $ 50.00 | |
| 0712 | | Well Water Analysis -Nitrates and Nitrites | $ 15.00 | |
| 0714 | | Well Water Analysis - Organic Analysis | $ 200.00 | |
| 0715 | | Admin. Fee - Field Activity Letter | $ 25.00 | |
| 0718 | | Residential Pool Permit | $ 50.00 | |
| 0719 | | Public Pool Permit - operating | $ 240.00 | |
| 0720 | | Seasonal Pool Permit - operating | $ 120.00 | |
| 0736 | | Pool Late Fee | $ 120.00 | |
| 0733 | | Permit to Construct a Public Pool | $ 200.00 | |
| 0721 | | Home Day Care Evaluation and Permit | $ 70.00 | |
| 0722 | | Home Day Care Evaluation and Annual Fee | $ 40.00 | |
| 0723 | | Eval and Report Non-Permit Facility | $ 50.00 | |
| 0724 | | Private Pool Testing | $ 15.00 | |
| 0731 | | Garbage Hauler Permit - (1-9 vehicles) | $ 30.00 | |
| 0736 | | Garbage Hauler Permit - (each over 9) | $ 20.00 | |
| 0725 | | Document Copies | $ 0.05 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Payment received by: | | Date: 8-18-00 | Total: | 100 |

10122 Harbor Dr.

4/2000

White-AUDIT Canary-CUSTOMER Pink-DIVISION

# PROPOSED PLOT PLAN

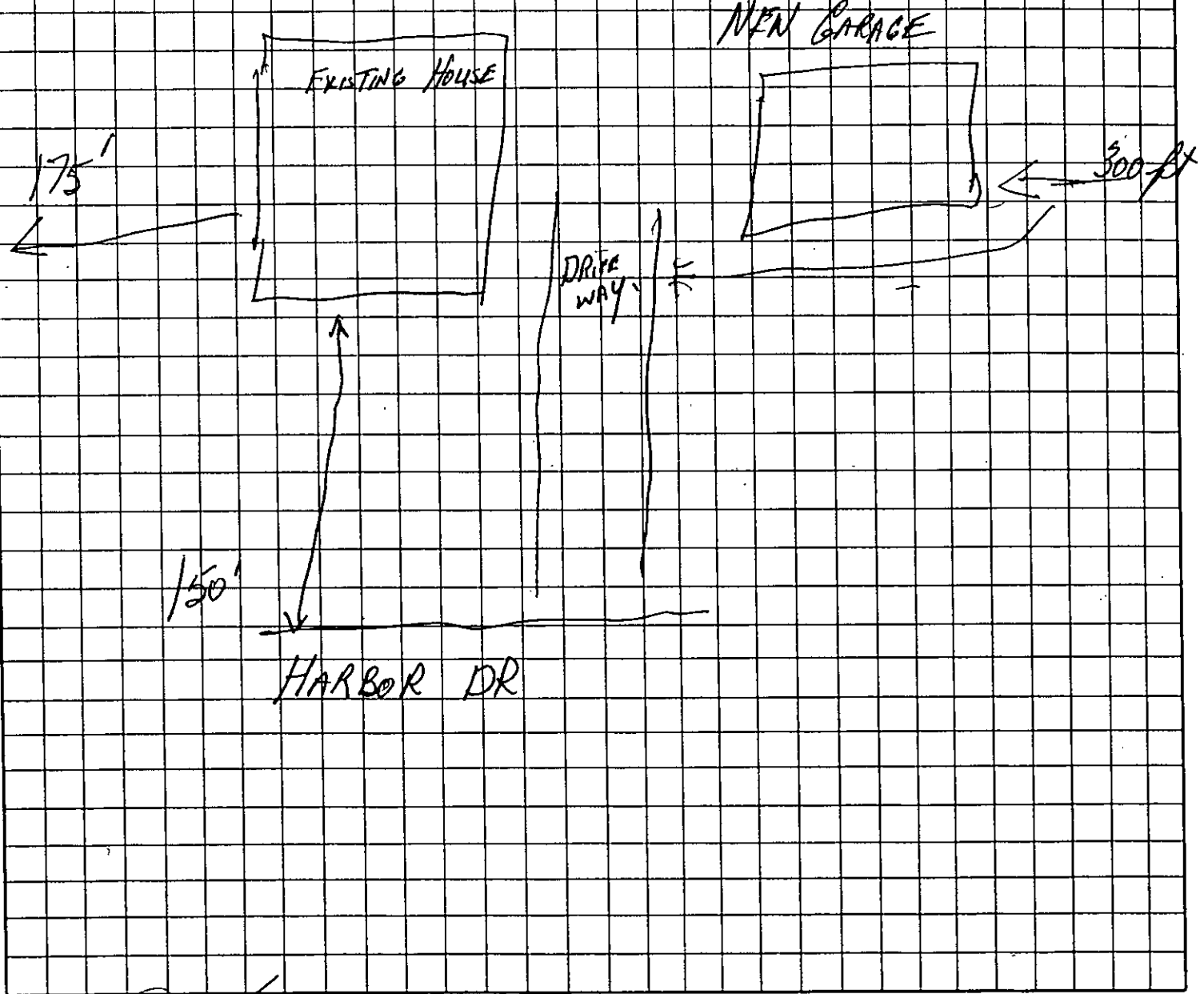
COPY

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

FILE: 4027

TC: 053-172-56

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 8/18/2000

APPROVAL DATE _____

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

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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c/o Hal Marshall Ctr., Suite 211
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ADDRESS: 8814 N Gabelbook PHONE: (__) 3940046
CITY: Charlotte STATE: NC ZIPCODE: 28214

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STREET ADDRESS: ~~10122~~ Harbor Dr.
10114
ZONING:

PROPERTY OWNER:
NAME: JAMES MUNDEN (last) JAMES (first) (mi)
ADDRESS: 10122 HARBOR DR PHONE: (__) 364 9681
CITY: CHARLOTTE STATE: NC ZIPCODE: 28214

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Tammy P. Medlin 8/21/00
Environmentalist Date

WATER : 122791

DATE: 8/23/00

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION: MECK

653-172-60
PARCEL NUMBER

10114 Harbor Dr
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. COMERCIAL 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: new garage

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
REVISED 1/91

SIGNED: _____
Keri S. Shearer, Addressing/GIS