

8713 PINE TREE CR

11319501

1/7/2008

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Groundwater and Wastewater Services File Imaging Project
May 2007
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COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

B93760 P89100 1-3 [ ] 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 5137B

PERSON FILING APPLICATION:
NAME: Coy Daniel D. Champion Windows (last) (first) (mi)
ADDRESS: 1108 S. I-85 SVC PHONE: (704) 398-0085
CITY: Charlotte STATE: NC ZIPCODE: 28208

Date:

PROPERTY OWNER:
NAME: Meredith Charles (last) (first) (mi)
ADDRESS: 8713 Pine Tree Cir. PHONE: (704) 399-2643
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-195-01
STREET ADDRESS: 8713 Pine Tree Cr.
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: 42 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] [redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

1961

[ ] [redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Sunroom
[ ] [redacted]

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:

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: [signature] Date: 1-7-03

NOTICE:

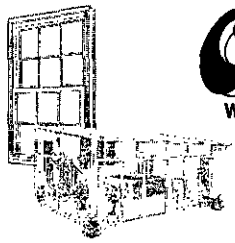
The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTME the Request for the Job Location contained in this document. This approval i And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect to the following provisions:

...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.

... o/c to use for Sunroom addition, located tank 25' from New room

[ ] IMPROVEM
[ ] MOBILE H
[ ] ADDITION


FACTORY DIRECT SINCE 1953
Champion
WINDOWS • SIDING PATIO ROOMS
DANNY COY
ASST. INSTALLATION MANAGER
PATIO ROOM DIVISION
1108 S. I-85 SERVICE ROAD
CHARLOTTE, NC 28208-2213
PHONE: 704-398-0085
800-251-2425
FAX: 704-398-0087
WWW.CHAMPIONWINDOW.COM

[redacted]

Environmentalist [signature] Date: 1/21/03

WATER : 122791

P# 25831

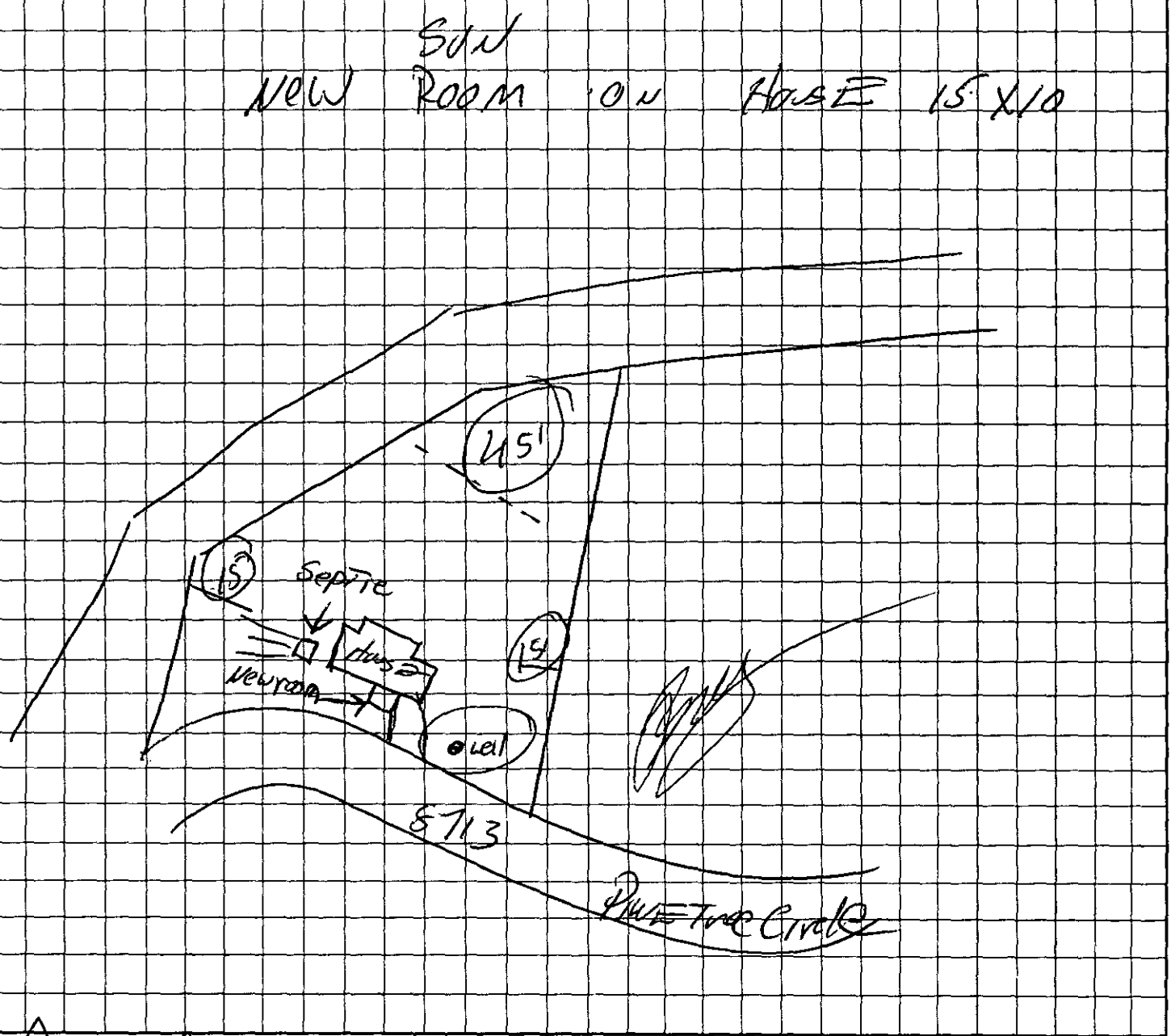
PROPOSED PLOT PLAN

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

FILE: 5137B

TC: 113-185-01

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 1-7-03

APPROVAL DATE _____

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

Brandon

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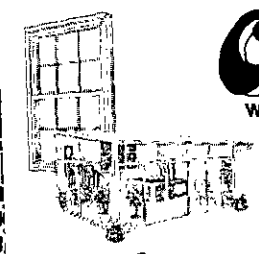
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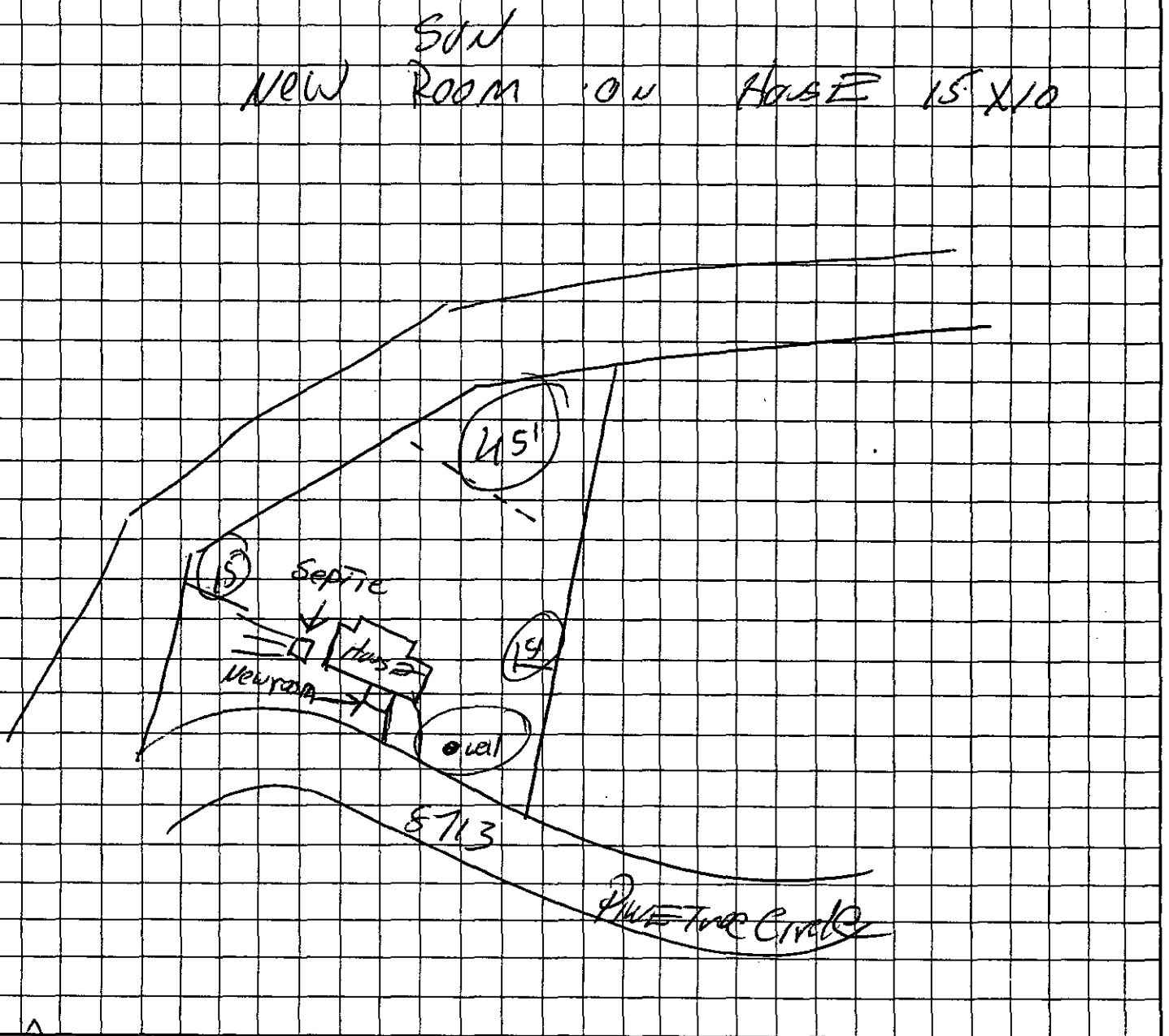
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