

5724 THOMPSON RD

03711305

12/31/2007

duponbj

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

10/08/2004 08:21 DERITA PRECISION → 7043366894 NO.896 002

OCT-07-04 08:51 AM P.02

Jeremy

P&Q ACS
2 C app. 18082318104
(2)

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 23928

Date: 10-8-04

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 03711305

STREET ADDRESS: 5724 Thompson Rd Charlotte NC 28216

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

PERSON FILING APPLICATION:

NAME: PROPST (last) Jeff (first) J (MI)

ADDRESS: 5725 Thompson Rd PHONE: 704 5649686

CITY: Charlotte STATE: NC ZIPCODE: 28216

PROPERTY OWNER:

NAME: Propst (last) Jeff (first) J. (MI)

ADDRESS: 5725 Thompson Rd PHONE: 704 5649686

CITY: Charlotte STATE: NC ZIPCODE: 28216

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

LOT NUMBER: 03711305 LOT SIZE (in acres): 1

TYPE APPLICATION (check one):

4 BE

[redacted]

☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (V)

[redacted]

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

RESIDENTIAL PROPERTY (Type Building, check one):
☒ SINGLE MOBILE HOME (S) ☐ DOUBLE WIDE (D) ☐ HOUSE (H) ☐ MODULAR HOME (M) ☐ MULTIPLE FAMILY (U) ☐ OTHER ________ (O)

WATER SUPPLY (check one):
☐ Community (C) ☐ Municipal (M) ☒ Private Well (P) ☐ Shared Well (S) ☐ Other 'spring' (O)

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ________ # Employees ____ Per Shift ____
Industrial Wastes (Y/N) ____
Underground Storage Tanks On Property (Y/N) ____ Type ________

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Garage ☐ Jacuzzi ☐ Storage Building ☐ Stable/Barn ☒ Deck/Patio ☐ Workshop ☐ Bedrooms ☐ None ☐ 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: 10-8-04

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.

... O.K. to existing system to exchange mobile home.

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

[signature] RS 10/11/04

Environmentalist Date

WATER : 122791

P# 103331

Not on LD

3

PROPOSED PLOT PLAN

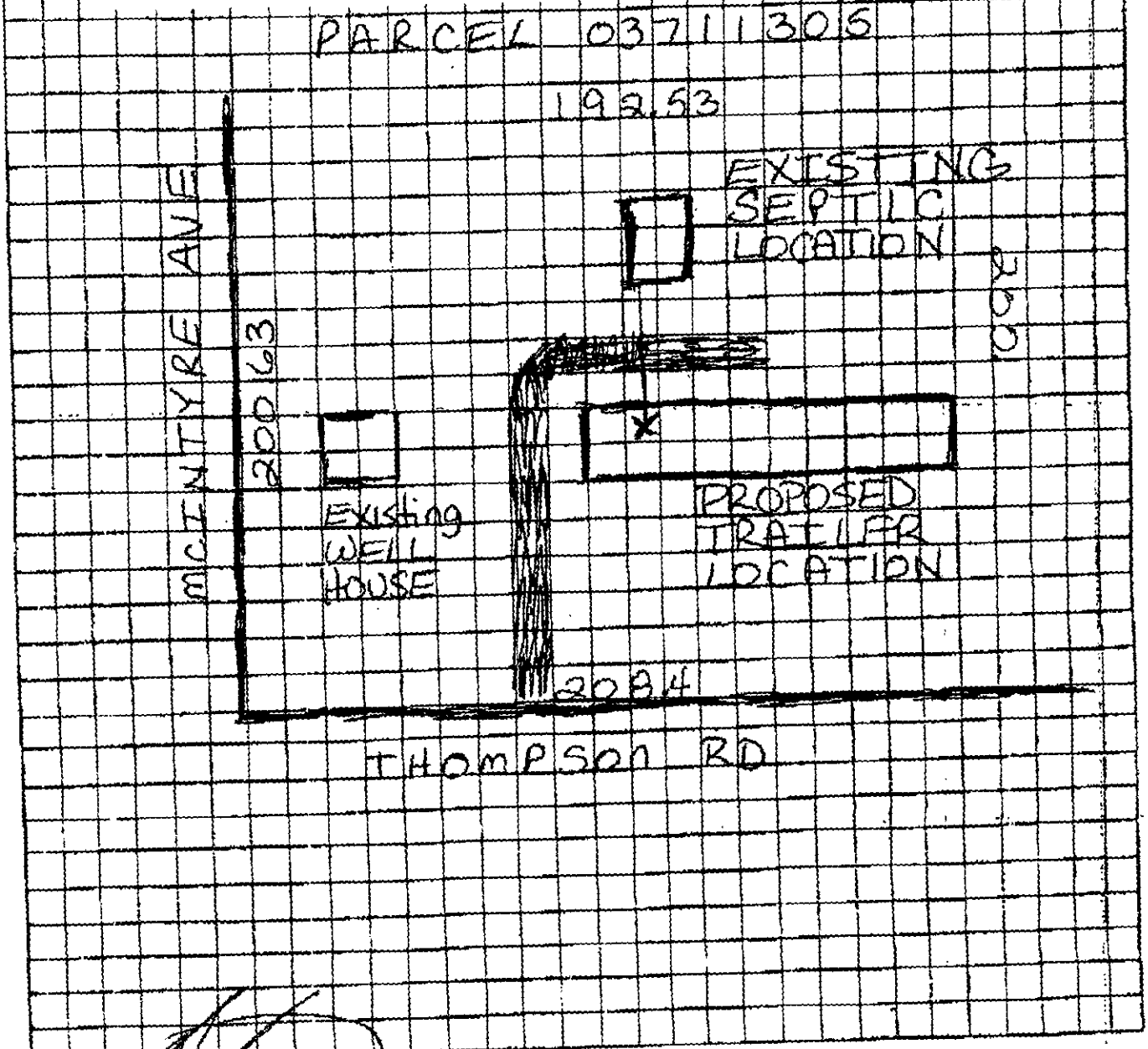
COPY

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

FILE: 2392B

TO: _____

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'S SIGNATURE

DATE 10-8-04

APPROVAL DATE _____

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

$250.00 2/13/98 — CHK# 2575

2392B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

40U

[X] 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: KING (last) JEAN (first) (mi)
ADDRESS: 5724 Thompson Rd PHONE: (704) 399-4747
CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 2-13-98

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 057-113-05
STREET ADDRESS: 5724 Thompson Rd
Charlotte NC 28216
ZONING:

Township (check one):
[X] 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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

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[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

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COMMERCIAL/INDUSTRIAL PROPERTY:
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[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

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[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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Signed: Jean King Date: 2-13-98

NOTICE:

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

...Use existing system - found tank and drainfield - could not determine how much drainline was there due to depth of system.

Tommy D Thompson Jr. RS. 2-16-98
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

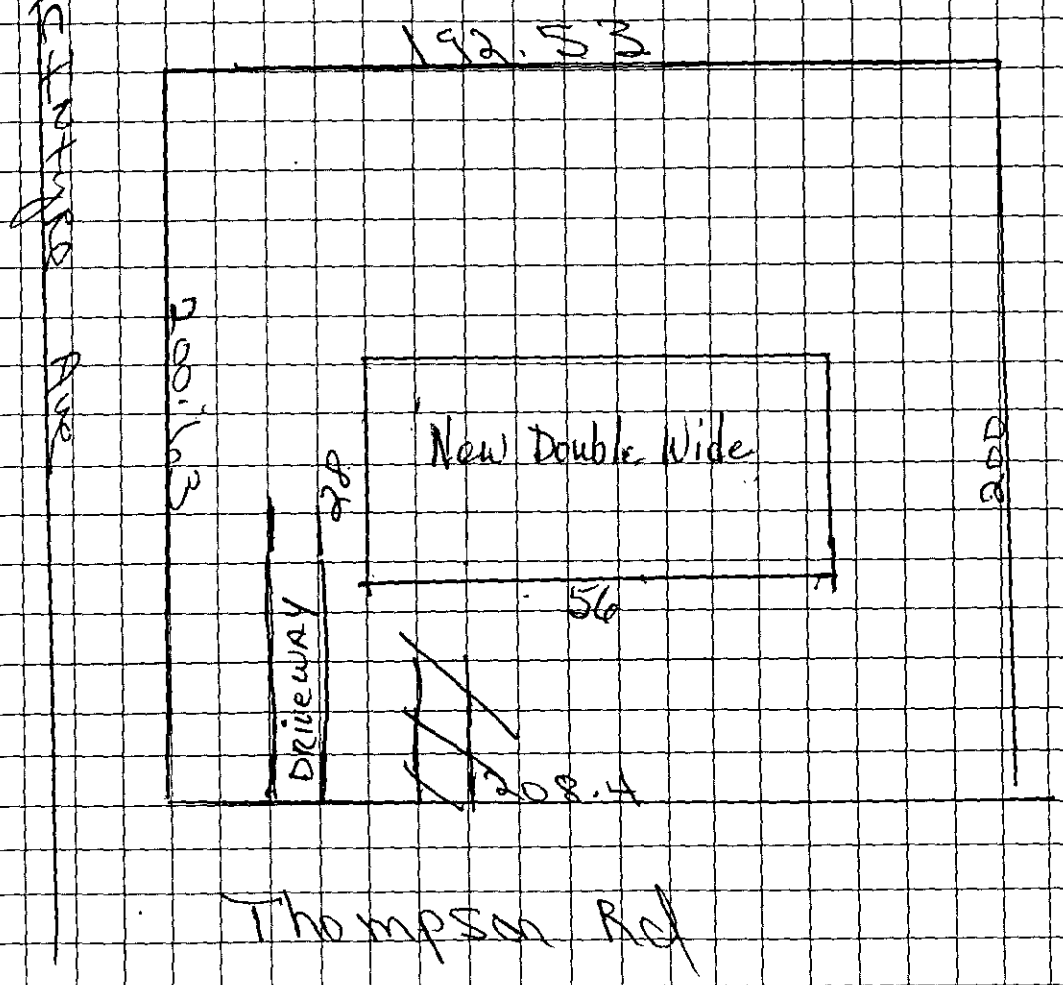
COPY

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

FILE: 2392-B

TC: 037-113-05

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

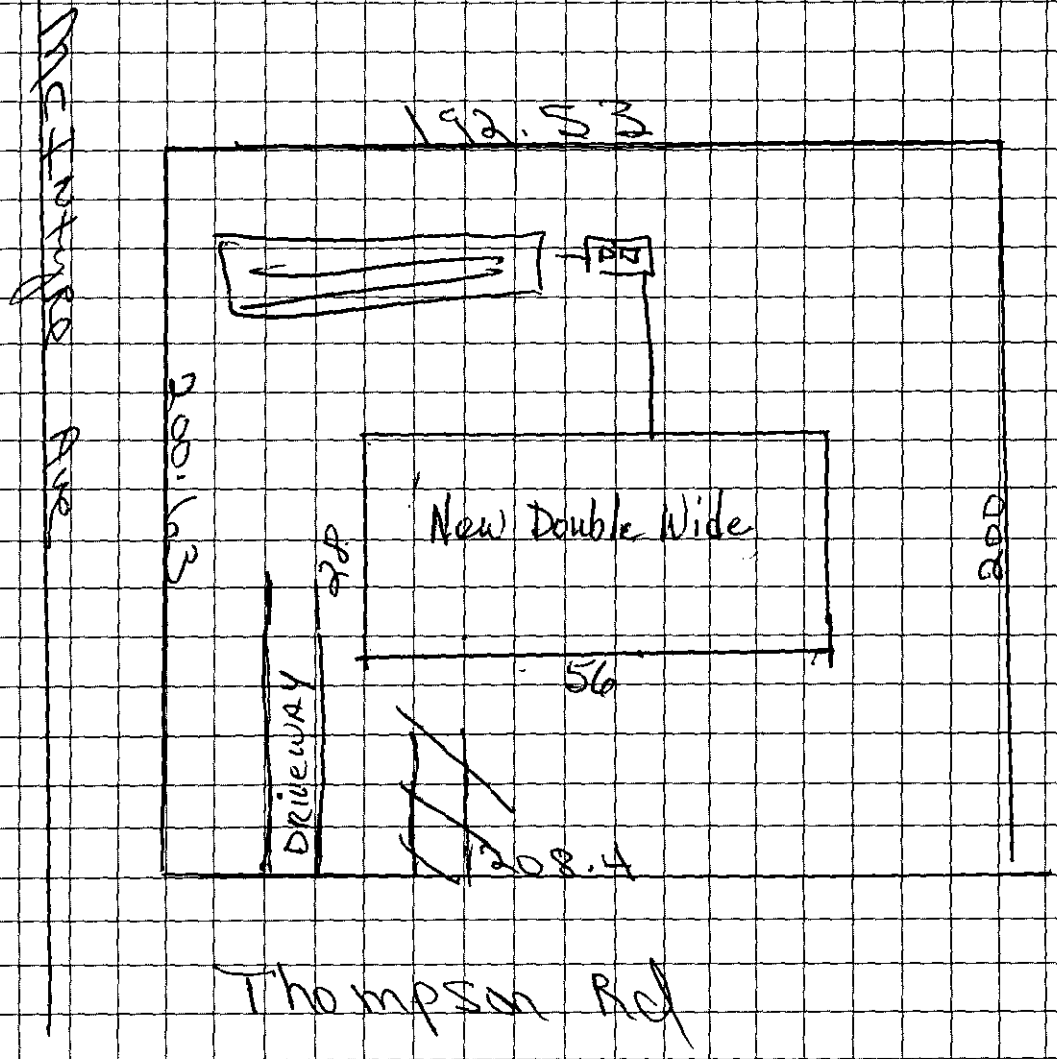
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