

104 CAMBRIDGE RD

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Groundwater and Wastewater Services File Imaging Project
May 2007
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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

ACS

[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 7550

PERSON FILING APPLICATION:

NAME: Howard (last) James (first) C. (mi)

ADDRESS: 104 Cambridge Rd PHONE: (704) 875-6429

CITY: Huntersville STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:

NAME: Howard (last) James (first) C. (mi)

ADDRESS: PO Box 904 PHONE: (704) 875-6429

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 017-352-06

STREET ADDRESS: 104 Cambridge Rd Huntersville

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: Sherwood Forest

LOT NUMBER: 11 & 12 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted] 1975

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

[redacted]

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

[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: 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)
[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 [X] 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: James C. Howard Date: 3-1-2000

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.

... Approval granted for a garage Addition (No plumbing) Use existing system

[] 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

Phila A. Walker RS 3/8/2000
Environmentalist Date

WATER : 122791

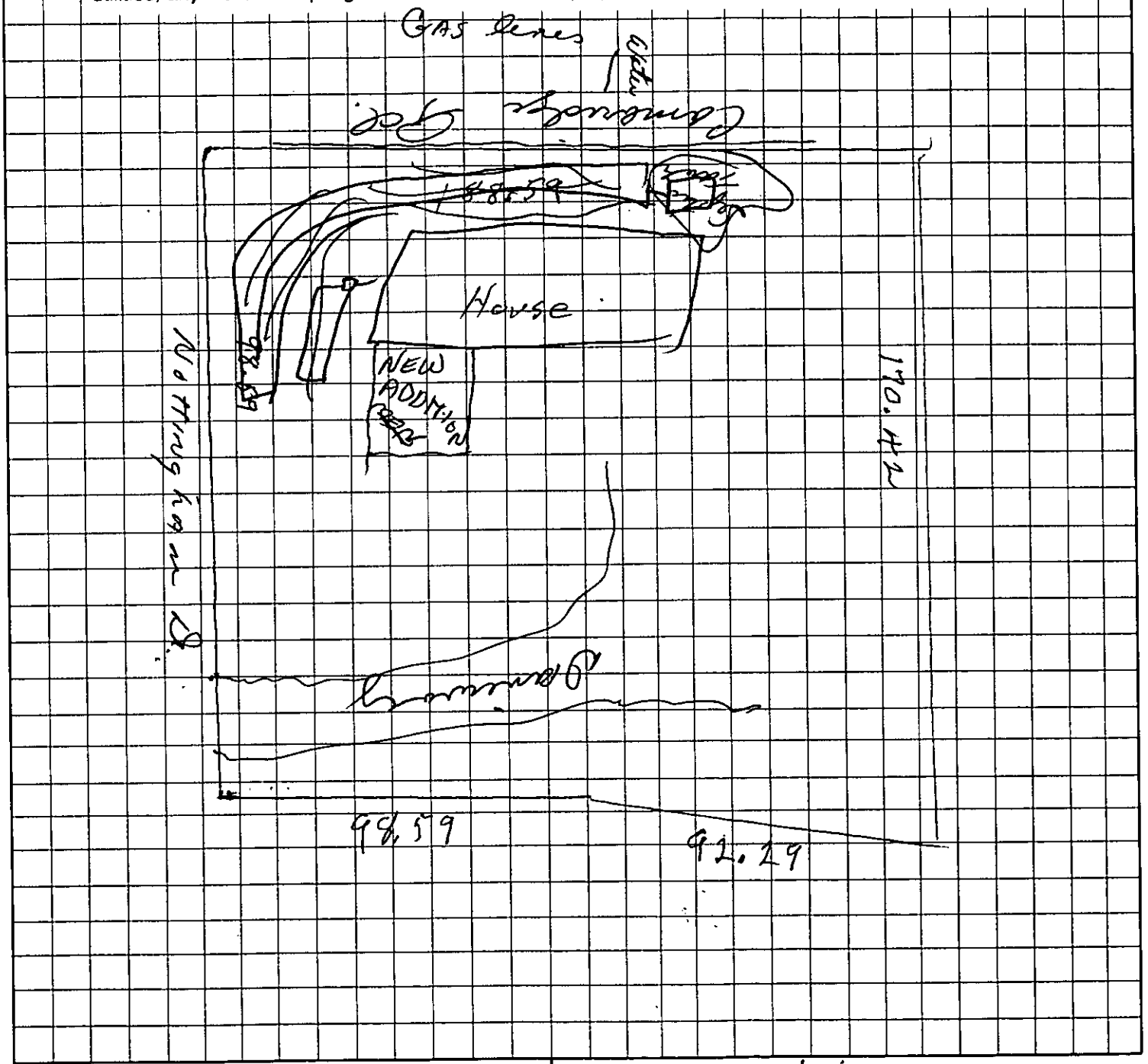
PROPOSED PLOT PLAN

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

FILE: 95.50

TC: 01735206

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.



Larry C. Howard

OWNER/AGENT SIGNATURE

DATE 3-1-2000

APPROVAL DATE 3/8/2000

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy



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ISSI Operations Center Staff

Serial No. 5..37

ICAP Sc Permit No. /

T C N

Map I-

Date Issued 12/2/22

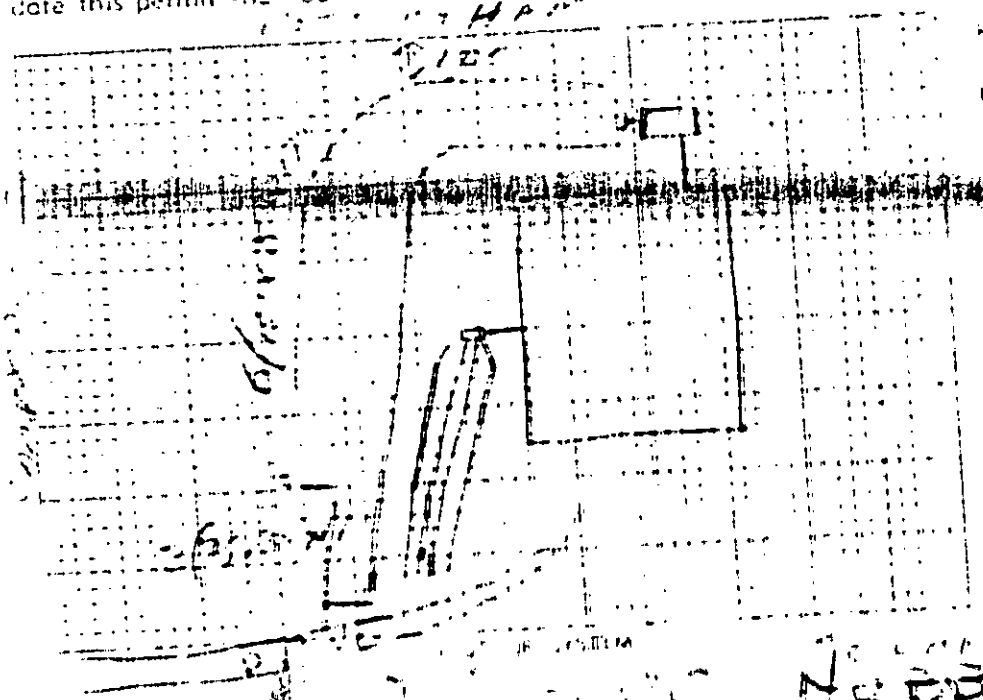
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

Permission is hereby granted to X Install or Construct , Alter or Repair the following sewage and/or water treatment system with subsurface soil absorption effluent disposal in accordance with the information supplied on the application for the permit and plot plan filed with the Health Department subject to the conditions noted below. This permit is granted based upon the information supplied on the application and plot plan. This permit shall be void if all work is not completed on or before 12/2/23 unless extended by the Health Department. All work shall be completed prior to the date this permit shall be revoked.



Permit is Hereby Granted

Expires on this Date

Fee

Minimum Lot Size

Total Area Required

Total Area Available

Distance from Nearest Building

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

The system shall be constructed in accordance with the rules and regulations governing the construction of subsurface sewage disposal systems as adopted by the Board of Health of Mecklenburg County, North Carolina, and in effect at the time of the granting of this permit. A certificate of completion must be issued by the Health Director before any system can be covered. Any system covered before inspection and approval is subject to exhumation at the discretion of the Health Director.

Comments: 1000 gal x 30' x 12"

Environmentalist

Date of Final Approval

It is the responsibility of the property owner to notify the Health Department when the system is ready for inspection. Failure to notify the Health Department may result in the system being covered before approval can be given. Any changes in the approved plans must be approved by the Health Department before the system is covered. Any existing system that is altered or repaired must be brought into compliance with the current rules governing sewage disposal systems.

HEALTH DEPARTMENT COPY

001940
Approved

ENVIRONMENTAL HEALTH
700 N TRYON ST #208
CHARLOTTE, NC 28203

BATCH: 004
S-A-L-E-S D-R-A-F-T
73822452
000500158250

REF: 0003
CD TYPE: VISA
TR TYPE: PURCHASE
INV: 1207
DATE: MAR 01, 00 13:50:29

TOTAL $100.00

ACCT: 4340585000013103 EXP: 02/05
AP: 001940
NAME: JAMES C HOWARD JR

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

X James C. Howard