

19224 ZION AV

00710120

6/1/2007

duponbj

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

REQUEST FOR SERVICE

File 9502A

LOCATION

STREET # (N,S,E,W) 19224 STREET NAME Zion Avenue (AV,RD,ST, etc)

PERMIT #

SUITE/UNIT(S):

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

OWNER William Wally ADDRESS 19224 Zion Ave

CITY Cornelius STATE NC ZIP 28031 PHONE 896-2148

ZONING MAP # JOB # USDC# 040

TAX PARCEL #

REQUEST

REFERRED TO:

		OTHER DEPTS.	
BU	☑ BLDG.		
EL	☐ ELECT.	CC	☐ CD (CITY)
ME	☐ MECH.	CT	☐ CDOT
PL	☐ PLBG.	CE	☐ CITY ENG.
ZO	☐ ZONING	CF	☐ CITY FIRE
HO	☐ HOUSING	PC	☐ CMPC
FI	☐ FIRE	CU	☐ CMUD
AC	☐ ACCOUNT.	EN	☐ ENG. (CO.)
AD	☐ ADMIN.	EH	☐ ENV. HLTH.
CD	☐ CD (COUNTY)	EP	☐ ENV. PROT.
PR	☐ PLAN REV.	PO	☐ PARK OPER.
PW	☐ PER. WRIT.	OT	☐ OTHER
RE	☐ RECORDS		

TYPE OF REQUEST

AV	☐ Abandoned Veh	GL	☐ Gas Leak	SR	☐ Screening
AL	☐ ABC License	HC	☐ Handicapped	SH	☐ Sect. 8 Hsng.
BR	☐ Bldg. Reconnect	HW	☐ Hazardous Wiring	SW	☐ Sewage/Septic
BL	☐ Bond/License	HD	☐ Historic Dist.	SN	☐ Sign
RH	☐ CD/Rehab	IN	☐ Insulation	SS	☐ Substandrd Hsng
CC	☐ Change of Contr.	JV	☐ Junked Veh	UB	☐ Unsafe Bldg.
CU	☐ Change of Use	LF	☐ Landfill	VT	☐ Venting/Drain
DC	☐ Day Care	MH	☐ Mobile Home	WD	☐ Water Damage
ES	☐ Exit/Safety Equip	NP	☐ No Permit	WH	☐ Water Heater
FD	☐ Fire Damage	PK	☐ Parking	ZB	☐ Zoning Bd. Adj.
FI	☐ Fire Safety	PR	☐ Pier	OT	☐ Other: Describe
FS	☐ Fire Suppression	PD	☐ Plan Deviation		
FP	☐ Flight Path Encro.	PV	☐ Plan Verify		
FW	☐ Floodway	PU	☐ Property Use		
FN	☐ Furnace	SC	☐ School		

RECEIVED BY: (#_____) DATE: 7/18/96 TIME: HOW REC'D. ☐ Phone ☐ Mail ☐ Person

RECEIVED FROM: Lisa Mid.K ADD: Mails - Health Dept. PHONE X<<<73

OCCUPANT: ADD: PHONE

CONTRACTOR: ADD: PHONE

REMARKS

DESCRIBE REQUEST FOR SERVICE

F.Y.I. Proposed workshop location is over the plumbing line from the house to septic tank. Problem? See attached plot plan.

ACTION REQUESTED: ☐ Investigate ☐ Respond in writing ☑ FYI

SPECIAL INSTRUCTIONS FOR INVESTIGATOR:
(1) Call before going out? ☐ Yes ☐ No Time:
(2) Is building open? ☐ Yes ☐ No
(3) Person to contact Phone #

OTHER INSTRUCTIONS

7-22-96 Phil Edwards said he spoke w/ this client personally concerning plumbing pipe/garage. (PE)

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-85 10M 3/89

APPLICANT

CERTIFICATE OF COMPLETION/OPERATION PERMIT 2402

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5502A DATE: ~~3/15/93~~ 3/17/93

TC: 007 101 11 ☒ L ☒ CRT

SERIAL Nº 15304

Name of Owner William Wally Juris.:

Address of Property 19224 Zion Ave

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400'

Number of Lines 4 @ 100'

Cover Depth

Water Supply Source CMUD

Distance to Water Source CMUD

Excavation Inspected 3/17/93

Tank(s) Inspected 3/17/93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1994, 1500 ST, 1200 SFT, 12" G, CON cecil CTR# Lottie Hawkins

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Septic system designed for 3 bedroom residence
Keep lines on contour of land

Phillip S. Walker R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

400
I4

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

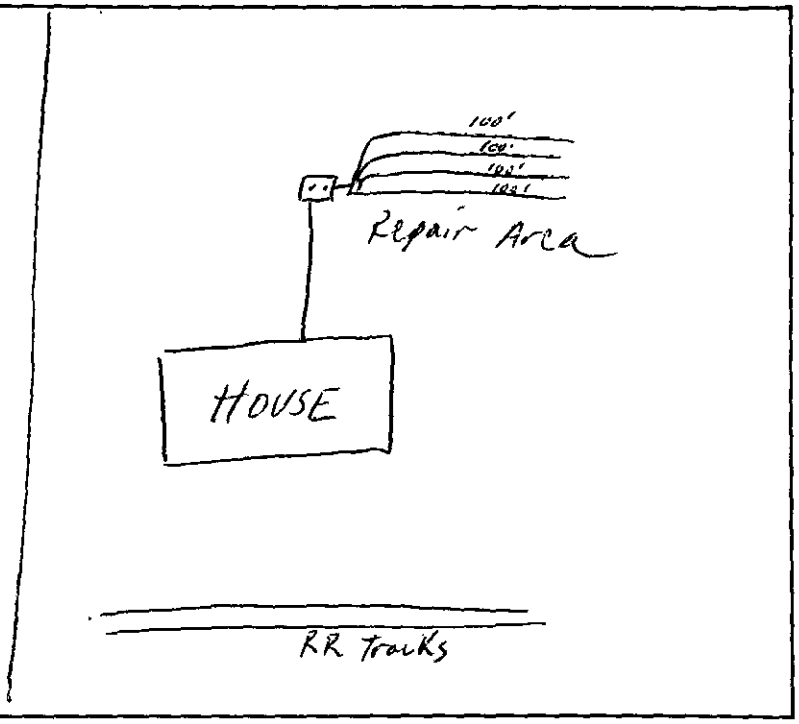
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5502A DATE: 3/15/93

TC: 007 101 11 ☑ L

SERIAL Nº 15335

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/12/90. All work shall be completed on or before 4/15/93 after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15A NCAC 18A .1900~~ which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 4 (100')

Depth of Stone 12 inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well CMUD feet

NAME OF OWNER William Wallx

LOCATION OF PROPERTY 19224 Zion Ave

Comments: 4 lines x 100' long x 3' wd x 12" stone | Keep lines on contour of land.

Judy C. Rust R.S.
Division or Section Head

Phillip S. Walker
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

5502-A

Pd. # 50.00 cash 7/11/96 (YOB)

[] CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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: Little (last) Douglas (first) M (mi)

ADDRESS: 14000 E Impd. Blvd PHONE: (704) 821-3113

CITY: Matthews STATE: N C ZIPCODE: 28105

Date:

PROPERTY OWNER:

NAME: Wally (last) William (first) D (mi)

ADDRESS: 19224 Zion Ave PHONE: (704) 896-2148

CITY: Cornelius STATE: N.C. ZIPCODE: 28031

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 007-101-20

STREET ADDRESS: 19224 Zion Ave

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 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)

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

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)
[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: Douglas M Little Date: 7-11-96

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.

[] 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

...7/16/96 OSW. Mr. William Wally owner + Doug Little of Heartland present. Approval to use existing system for detached workshop - no plumbing. ~~Referred to Bldg. Insp. Plan to Dept.~~ regarding proposed location of building over plumb. line from house to septic tank

Lisa B. Malik, RS 7-16-96
Environmentalist Date

Spokesman for S Daniel, Program Chief 7-22-96
Director or Authorized Section Head Date

WATER : 12279

LM

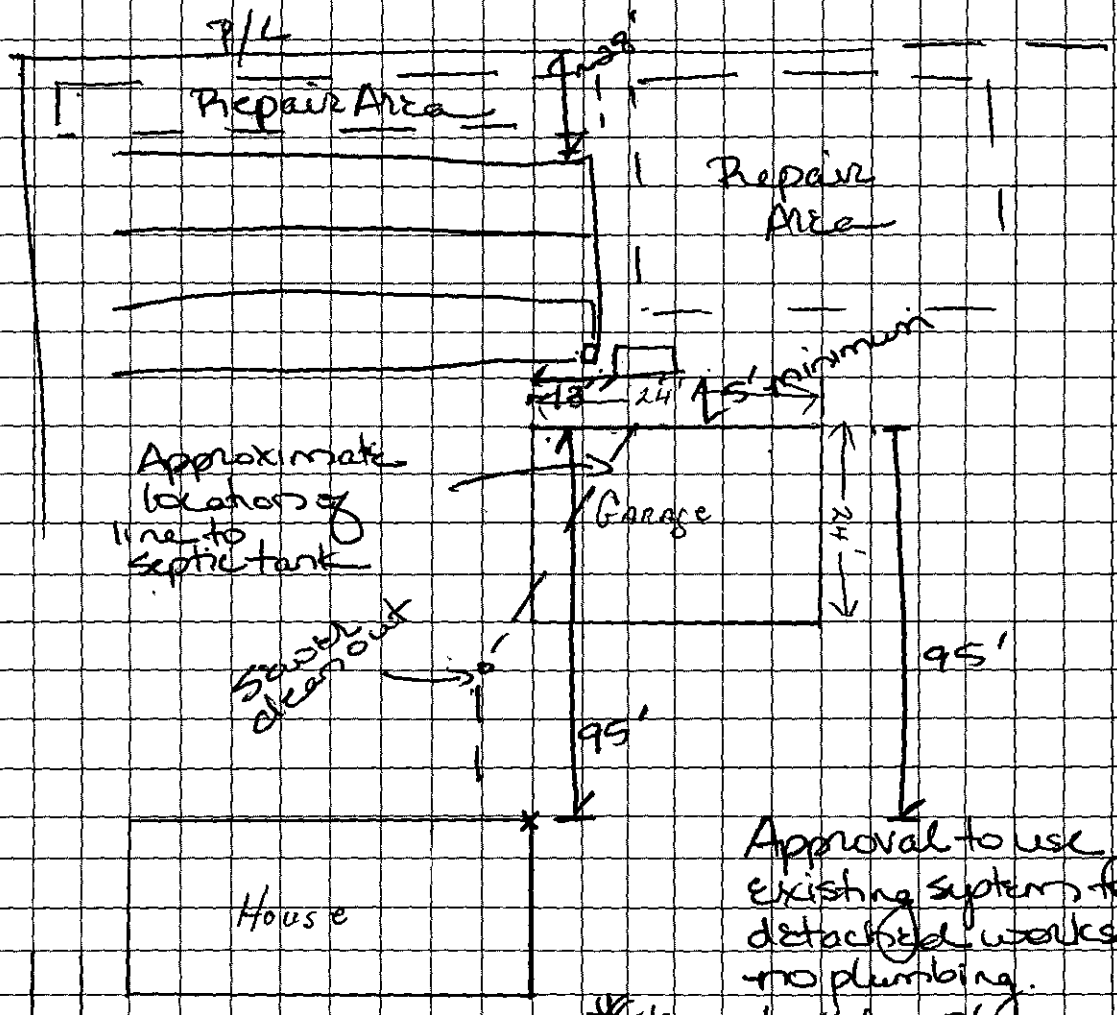
PROPOSED PLOT PLAN

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

FILE: 5502A

TC: 007-101-20

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 to use existing system for detached workshop - no plumbing.

* Keep building 5' minimum from any portion of sewage disposal system.

* Consult Meck. Co. Plumb. Stds regarding proposed location of workshop over plumb. line to septic tank.

W. D. Wally 7/15/96
O and L 7/15/96

APPROVAL DATE 7/15/96

Lisa B. Mialik, RS

Douglas M Lisa
OWNER/AGENT SIGNATURE

DATE 9-11-96

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

T/N

CHARGE SLIP

Date: 6/12-90

Name/Company: William Wally

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Septic Tank Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 12 1990

FC 5502A

CK# 3427

Fee: $ 200.00 71.20.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 5502A
TC: 007-101-11
SERIAL: № 18206
L CRT

JOB LOCATION

① ADDRESS: 19224 (STREET NO.) Zion AVE (STREET) Cornelius NC ② FILE: 5502A

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: William (FIRST) D (MIDDLE) Wally (LAST)

⑨ MAILING ADDRESS: 3732 Calumet Rd

⑩ CITY: Decatur ⑪ STATE: GA ⑫ ZIP: 30034

⑬ PHONE: (WORK) ⑭ (HOME) 404-284-1369

REQUEST

This request is for a(n):

⑮ ☒ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 2 ㉖ Maximum number of employees?

㉔ Basement? ☑ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well

B ☑ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: X William D. Wally

Date: 6/12/90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Tim W [illegible] , 6/21/90
Environmentalist Date

[signature] , 6/21/90
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

March 23rd, 1989

William D. Wally
3732 Calamet Road
Decatur, Ga 30034

RE: Property located at 19224 Zion Avenue
FILE: 5502A
PARCEL: 00710111

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 16024) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16024

File: 5502A Action 4

Parcel: 00710111 ☐ PC

Location: 19224 Zion Avenue

Subdivision:

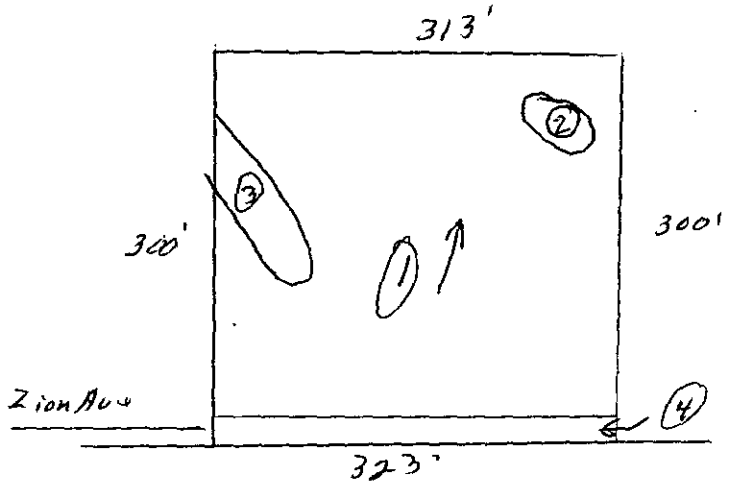
Lot: Block: Acres: Approx 2.0

Owner: William D. Wally
Address: 3732 Calamet Road
Decatur, Ga 30034

Comments: _____

Described by: William R. Martin

Date: 3-22-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-12%	S PS (U) complex slopes	S PS (U) Depression	S PS U —	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Structure	S (PS) U Block	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Drainage	S (PS) U 7-36" Water	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-36"	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Available Space	S (PS) U	S PS U —	S PS U —	S PS U —	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	10A Cecil 1.4%	complex slopes	Depression	Railroad R/W		
Area Classification	S (PS) U	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/22/89

Name/Company [illegible]

Sanitation ____
Vector Control ____
O.I.W.P. /

Service: Soil
5502A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 22 1989

Q# 1495

Fee: $ 30.00 $30.00

[illegible]
Completed by

[illegible]
Collected

Mecklenburg County
Health Department

Basil G. Belta, M.D., M.P.H.
Health Director

March 14, 1989

William D. Wally
3732 Calamet Road
Decatur, Georgia 30034

Re: File 5502A

Dear Mr. Wally:

On March 1, 1989 we received an application for a soil investigation for the property located at 19224 Zion Avenue (parcel 007-101-11). A check was submitted in the amount of $30.00 with the application. Please be advised that the fee for a soil investigation is $30.00 per acre. Therefore, the fee for a 2.2 tract of land would be $60.00.

Our soil scientist made a visit to this tract but a home site was not marked. Before a site evaluation report can be completed, it will be necessary to either submit an additional $30.00 fee or mark a one acre home site on the property.

If you should have any questions regarding this matter, please do not hesitate to call me.

Very truly yours,

Iris Rhinehardt

Iris Rhinehardt
On Premises Waste Disposal & Water Supply

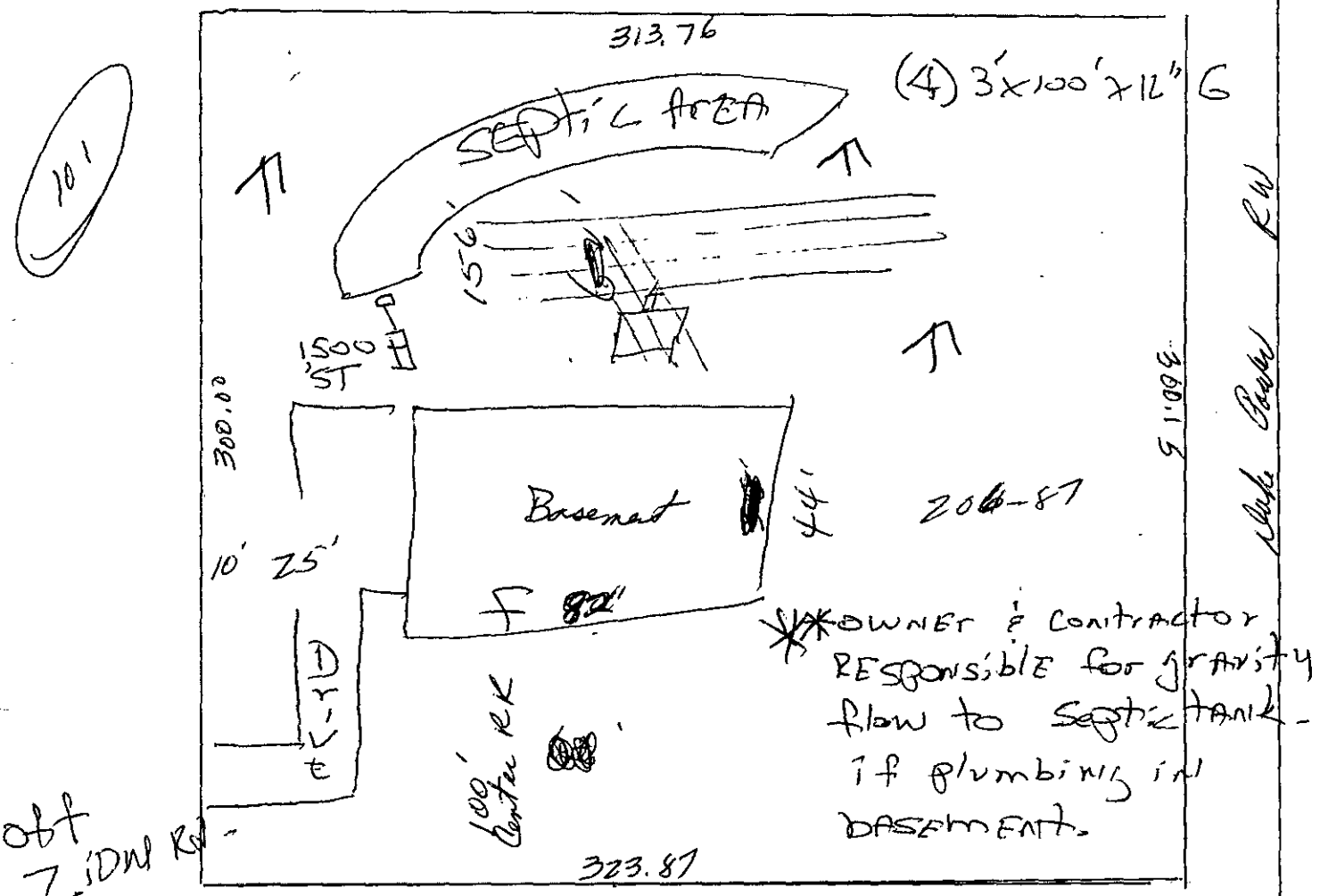
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5502A

TC: 007-101-11

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.



Signed: William D. Wally

Date: 3/1/89 TW. 6/13/90

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 5502A

TC: 007-101-11

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 19224 Zion Ave

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 007 PAGE NO.: 101 PARCEL NO.: 166

⑥ DEED REFERENCE: BOOK NO.: 1250 PAGE NO.: 249

OWNER

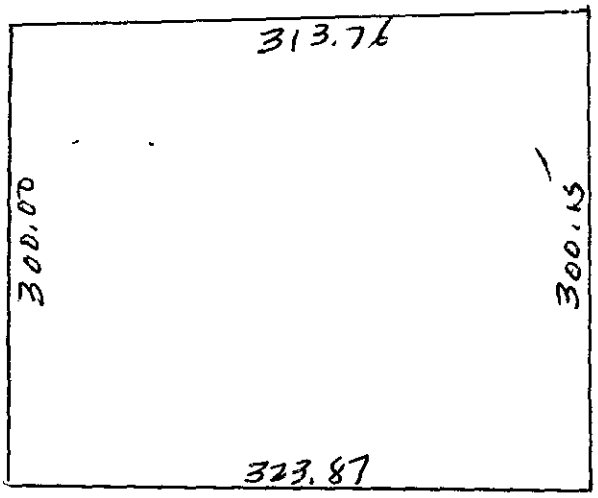
⑦ NAME: William (FIRST) D. (MIDDLE) Wally (LAST)

⑧ MAILING ADDRESS: 3732 Calamet Rd

⑨ CITY: Decatur ⑩ STATE: GA ⑪ ZIP: 30034

⑫ PHONE: (WORK) 404-366-4243 (HOME) 404 284-1369

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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: William D. Wally

Date: 3/1/89

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 3/1/89

Name/Company William Walthy

Sanitation ____
Vector Control ✓
C.P.W.D. ____

Service: Soil investigation
55021A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAR 1 1989

Fee: $ 30.00 cash 30.00

Completed by

Collected by

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 3-1-89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 007-101-11B pO

ASSIGNED ADDRESS 19224 Jon Av

EXISTING ADDRESS _____

PROJECT NAME _____

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100