

5900 HICKORY GROVE RD

10320114

1/2/2008

duponbj

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

3171B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

5/25/94 50.00
CR# 0835
[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 217
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Bruce Conner (last) (first) (mi)
ADDRESS: 7725 Matthew-Mint Hill PHONE: (__) 5454900
CITY: Charlotte STATE NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Conner-Heather Smith (last) (first) (mi)
ADDRESS: 7725 Matthews Mint Hill PHONE: (__) 5454900
CITY: Charlotte STATE NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 10320102
STREET ADDRESS: 5900 Hickory Grove Rd Charlotte NC 28215
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME: None

LOT NUMBER: LOT SIZE (in acres): 8/10

TYPE APPLICATION (check one):
[X] SOIL TEST - INDIVIDUAL LOT (O)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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 [ ] 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: Mark Smith Date: 5/25/94

NOTICE: Bruce Conner

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
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER |: 122791

* We are dividing lot width 95' going to new lot. We want to make sure the existing septic & drain field for 5900 A-G Rod is not effect by this division. BC

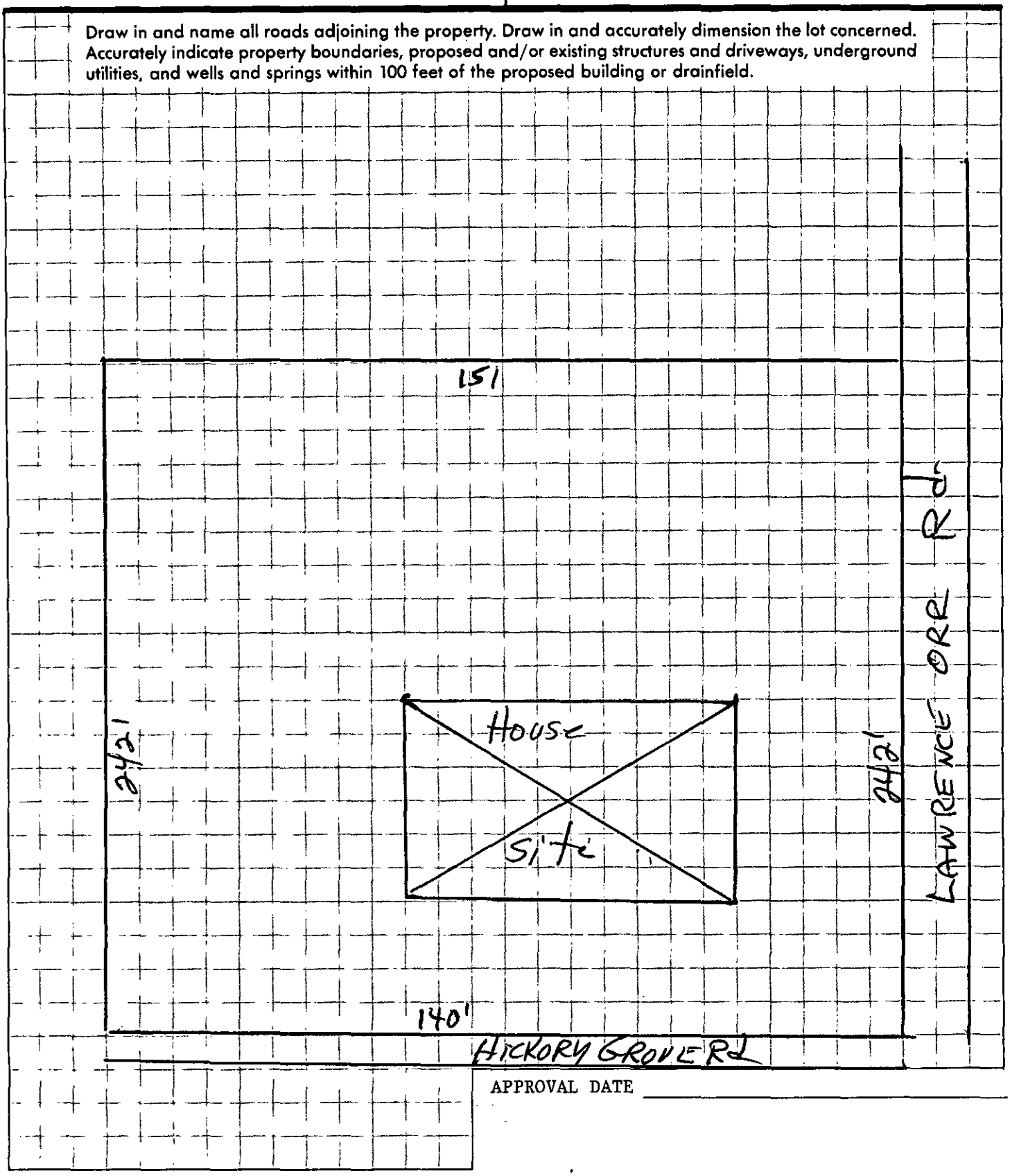
PROPOSED PLOT PLAN

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

FILE: 3171B

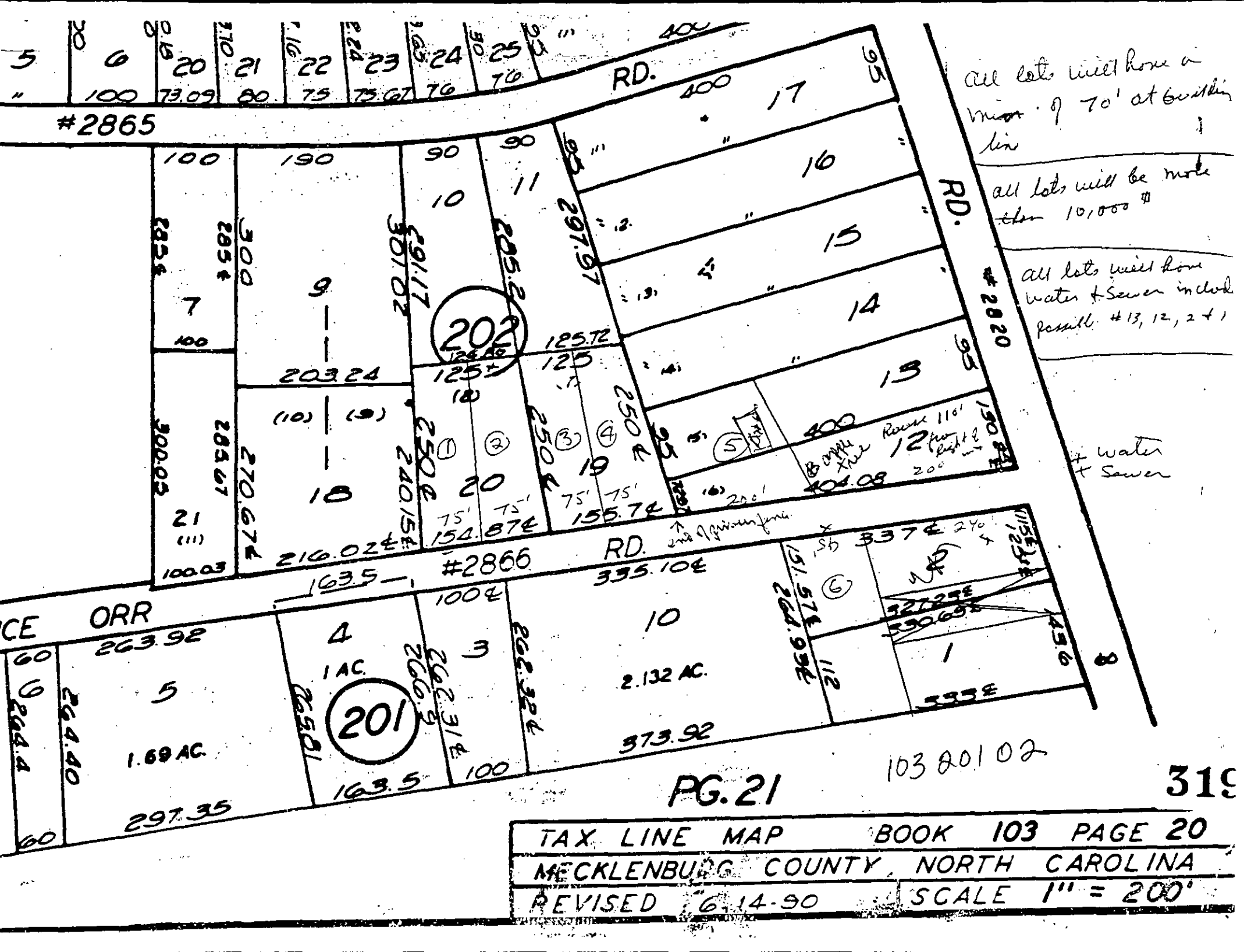
TC: _____

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 _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy


#2865
RD.
#2820
#2866
RD.
ORR
202
201
PG. 21
103 20102
319
all lots will have a minimum of 70' at building line
all lots will be more than 10,000 #
all lots will have water & sewer in dock possibly #13, 12, 2 & 1
+ water
+ sewer
TAX LINE MAP BOOK 103 PAGE 20
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 6-14-90
SCALE 1" = 200'

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: June 13, 1994

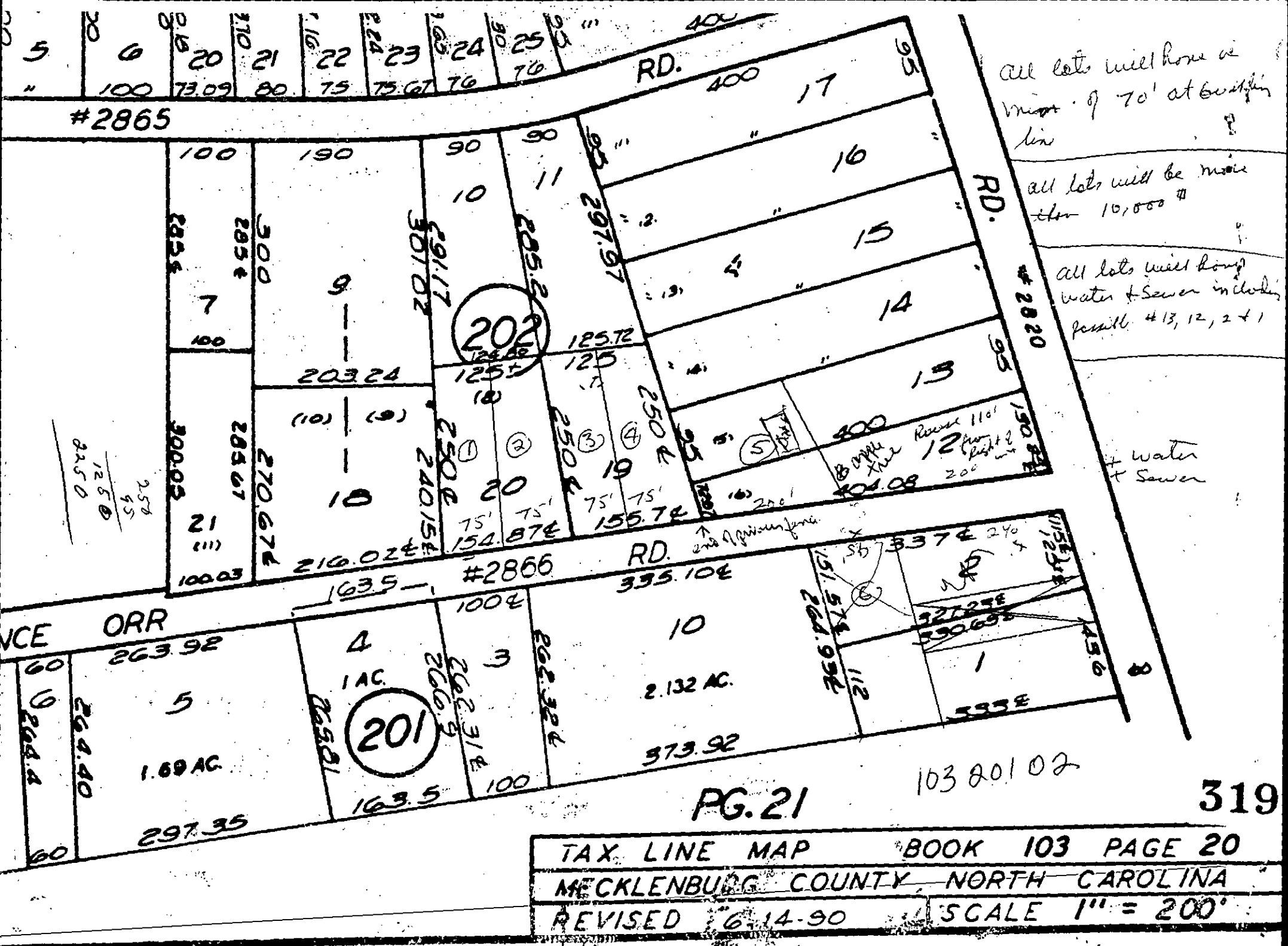
Ref: 3171B/5900 Hickory Grove Road

SUBJECT: Refund

(Mr./Mrs./Co.) Bruce Conner originally paid $50.00 for Soil test on May 25 1994 check #0835.

A refund should be issued for $50.00 because the client decided that these services were not needed at this time. There was no services performed on this property.

Please make check payable to: Mr. Bruce Conner
7725 Matthew-Mint Hill Road
Charlotte, NC 28227


#2865
RD.
#2866
RD.
#2820
RD.
ORR
202
201
PG. 21
103 80102
319
all lots will have or major of 70' at building line
all lots will be more than 10,000 #
all lots will have water & Sewer inclusion permit #13, 12, 2 & 1
+ water
+ Sewer
TAX LINE MAP BOOK 103 PAGE 20
MECKLENBURG COUNTY NORTH CAROLINA
REVISED 6-14-90 SCALE 1" = 200'

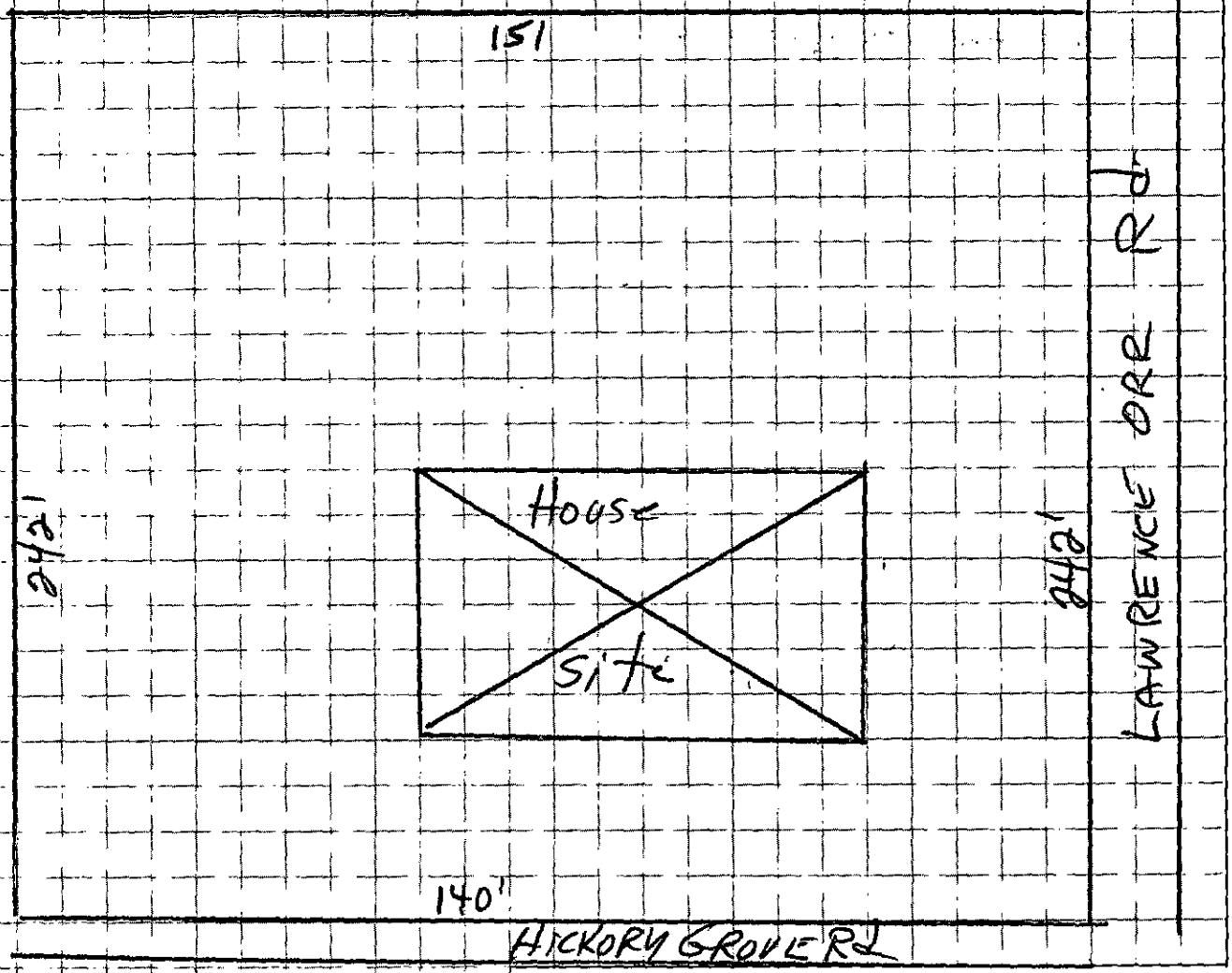
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Signed: Jon Smith Date: 5/25/94

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