

5112 FORESTMONT DR

22722202

12/31/2007

duponbj

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

Pd 50.00
Cash Rec
6-11-98

2536B
#6476

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[X] CRT
460

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: 6-11-98

PERSON FILING APPLICATION:

NAME: James (last) Sharon (first) Dellinger (mi)

ADDRESS: 4530 Morningwood Dr. PHONE: (704) 821-4515

CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 227-222-02

STREET ADDRESS: 4701 Forestmont Dr

ZONING: 5/2 227-222-02

PROPERTY OWNER:

NAME: Brewer (last) Garland (first) W (mi)

ADDRESS: _____ PHONE: (704) 821-2520

CITY: _____ STATE: NC ZIPCODE: _____

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] 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):
[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

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):
[X] Community (C) [] Shared Well (S)
[] 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: Sharon James Date: 06-11-98

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.

...~~X~~ USE EXISTING SYSTEM

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[X] ~~MOBILE HOME EXCHANGE APPROVAL~~ - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Andrew Clark 6-26-98
Environmentalist Date

WWATER : 122791

PROPOSED PLOT PLAN

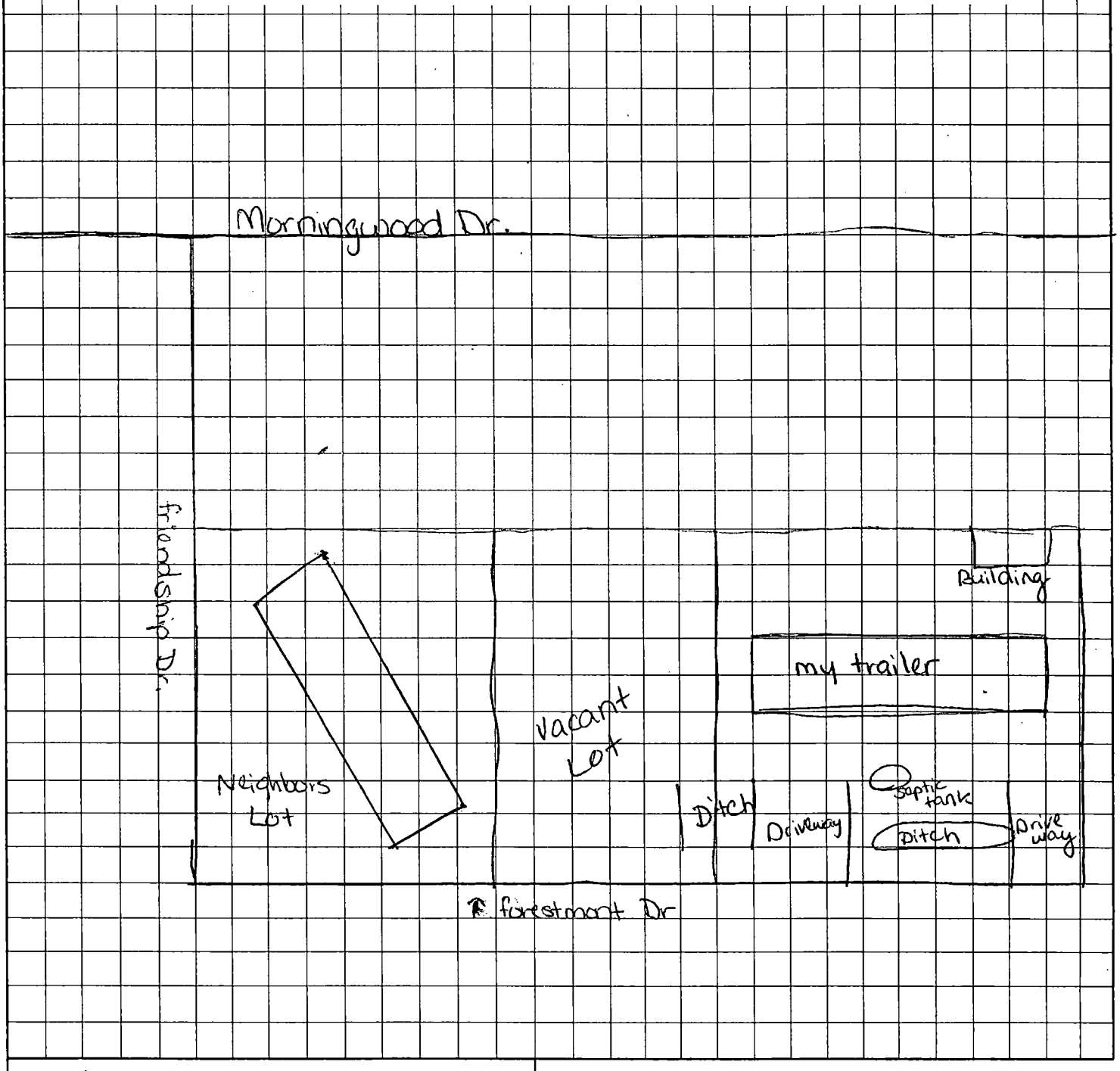
COPY

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

FILE: 1674625368

TC: 227-227-06
227-222-02

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.



Sharon Dellinger James
OWNER/AGENT SIGNATURE

DATE 6-11-98

APPROVAL DATE _____

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

Date Issued 1-13-84 Serial No. 07706 ICAR(S) Permit No. 21581

T. C. No. 227-222-02

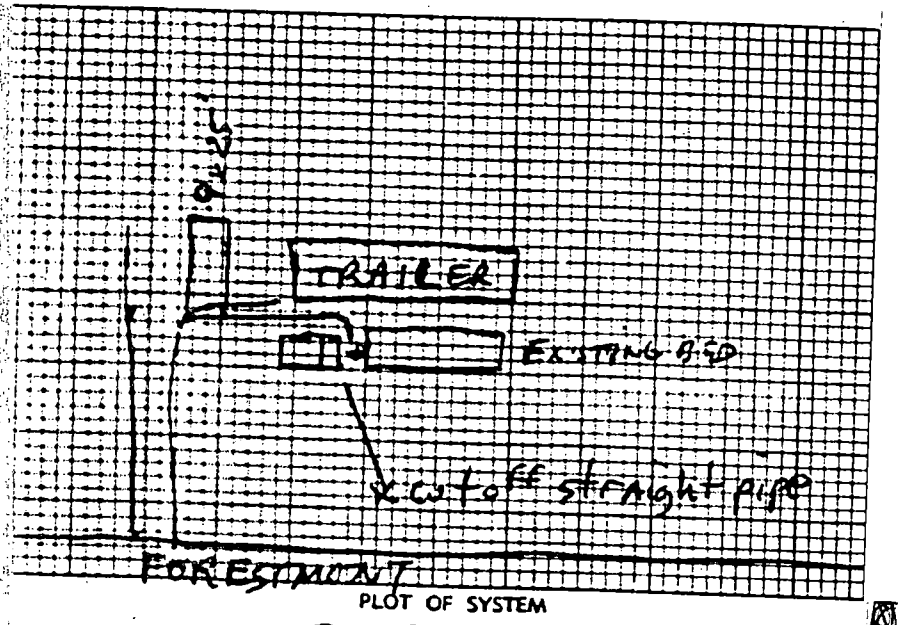
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMEN

INSTALLATION, CONSTUCTION, ALTERATION, AND

(Individual Septic Tank System with Subsurface, Soil Absor

Permission is hereby given to ____Install or Construct, ✓ Alter or Re
water treatment system with subsurface, soil absorption, effluent disch
scribed location. This permit is granted based upon the information su
dated 10-25-84 and this permit shall be void and of no effect i
plication is not true or is erroneous. All work shall be completed on or
date this permit shall be null and void.



PLOT OF SYSTEM

NAME OF OWNER BREWER, GARLAND

LOCATION OF PROPERTY 708 FORESTMONT.

he system shall meet all of the construction requirements as set forth i
ounty Health Commission which are in effect on the date of the grant
roval must be issued by the Environmental Health Director before any
ndered uninspectable or can be used. The issuance of this permit doe
ystem anticipated to be constructed will operate properly, or relieve an
elling or using such system from any liability resulting from the failur

Bed 3x25 w/12" stone also cut new L

omments: And d-box if needed - Also cut

ision or Section Head

Environmentalist

If this permit is for the installation or construction of a new system,
ction head of the Department of Environmental Health in order to b
ronmentalist is required where an existing system is being altered or

0-5-76

Environmental Health De

Mrs Sherry James

821-4515

Re

~~$100~~ on 5120

Forestmont

Dr.

file #

16146

Draw, the

file # may

need to be

changed if the

address is

5120