

1/2/2008

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Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Soil Consultation 3 hrs

3134B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 75.00 CASH 5/4/94

[] 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: DUGGINS (last) THOMAS (first) D (mi)

ADDRESS: 2036 E. 7TH ST PHONE: (704) 332-1204

CITY: CHARLOTTE STATE: NC ZIPCODE: 28204

Date: 4-25-94

PROPERTY OWNER:

NAME: HARRIS (last) TIM (first) L. (mi)

ADDRESS: 105 FLAT ROCK PASTURES PHONE: (704) 824-7988

CITY: CRAMERTON STATE: NC ZIPCODE: 28032

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-162-01

STREET ADDRESS: N/A Moores Chapel

ZONING: R-3

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: NONE YET

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] 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)
[X] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] 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: 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)
[] Municipal (M) [] Other 'spring' (O)
[X] 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: Tim L. Harris Date: 4-19-94

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.

...

[] 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

WATER : 122791

DPR
DESIGN • PLANNING • RESEARCH
704/332-1204

DPR ASSOCIATES, INC.
Landscape Architects
Planners & Engineers
2036 East Seventh Street
Charlotte, NC 28204

LETTER OF TRANSMITTAL

DATE	JOB NO.
4-25-94	93103

ATTENTION: BILL MARLIN, C.P.S.S.

RE: MOORES CHAPEL RD SITE

TO MECKLENBURG CO. HEALTH DEPT.
700 N. TRYON ST, SUITE 211
CHARLOTTE, NC 28202

WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via U.S. MAIL the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	4/25/94		APPLICATION FOR SERVICES, EXECUTED

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit_____copies for approval
☑ For your use ☐ Approved as noted ☐ Submit_____copies for distribution
☑ As requested ☐ Returned for corrections ☐ Return_____corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS APPLICATION RETURNED AS REQ'D FOR YOU TO PROCEED W/ ON SITE SOIL TESTS, PER SCHEMATIC SITE PLAN "A" MAILED TO YOU ON 3-21-94

COPY TO _____

SIGNED: [signature]

40% Pre-Consumer Content 10% Post-Consumer Content
PRODUCT 240 NEBS Inc., Groton, Mass.