

8905 FERGUSON RD

13922101

7/11/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

1978

MD 85740

100.00

6/22/04 JKA check 2206

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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

DREW
file 7712A

PERSON FILING APPLICATION:
NAME: HUNTER (last) STEVE (first) (mi)
ADDRESS: 2435 Shallowford Rd PHONE: 704 363-4687
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Melcomb (last) HARVEY (first) L (mi)
ADDRESS: 8905 Ferguson Rd. PHONE: 704 545-8168
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-221-04 (139-221)
STREET ADDRESS:
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 2 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Bedroom Addition

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: [signature] Date: 6-22-04

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.

... 6-23-04 OK TO 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

[signature] 6-23-04
Environmentalist Date

WATER : 122791

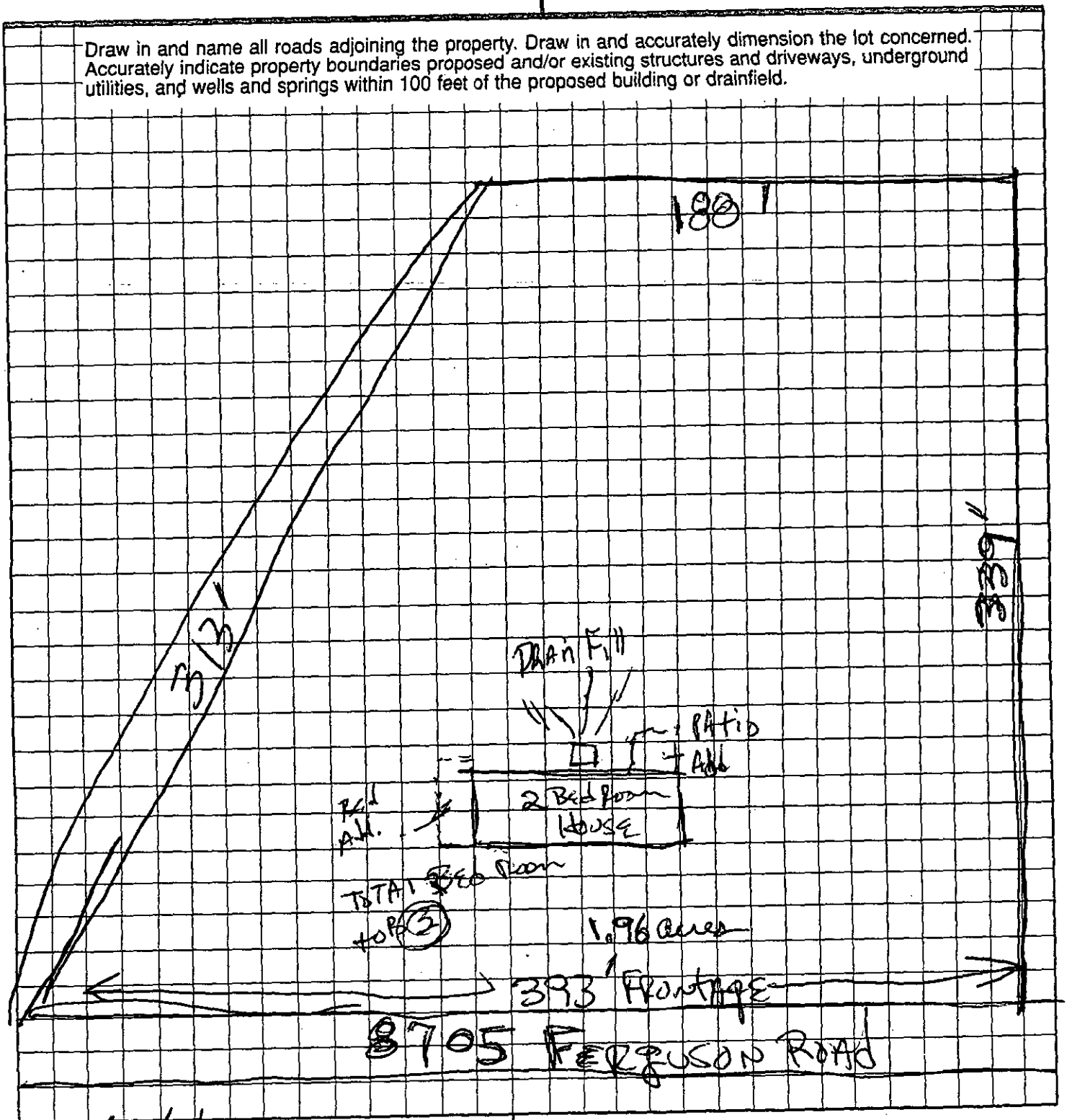
PROPOSED PLOT PLAN

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

FILE: 9712A

TC: 139-221-04

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.



OWNER/AGENT SIGNATURE

DATE 6-27-04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 7712A
TC: _____
SERIAL: Nº 0019766 ☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 8905 (STREET NO.) FERGUSON (STREET) RD. ② FILE: _____
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 139-221-01
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: HARVEY (FIRST) E. (MIDDLE) McCOMB (LAST)
⑨ MAILING ADDRESS: 8905 FERGUSON RD.
⑩ CITY: CHARLOTTE ⑪ STATE: NC. ⑫ ZIP: 28227
⑬ PHONE: (WORK) 537-4922 ⑭ (HOME) 545-8168

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) GARAGE Addition

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 GARAGE NO PLUMBING
㉓ Maximum occupancy? 3
㉔ Basement? ☐ yes ☐ no
㉕ Type? _____
㉖ Maximum number of employees? _____
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: Eric W. McComb

Date: 8-27-91

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 60 months from the date of issuance.

USE EXISTING / NO PLUMB.

Environmentalist _____ Date 8/29/91

Director or Authorized Section Head _____ Date 8-30-91

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

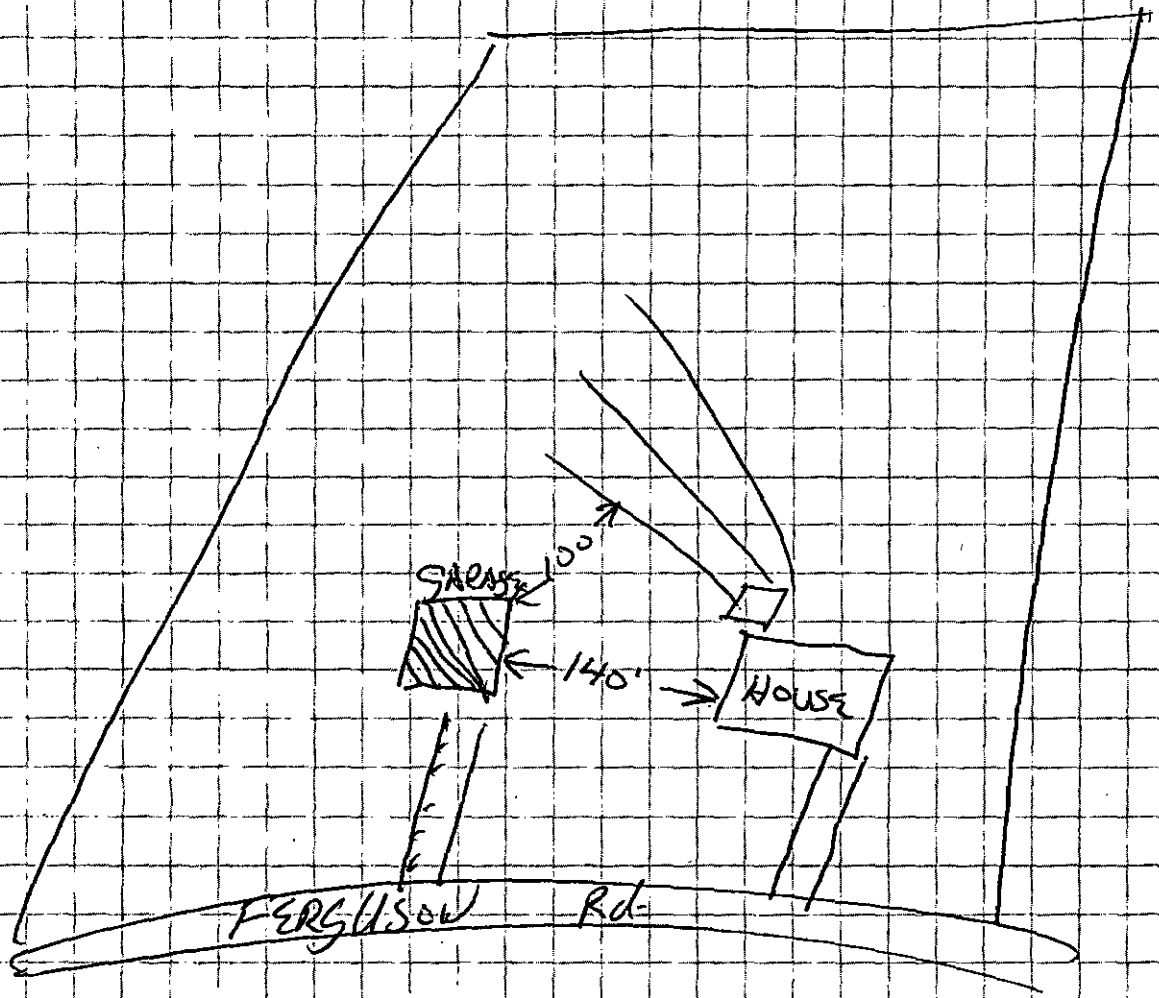
PROPOSED PLOT PLAN

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

FILE: 7712A

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

#109

Pd. 8/8/91
Ck # 216
Amt. 65.00

August 7, 1991

I am requesting a well and septic tank inspection for 1205 Marlwood Circle, Charlotte NC 28212.

I would like the written results sent to me at 8029 Marin Dr., Charlotte NC 28215. My daytime phone is 373-5927.

Enclosed please find my payment of $65.00.

Thank You.

Sincerely,

Mark A. Pyne

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG 0 1991
ENVIRONMENTAL HEALTH
DIVISION

Released by [illegible]
Did not Perform Perc Test

Closed
Aug 30th '91

Mecklenburg County
Health Department

September 3, 1991

Mark A. Pyne
1205 Marlwood Circle
Charlotte, N. C. 28212

Dear Mr. Pyne:

At your request, a well water sample was collected on the property located at 1205 Marlwood Circle, Charlotte, NC on August 30, 1991.

The laboratory analysis of the well water sample was reported to be negative for coliform bacteria.

If you have any questions concerning this matter, please contact me at 336-5568 between 4:00-5:00 p.m.

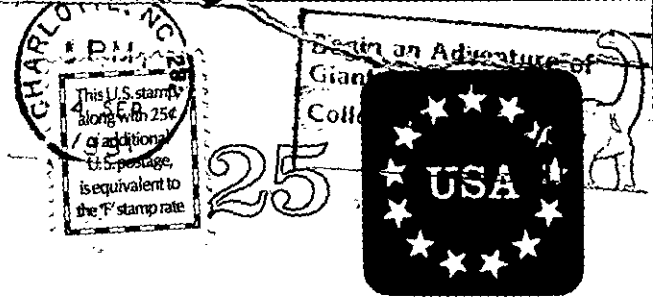
Sincerely,

B. R. Ferguson

B. R. Ferguson, R. S.
Individual Water and Wastewater Systems

BRF:jjk

8905 Ferguson Rd
Charlotte, N.C. 28227



Meck Co. Health Dept IWNS
700 N. Tryon St
Charlotte N.C. 28202

$50.00 8d 89.

#852 } 25.00 each
#860

For Septic Tank Check
8905 Fergusen

To Go with $25.00
C/C # 852 sent 8/27
For Total of $50.00

545-8168

P-744 © 1986 3M

For 8905
Fergusen Rd Rd.
28227
Septic Tank
Check

P-744 © 1986 3M

8905 Ferguson Rd
Charlotte NC 28215

CHARLOTTE, N.C.
This U.S. Stamp along with other denominations of U.S. postage, is equivalent to the 'F' stamp rate
25
USA

Environmental Health Lab
700 N. Tryon St
Charlotte N.C. 28202

Please call
Dan Ayers
to Schedule

4:38 - 8-30-91

T.C to a Lady At

Harvey McComb's

house, Left my Name

+ Number to Call Me:

Septic tank check + the

25.00 check - she was under

the impression it was only 25