

4608 SARANDON CT

10528110

5/1/08

marliwr

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

COPY

AS $100 Paid ck #X3224

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5103

PERSON FILING APPLICATION:
NAME: Jennings (last) Jeffrey (first) B (mi)
ADDRESS: 4608 Serendon Ct PHONE: (704) 352-5525 (W)
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 11-29-01

PROPERTY OWNER:
NAME: Jennings (last) Jeffrey (first) B. (mi)
597.0636 (H)
ADDRESS: 4608 Serendon Ct PHONE: (704) 352-5525 (W)
CITY: Charlotte STATE: NC ZIPCODE: 28215

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 10528110
STREET ADDRESS:
ZONING:

Township (check one):
[X] 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: Farmwood North
LOT NUMBER: LOT SIZE (in acres): .588

TYPE APPLICATION (check one):
[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (T)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or B)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (R)
[redacted]

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):
[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 [ ] None
[ ] Garage [ ] Storage Building [X] 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: Jeffrey Jennings Date: 11-29-01

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 the Rules 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.

...12-5-01 - OSU NOP OBSERVED DECK IN PROCESS OF BUILDING - POST IS 1-2' FROM TANK PC. TO HOMEOWNER - ADVISED OF SITUATION AND NEED FOR POST TO BE 5' FROM TANK + PERIMETER I FLAGGED 4 CORNERS OF TANK.

[ ] 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 12/19/01 Date

12/19/01 - OK TO USE EXSING SYSTEM

WATER . 122701

$100 Paid cash #X3224

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c/o Hal Marshall Ctr., Suite 211
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ADDRESS: 4608 Sarandon Ct PHONE: (704) 352-5525 (W)
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 11-29-01

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597-0636 (H)
ADDRESS: 4608 Sarandon Ct PHONE: (704) 352-5525 (W)
CITY: Charlotte STATE: NC ZIPCODE: 28215

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SUBDIVISION OR MOBILE HOME PARK NAME: Farmwood North
LOT NUMBER:
LOT SIZE (in acres): .588

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[ ] ADDITION - INCREASE LOCKS/OCCUPANCY/MOBILE HOME SIZE (A or B)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (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:

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

Environmentalist Date

Master . 12270

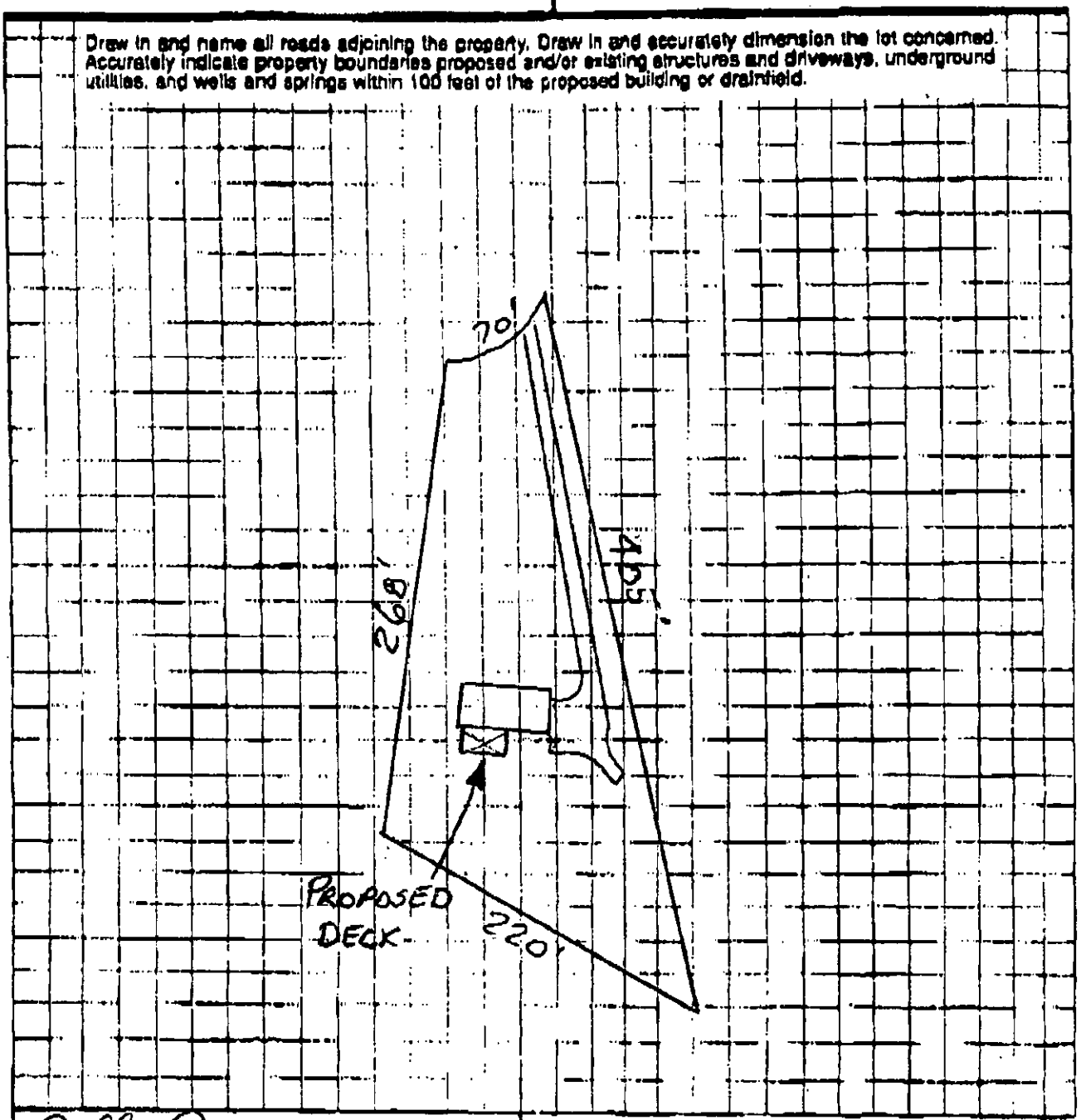
PROPOSED PLOT PLAN

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

FILE: 2758-A

TC: 105-281.10

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

APPROVAL DATE

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

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 11/29/01
Receipt #: 3450
Check / Auth #: CHARGE X3
Received By: FOSTERV

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: X32243
Contractor: DECKSCAPES INC
Attn:
Address: 3208 RHETT BUTLER PL
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 4608 Sarandon Ct		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
99.90					