

3111 MCKEE RD

23106303

6/23/08

marliwr

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

LOCAL REQUIREMENTS:		19
S-21	Consult Contact by phone or office visit or other	
S-22	Inspection of existing system for Additions (No alterations)	
S-23	Inspection of existing system for Real Estate	
S-24	Inspection of existing systems	
S-25	Complaints	
S-26	Surface Samples	
S-27	Soil Evaluations	
W3	Existing Water Supply Inspections	
W4	Water Supply Consultative Visit	
W5	Water Supply Meeting Standards	
W6	Water supply Not Meeting Standards	
W7	Bacteriological Sample Collected	
W8	Other Samples Collected	
W9	Positive Coliform Samples	
W10	Positive Fecal Samples	
W11	Bacteriological Re-test Samples Collected	
W12	Consultative Contacts by Phone, Office Visit	
W13	Water Supply Repaired/Existing	
W14	Complaint Investigation	
P1	Consult by phone or office visit or other re: Pool	
P2	Inspection of existing system for pool addition	
P3	Construction Authorization for Pool Installation	
P4	Inspection of Pool for Fence and Gate Requirements	
P5	Complaints	
P6	Legal Remedies	
EDUCATIONAL:		
E1	Planned Presentations made or group discussions led	1
E2	Professional Meetings Attended	8
E3	Staff or work group meetings	

P8 Add Variance

PLEASE DOCUMENT BELOW ANY ACTIVITES (beyond regular field activites) THAT YOU WERE INVOLVED WITH/IN TO REPRESENT OUR PROGRAM:

MONTHLY REPORT
ON-SITE WASTEWATER PROGRAM

Wells Rdl — Feb 2000

County Health Department — Month — Year

CODE*	ON-SITE WASTEWATER PROGRAM	No. (Total)
S-1	Site Visits (Includes all OSWW field activities)	4
S-2	Applications Received	
S-3	Improvement Permits Issued - New w/ PLAT (Non-expiring)	
S-4	Improvement Permits Issued - New w/ Site Plan (Valid 60 mos)	
S-5	Improvement Permits Issued - Expansion of Existing System	
S-6	Improvement Permits Issued - Repair Site	
S-7	Improvement Permits Denied (Documented)	3
S-8	Construction Authorizations - New	
S-9	Construction Authorizations - Expansions	
S-10	Construction Authorizations - Repairs	
S-11	Construction Authorizations Denied (Documented)	
S-12	Authorizations - Mobile Home Parks	
S-13	Authorizations - Existing System Reuse/Relocation	
S-14	Inspection Reports Prepared (Table V or Migrant Housing)	
S-15	Notices of Violation Issued	
S-16	Legal Remedies (Rule .1967 or .1968)	
S-17	Permits Revoked (Notice)	
S-18	Permits Suspended (Notice)	

	Operation Permits Issued	*System Classification* I	II	III	IV	V	VI	
S-19a	*New (No.)*							
S-19b	*Expansions (No.)*							
S-19c	*Repairs (No.)*							
S-19	*TOTALS*							

S-20	Training/Education (Contact hours - On-site Wastewater)	*(Hrs)*
	Advanced System workshop	17
	Greensboro	

* The Code Nos. are optional and may be changed to meet local requirements.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

A.S. PD 100% C.L.K. 6.4M 3/14 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 11848

PERSON FILING APPLICATION:
NAME: HOWE (last) Jill (first) H. (mi)
ADDRESS: 3111 McKEE RD PHONE: 704, 846-5226
CITY: CHARLOTTE STATE: NC ZIPCODE: 28270

Date:

PROPERTY OWNER:
NAME: HOWE (last) John + Jill (first) H (mi)
ADDRESS: 3111 MCKEE RD PHONE: 704, 846-5226
CITY: CHARLOTTE STATE: NC ZIPCODE: 28270

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-063-03
STREET ADDRESS: 3111 McKee Rd
ZONING:

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:

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) carport

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:
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 [X] Other Enclose Carport into Family Room | 1/2 bt.

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: 3-14-00 Date: Jill Howe

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.

... OK To Use Existing System

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

Joshua R. Sellers R.S. 03-21-00
Environmentalist Date

WATER : 122791

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

COPY

LOCATION

STREET # (N,S,E,W) 3111 STREET NAME MCKEE RD (AV,RD,ST, etc.)

PERMIT #

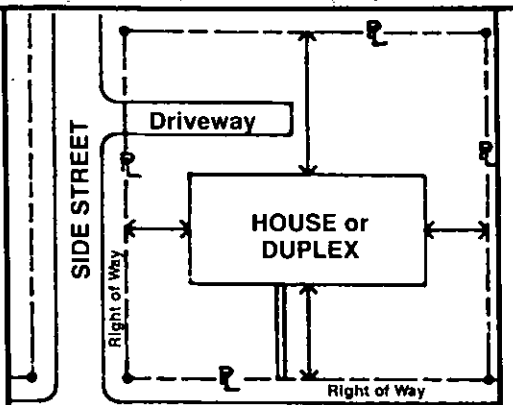
SUITE/UNIT(S):

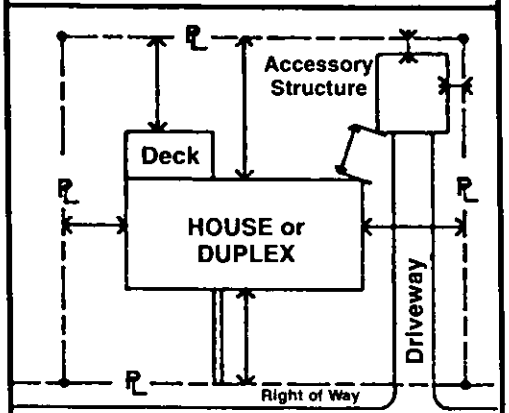
TAX JURISDICTION: *(Check One)*
☐ 0 - Mecklenburg ☑ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

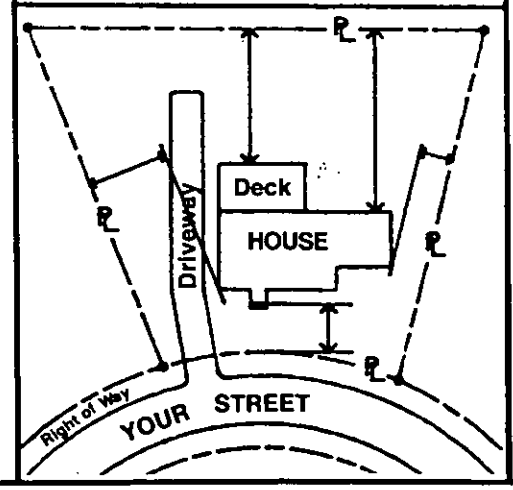
TAX PARCEL #

JOB #

EXAMPLES/PLOT PLAN





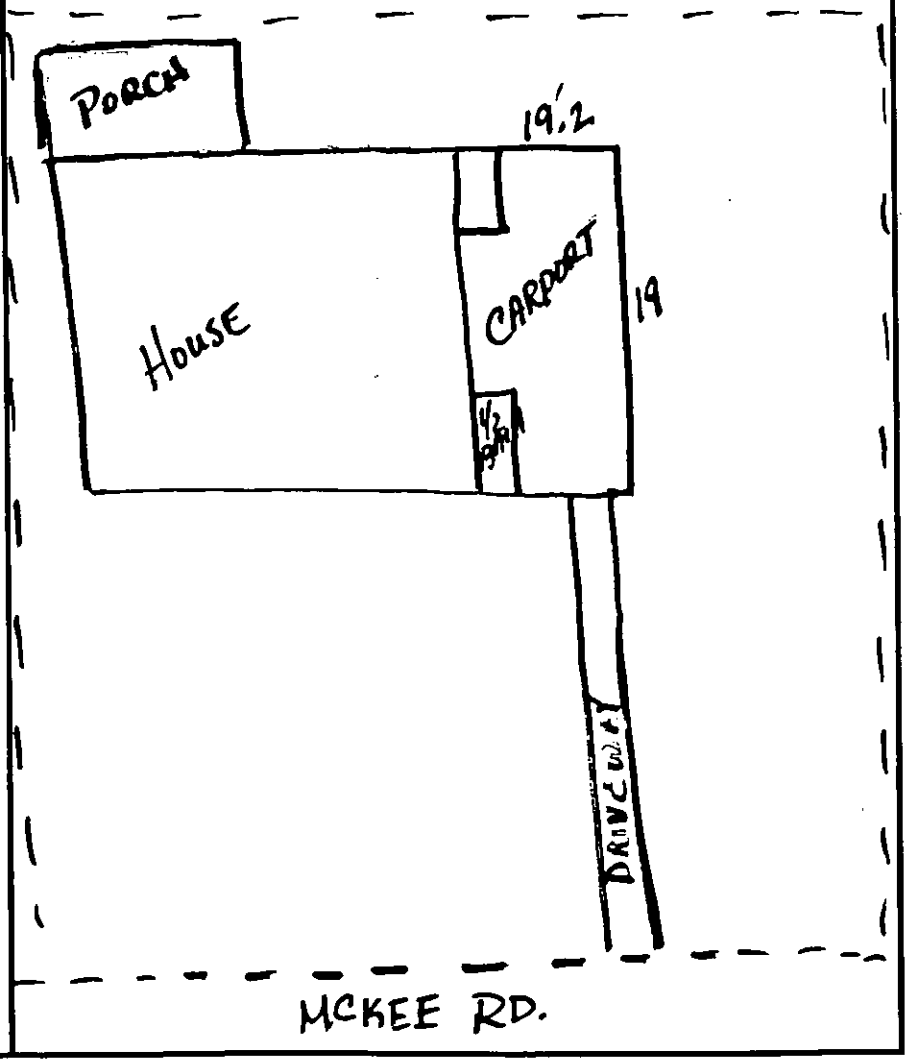


– INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

– PLOT PLAN –



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Jill Howe 3-13-00 JILL HOWE

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT

APPROVED BY