

6424 PAMELA ST

01301440

5/29/08

marliwr

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

Consultative Visit 40⁰

Aff file # 6569

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Recd 10/20/97 $35.00 Ck # 1459 CERT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 2/35:68

PERSON FILING APPLICATION:
NAME: Massey (last) Beverly (first) B (mi)
ADDRESS: 9709 Trinity Rd #H PHONE: 704 391-7105
CITY: Charlotte STATE: NC ZIPCODE: 28216

Date: 10/20/97

PROPERTY OWNER:
NAME: Stanrock Management Corp (last) (first) (mi)
ADDRESS: 4517 Randolph Road PHONE: (704) 366-6451
CITY: Charlotte STATE: NC ZIPCODE: 28211

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 01301440
STREET ADDRESS: 6424 Pamela St
Huntersville, NC 28078
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 15 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] 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)
[ ] 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) or [ ] 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: X [signature] Date: X 10-20-97

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.

... consultation made 11-17-97

Beverly Massey present

W. R. Marlin 11-17-97

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122

City-County Tax Collector
PO Box 31457
Charlotte, NC 28231-6077

PROPERTY TAX STATEMENT

TAX YEAR : 1997
BILLING DATE : 08/20/1997
DUE DATE : 09/01/1997
INTEREST BEGINS: 01/06/1998

MECKLENBURG

(See reverse for important information)

Year/Bill Number	Parcel Id	Personal Id	Real Value	Personal Value	Exemption	TAXABLE Value
1997-0438172	013-014-41		1,500			1,500

Legal Description
L5 B E M11-283 6420 PAMELA ST

Property Location
6420 PAMELA ST MECK

Owner Name / Address

LAKESIDE ESTATES INC
PO BOX 36509
CHARLOTTE NC 28236

DESCRIPTION	RATE	TAX/FEE
MECK PROPERTY TAX	.7300	$10.95
MECK POLICE DIST TAX	.1066	$1.60
TOTAL >>>		$12.55

Due 09/01/1997 Interest Begins 01/06/1998

-MAKE CHECK PAYABLE TO:
CITY-COUNTY TAX COLLECTOR

-IF YOU HAVE QUESTIONS:
CALL 704-336-4600 BETWEEN 8:00-5:00, MONDAY - FRIDAY.

-ESCROW/MORTGAGE ACCOUNTS:
THE PROPERTY OWNER IS RESPONSIBLE FOR ENSURING FULL PAYMENT. IF FUNDS ARE IN ESCROW, FORWARD BILL TO THE MORTGAGE HOLDER.

-INTEREST ACCRUES AT THE RATE OF 2% FOR JANUARY AND 3/4% EACH MONTH THEREAFTER.

-BUSINESS TAXPAYERS ARE REQUIRED TO NOTIFY THE TA COLLECTOR **PRIOR** TO THE SALE, TRANSFER, OR TERMINATION OF THE BUSINESS.

Payment can be made in person to: CITY-COUNTY TAX COLLECTOR
720 EAST 4TH STREET, SUITE 414, CHARLOTTE, NC
HOURS 8:00 - 5:00 MONDAY - FRIDAY

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH PAYMENT R/P

Billing Date	Bill Number	Parcel Id	Personal Id	TOTAL DUE
08/20/1997	1997-0438172	013-014-41		$12.55

RETURN THIS PORTION WITH PAYMENT ------->>>

Remit payment to:

CITY-COUNTY TAX COLLECTOR
PO BOX 31457
CHARLOTTE, NC 28231-6077

DO NOT SEND CASH

LAKESIDE ESTATES INC
PO BOX 36509
CHARLOTTE NC 28236

140154

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City-County Tax Collector
PO Box 31457
Charlotte, NC 28231-6077

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BILLING DATE : 08/20/1997
DUE DATE : 09/01/1997
INTEREST BEGINS: 01/06/1998

MECKLENBURG

(See reverse for important information)

Year/Bill Number	Parcel Id	Personal Id	Real Value	Personal Value	Exemption	TAXABLE Value
1997-0438164	013-014-40		1,500			1,500

Legal Description	Property Location
L6 B E M11-283 6424 PAMELA ST	6424 PAMELA ST MECK

Owner Name / Address

LAKESIDE ESTATES INC
PO BOX 36509
CHARLOTTE NC 28236

DESCRIPTION	RATE	TAX/FEE
MECK PROPERTY TAX	.7300	$10.95
MECK POLICE DIST TAX	.1066	$1.60
TOTAL >>>		$12.55

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HOURS 8:00 - 5:00 MONDAY - FRIDAY

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Billing Date	Bill Number	Parcel Id	Personal Id	TOTAL DUE
08/20/1997	1997-0438164	013-014-40		$12.55

RETURN THIS PORTION WITH PAYMENT ------->>>

DO NOT SEND CASH

Remit payment to:

CITY-COUNTY TAX COLLECTOR
PO BOX 31457
CHARLOTTE, NC 28231-6077

LAKESIDE ESTATES INC
PO BOX 36509
CHARLOTTE NC 28236

140153

00000125599704381640000012559970438164 1

Date Received_____ APT No._____

T. C. No._____

Map Date_____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LAKESIDE ESTATES
(LAST)

2) ADDRESS OF OWNER PO Box 36509 (FIRST) CHARLOTTE NC ZIP 28236
(MIDDLE)

3) PHONE NO. Home 704-366-6451 Office _____

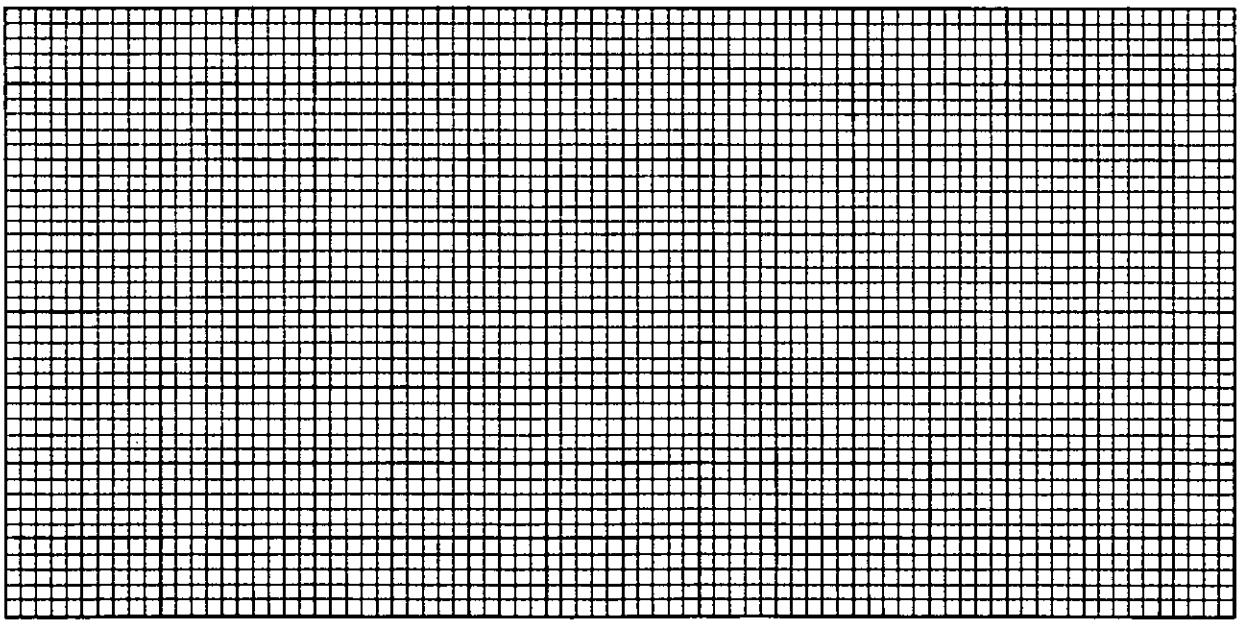
4) LOCATION OF PROPERTY 6420 + 6424 PAMELA STREET
(STREET OR COUNTY ROAD)

5) SUBDIVISION BILTMORE PARK LOT NO._____ BLOCK NO._____

MAP BOOK NO. [redacted] PAGE NO._____ SEE ATTACHED MAP + TAX BILL

6) DEED REFERENCE: DEED BOOK_____ PAGE NO._____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Abraham Lusty
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received_____ APT No._____

T. C. No._____

Map Date_____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LAKESIDE ESTATES
LAST FIRST MIDDLE

2) ADDRESS OF OWNER P O BOX 36509 CHARLOTTE NC ZIP 28236

3) PHONE NO. Home 704-366-6451 Office _____

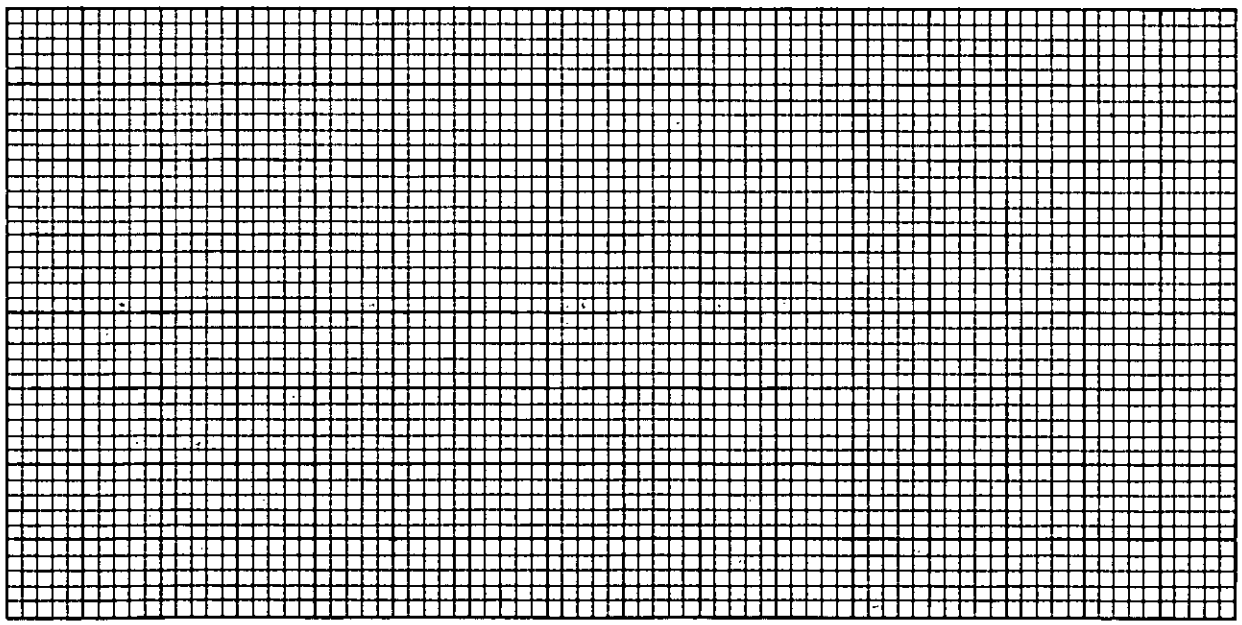
4) LOCATION OF PROPERTY 6420 + 6424 PIMELA STREET
STREET OR COUNTY ROAD

5) SUBDIVISION BILTMORE PARK LOT NO._____ BLOCK NO._____

MAP BOOK NO 53 PAGE NO._____ SEE ATTACHED MAP + TAX BILL

6) DEED REFERENCE: DEED BOOK_____ PAGE NO._____

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7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER

FORM NO. E-1-9-1-72

ENVIRONMENTALIST'S COPY

Date Received_____ APT No._____

T. C. No._____

Map Date_____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LAKESIDE ESTATES
LAST FIRST MIDDLE

2) ADDRESS OF OWNER [illegible] 11501 CHARLOTTE NC ZIP 28236

3) PHONE NO. Home 704-366-6451 Office _____

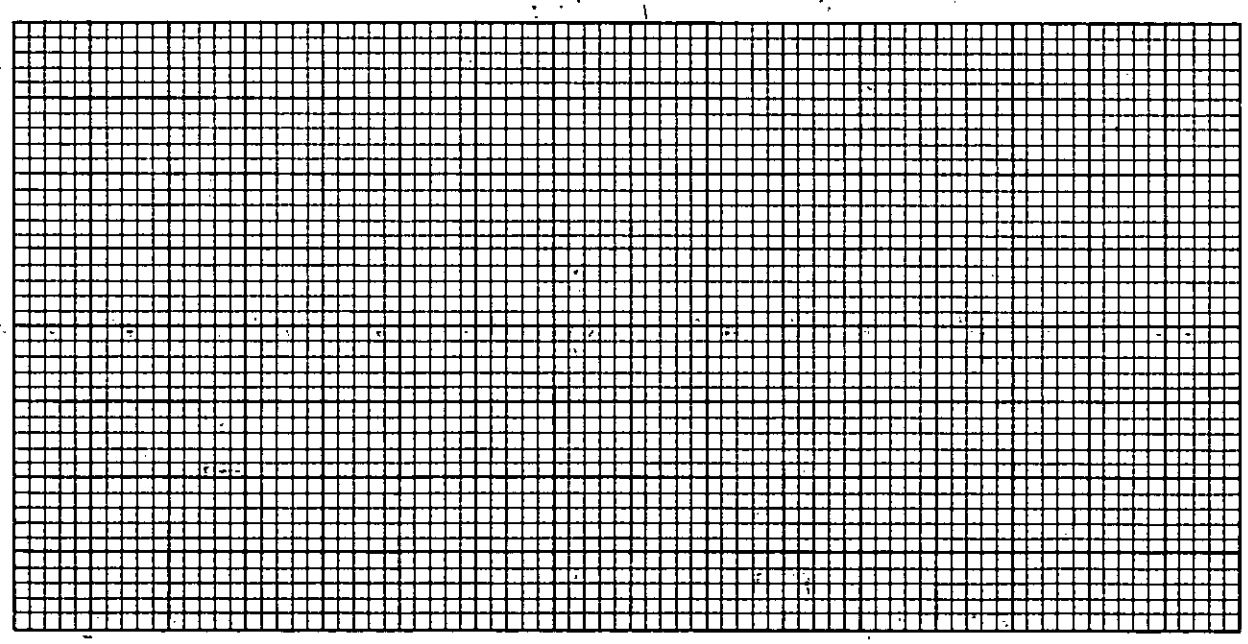
4) LOCATION OF PROPERTY 6410 + 6414 PINELLA TRACT
STREET OR COUNTY ROAD

5) SUBDIVISION BILTMORE PARK LOT NO._____ BLOCK NO._____

MAP BOOK NO. 52 PAGE NO._____ SEE ATTACHED MAP & TAX BILL

6) DEED REFERENCE: DEED BOOK_____ PAGE NO._____

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7) ACCURATELY DIAGRAM & DIMENSION LOT

[signature] [illegible]
OWNER

FORM NO. E-1-9-1-72

OWNER'S COPY (To Be Retained By Owner)