

3026 WILLIAMS RD

1/2/2008

duponbj

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: September 16, 1994

Ref: File #3289B/Williams Road

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Scott S. Crump originally paid $75.00

for an improvement permit/new on September 7, 1994

.

A refund should be issued for $75.00 because

The request for services was cancelled before any work was performed

.

Please make check payable to: Scott S. Crump

8517 Idlewild Road

Charlotte, NC 28227

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: September 16, 1994

Ref: File #3289B/Williams Road

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Nancy Crump originally paid $75.00

for an improvement permit/new on September 7, 1994

.

A refund should be issued for $75.00 because

The request for services was cancelled before any work was performed

.

Please make check payable to: Nancy Crump

9517 Idlewild Road

Charlotte, NC 28227

Nancy Crump enquired that 01 permit not be pursued - would refund

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

-3289B

Pd. #150 9/1/94 Ck #514 Ck # 0173 9-14-94

☐ 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: ~~Sharon~~ Crump (last) Shane (first) S (mi)
ADDRESS: 8517 Idlewild Rd PHONE: (704) 535 4901
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 9-6-94

PROPERTY OWNER:
NAME: Sidney & Helen Crump (last) (first) (mi)
ADDRESS: 3026 Williams Rd PHONE: (704) 847-0621
STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: PO 193-441-08
STREET ADDRESS: ~~3026~~ Williams Rd
Matthews, NC
ZONING:

Cancelled
Do refund
No work done
1. Nancy Crump
2. Scott S Crump

SUBDIVISION OR MOBILE HOME PARK N
Williams Station

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D
☐ NEW CONSTRUCTION ON VACANT LO
☐ EXCHANGE MOBILE HOME - SAME #
☐ ADDITION - INCREASE ROOMS/OCC
☐ COMMERCIAL OR INDUSTRIAL (N)

RESIDENTIAL PROPERTY (Type Build
☐ SINGLE MOBILE HOME (S) ☐ I
☐ DOUBLE WIDE (D) ☐

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business
Industrial Wastes (Y/N)
Underground Storage Tanks On Pr

☐ Idson ☐ 4 Pineville ☐ 6 Huntersville
☐ nelius ☐ 5 Matthews ☐ 7 Mint Hill

T SIZE (in acres):

EST DEVELOPMENT (P)
ON - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

ED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
TO SYSTEM (R)

R BEDROOMS: 3 NUMBER OCCUPANTS: 3

N CLASSIFICATION:

SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Bedrooms ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ 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: Shane Crump for Date: 9-6-94

NOTICE: Nancy Crump Sidney Crump

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.

...

☐ 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 : 1227

COPY

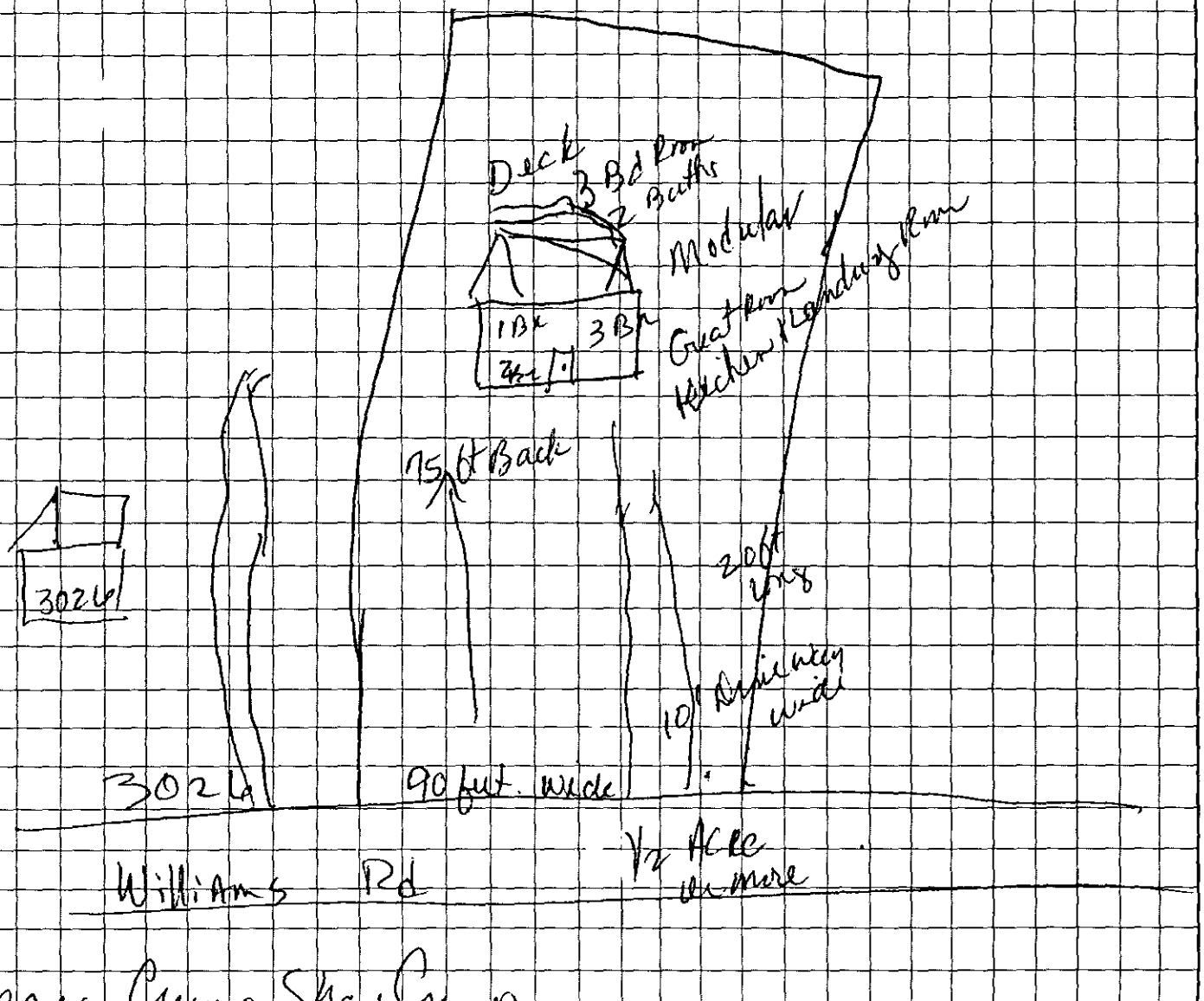
PROPOSED PLOT PLAN

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

FILE: 3289B

TC: 193-441-0888

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.



Nancy Crump, Shane Crump
Sidney + Helen Crump (owners)
OWNER/AGENT SIGNATURE

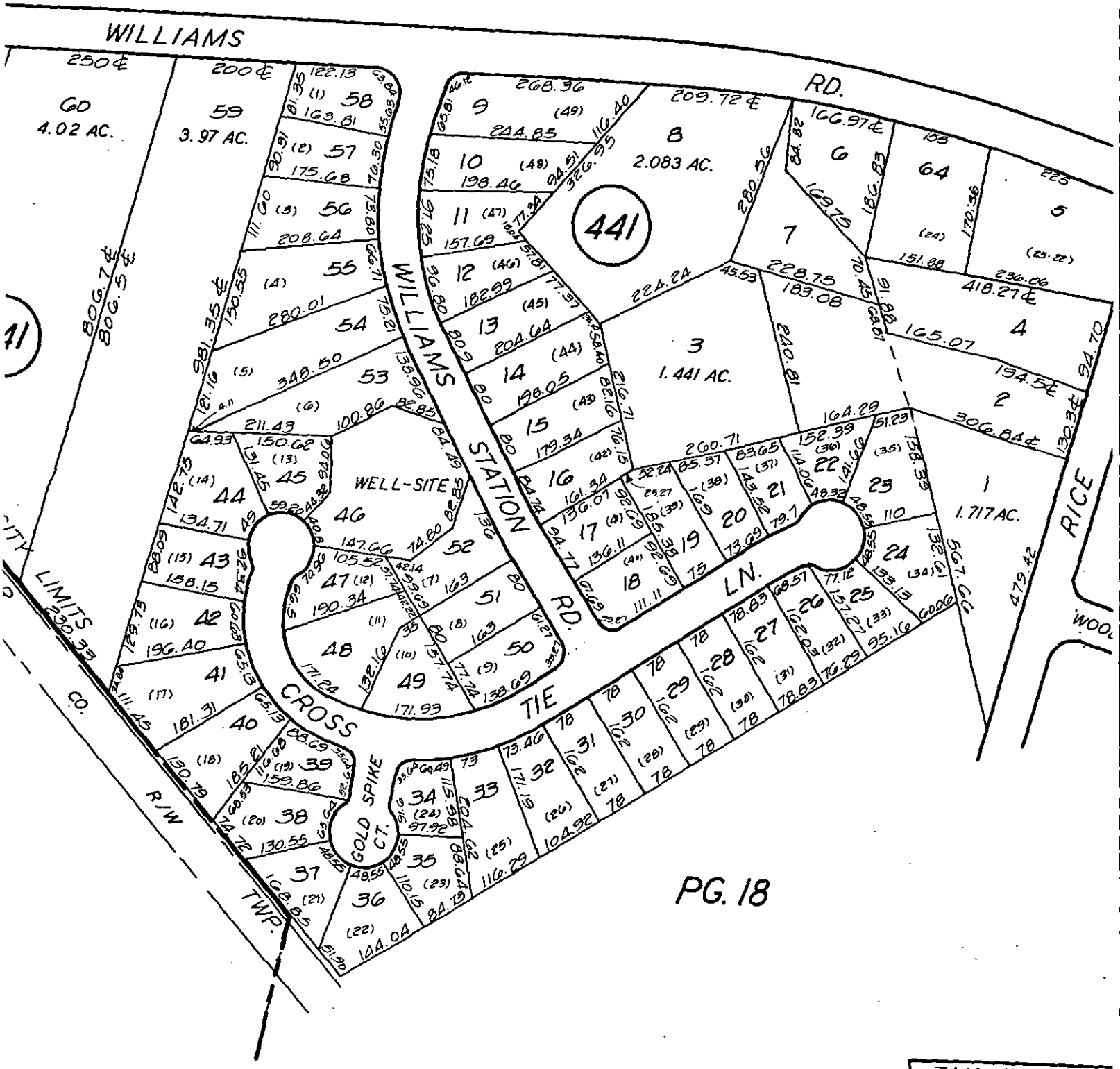
APPROVAL DATE

DATE 9-6-94

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

'6

PG. 17


WILLIAMS
RD.
WILLIAMS STATION RD.
CROSS TIE LN.
GOLD SPIKE CT.
RICE
441
60
4.02 AC.
59
3.97 AC.
3
1.441 AC.
8
2.083 AC.
1
1.717 AC.
WELL-SITE
250 ℄
200 ℄
806.74
806.5 ℄
981.35 ℄
209.72 ℄
418.27 ℄
479.42
507.66
LIMITS
CO.
R/W
TWP.
CITY
PG. 18
TAX LINE MA
MECKLENBURG
REVISED 11-04
FOR TAX PURPOSES ONLY

3289B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd. #150 01 9/1/94 #5142 #0173

☐ 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: ~~Shane~~ Crump (last) Shane (first) S (mi)
ADDRESS: 6511 Idlewild Rd PHONE: 704 535-4901
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date: 9-6-94

PROPERTY OWNER:
NAME: Sidney & Helen Crump (last) (first) (mi)
ADDRESS: 3026 Williams Rd PHONE: 704 847-0621
CITY: Matthews STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: PO 193-441-08
STREET ADDRESS: ~~Shane~~ Williams Rd
Matthews, NC
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Williams Station

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☒ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 6 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) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☒ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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)
☒ 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

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Signed: ~~Shane~~ Crump for Date: 9-6-94

NOTICE: ~~Shane~~ Nancy Crump Sidney Crump

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☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WATER : 122791

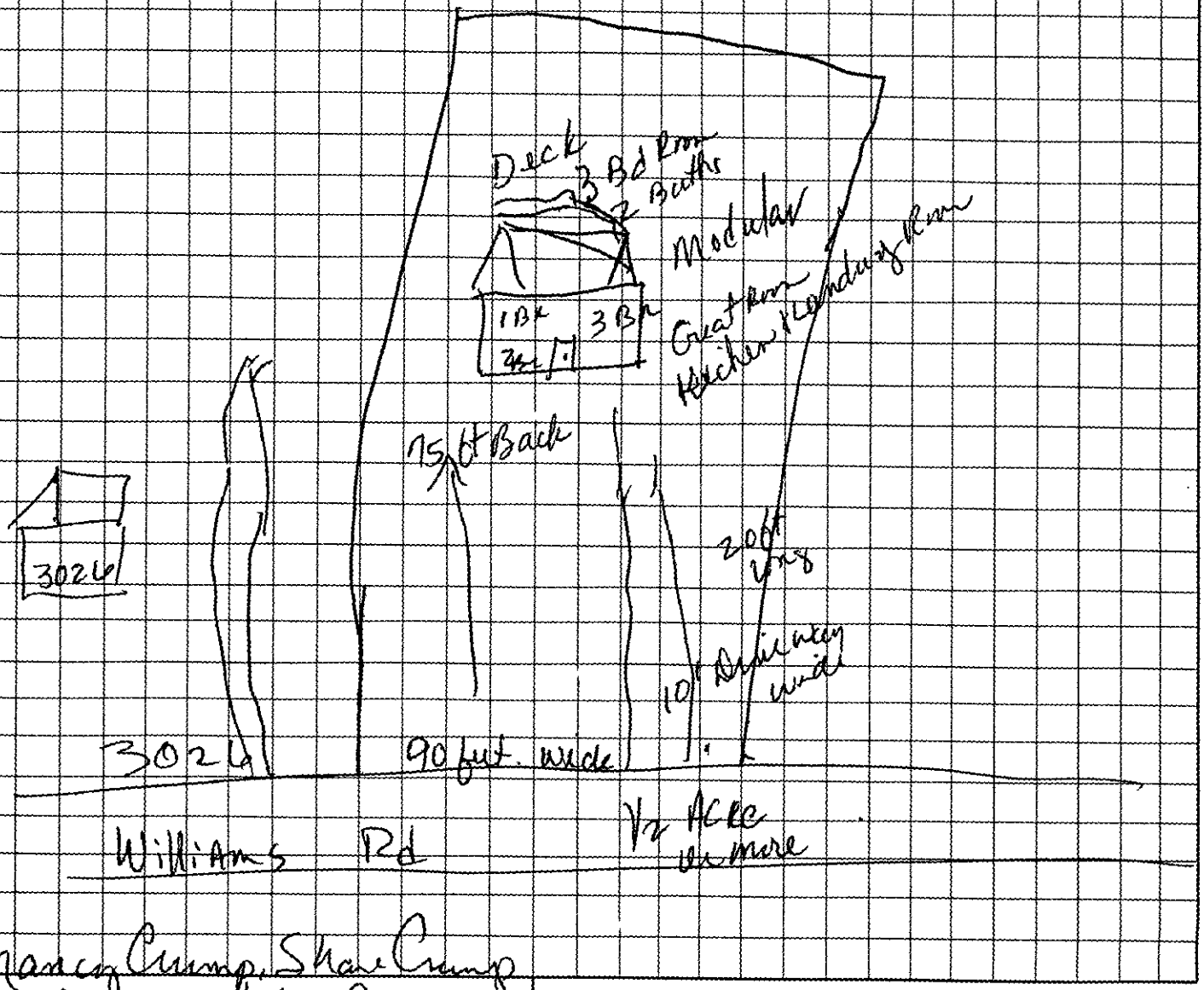
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Sidney + Helen Crump (owners)

OWNER/AGENT SIGNATURE

DATE 9-6-94

APPROVAL DATE _____

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