

8124 WILSON WOODS DR

13707219

12/31/2007

duponbj

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant III

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

Date: ~~January 20, 1999~~ 3/15/99

Ref: 8124 Wilson Woods Drive/File 2824B

SUBJECT: Refund

(Mr./Mrs./Co.) Roger Hart originally paid $50.00

for an inspection for a storage bldg. addition on January 12, 1999

.

A refunc should be issued for $50.00 because

Mr. Hart called and cancelled the request prior to the inspection taking

place .

Please make check payable to: Roger Hart

8124 Wilson Woods Drive

Charlotte, NC 28227

Cancel

Do

Refund

CANCEL APPL

- 8124 Wilson

Woods De

Roger Hearet file #

11958 2824B

8124 Wilson

28227

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

RD 30° NE 72 | 12/99 [ ] CRT

2824B

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

COPY

PERSON FILING APPLICATION:
NAME: HART (last) ROGER (first) Z. (mi)
ADDRESS: 8124 Wilson Woods Dr PHONE: (704) 545-6791
CITY: CHARLOTTE (MINT HILL) STATE: NC ZIPCODE: 28227

Date: JAN. 12, 1999

PROPERTY OWNER:
NAME: [redacted] (last) HART (first) ROGER Z. (mi)
ADDRESS: 8124 WILSON WOODS DR PHONE: (704) 545-6791
CITY: CHARLOTTE (MINT HILL) STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-072-19
STREET ADDRESS: 8124 WILSON WOODS DR.
ZONING: CHARLOTTE NC RESIDENTIAL

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 17 B LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

1959

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
5 yr Age 5/95
[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: 3 NUMBER OCCUPANTS: 2

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)
[X] 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

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: Roger Z Hart Date: JAN. 12, 1999

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.

...

[ ] 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

WATER : 122791

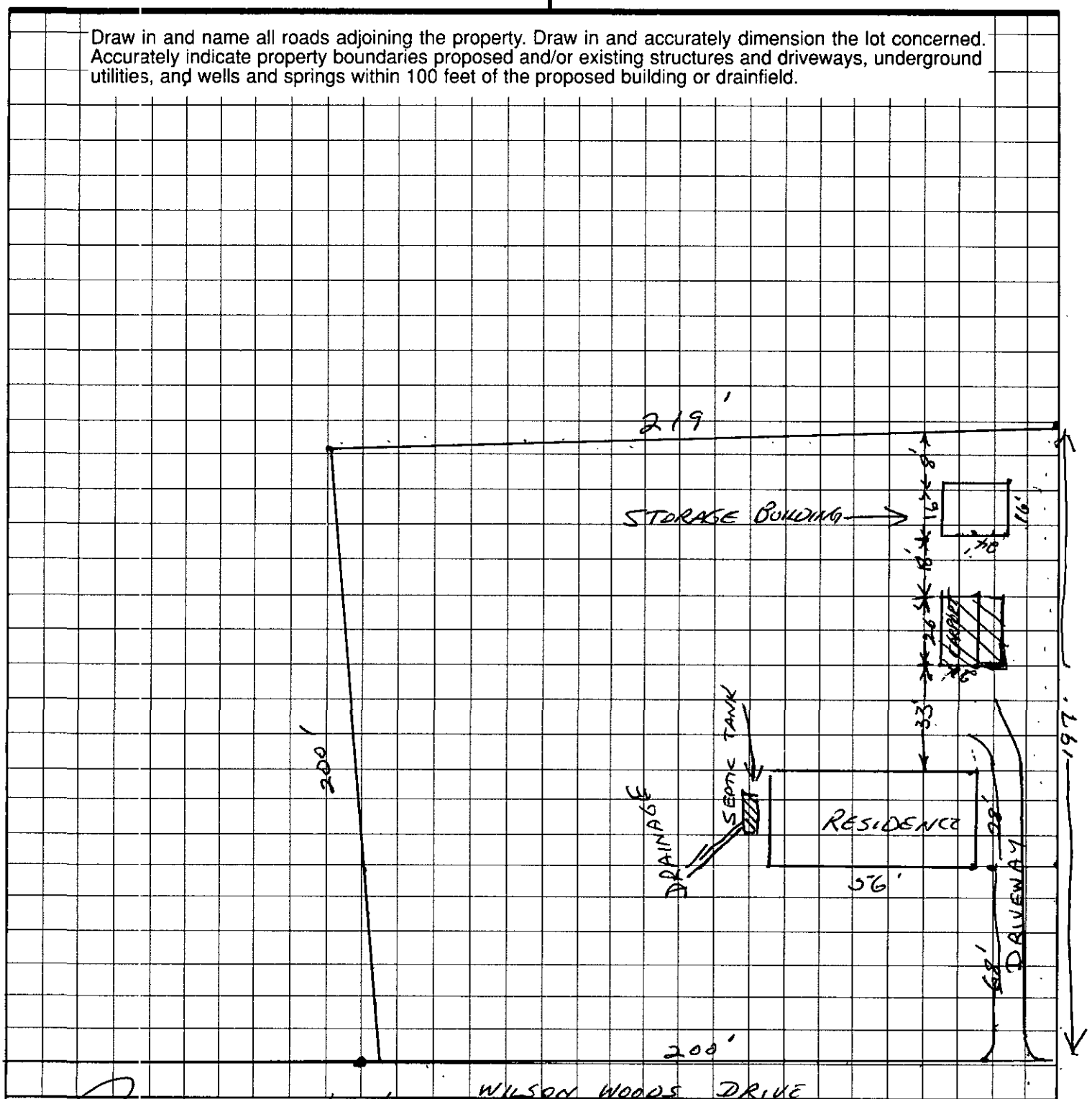
PROPOSED PLOT PLAN

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

FILE: 2824B

TC: 137-072-19

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.



Lori S. Hart
OWNER/AGENT SIGNATURE

DATE JAN 12, 1999

APPROVAL DATE _____

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

28248

[ ] CRT

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PERSON FILING APPLICATION:
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Signed: X Roger Z Hart Date: X JAN. 12, 1999

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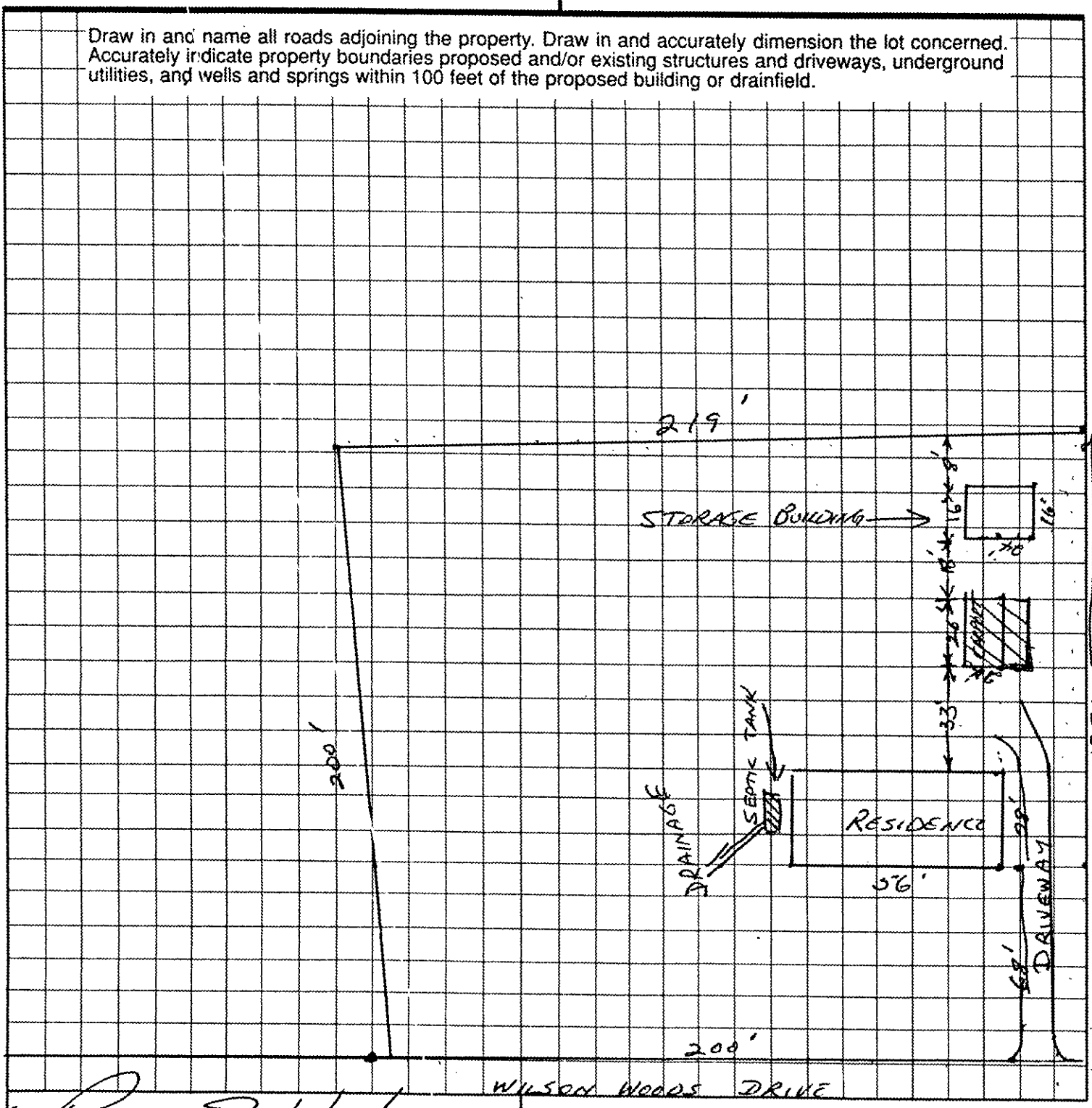
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