

5401 W SUGAR CREEK RD

5/29/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-28-90

Name/Company: William C Hutte

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Appl C for Ingress + Egress

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 28 1990

#4990A

Fee: $ 25.00

CR#3345
$25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 4990A
TC: 043-072-07
SERIAL: № 20356 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 5403 (STREET NO.) Cheshire Road, Charlotte, N.C. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 04307223
⑤ SUBDIVISION: N/A ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: William (FIRST) Carroll (MIDDLE) Hutto (LAST)
⑨ MAILING ADDRESS: 5403 Cheshire Road
⑩ CITY: Charlotte ⑪ STATE: No. Carolina ⑫ ZIP: 28213
⑬ PHONE: (WORK) (704) 596-1121 ⑭ (HOME) (704) 596-6022

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) To build 2-65 sq. ft. decks on front of residence.

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees?
㉔ Basement? ☒ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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: William Carroll Hutto
Date: February 27, 1990

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing system

B. R. Ferguson (Environmentalist) 3-1-90 (Date)
(Director or Authorized Section Head) 3-1-90 (Date)

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

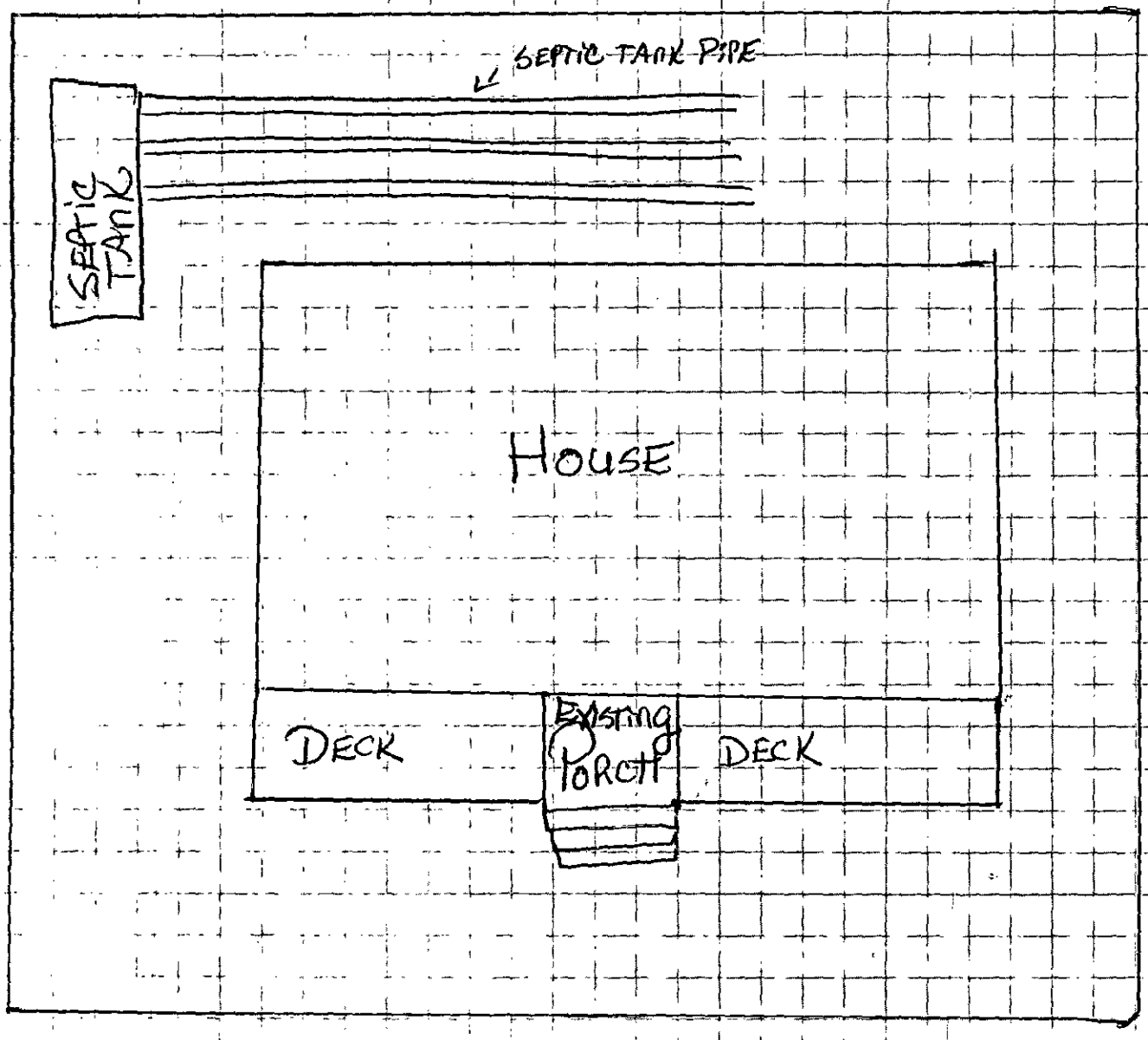
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4990 A

TC: 043-072-07

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.



APPROVAL DATE 2-27-90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4990A DATE: 9/19/89

TC: PD.043-072-07 ☐ L ☐ CRT

SERIAL № 12191

Name of Owner Jerry Carpenter Juris.:

Address of Property 5403 Cheshire Rd

Inspection Data:

Tank Material –

Total Length of Drainfield 133'

Number of Lines 1 @ 133

Cover Depth 8"

Water Supply Source –

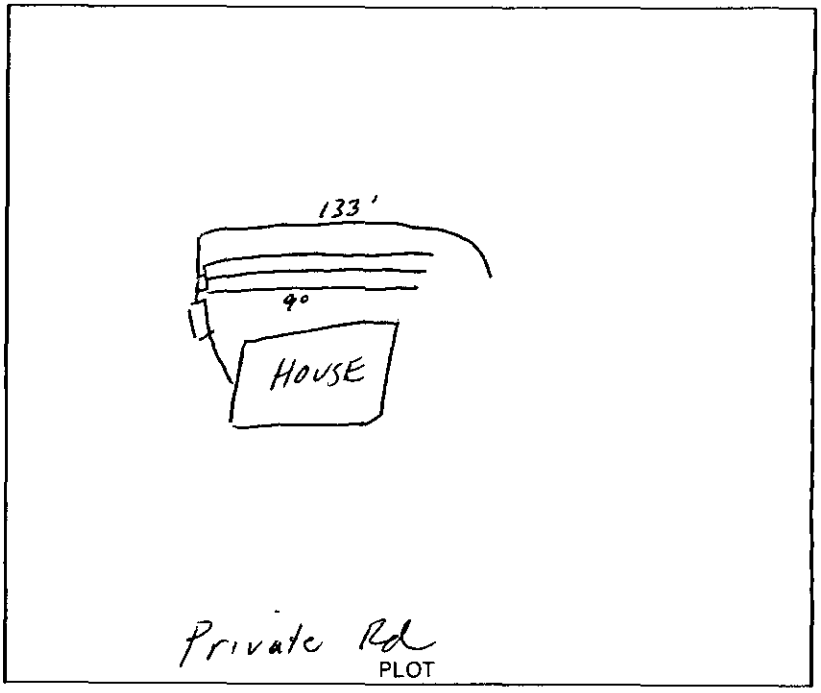
Distance to Water Source >50

Excavation Inspected 9/19/89

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –



PLOT

Design: 1989, Repair Addition CTR# 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit .

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: 1 line 133' added to system to equal 400' design criteria for 3 bedroom house. Plans changed after observing effluent runoff ~~after~~ during excavation of 3rd line.

Philo S. Walker
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

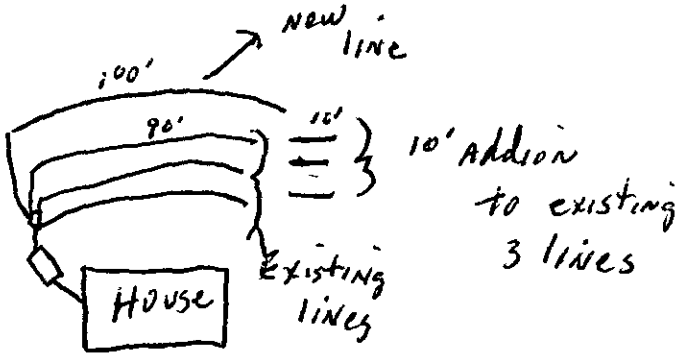
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4990 A DATE: 6/23/

TC: P.O. 043-072-07 ☐ L

SERIAL Nº 12786

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 6/23/89. All work shall be completed on or before 7/23/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Private Rd

PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length ~~130~~ 130 feet

Number of Lines ~~2~~ 1 line 100' 3 lines 60'

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 750 feet

NAME OF OWNER Jerry B. Carpenter

LOCATION OF PROPERTY ~~755 Land~~ 5403 Cheshire Rd

Comments: ~~Two trenches 90' by 3' x 12" stone~~

1 line 100' x 3' x 12" stone

10' addition to existing 3 lines ; 1 new trench 100'

Division or Section Head

Philo L. Walker 6/23/89
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the partment of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing em is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 6/22/89

Name/Company Jerry Carpenter

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Septic Location Permit
#4490A

MECKL COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 22 1989

Co# 1095
11-15-89

Fee: $ 75

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)

FILE: 4990 A

TC: PO 043-072

SERIAL: № 18710 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5403 (STREET NO.) CHESHIRE (STREET) ROAD ② FILE: 4990 A

③ JURISDICTION: MECK ④ TAX PARCEL NO.: P O 043-472-07

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: JERRY (FIRST) B. (MIDDLE) CARPENTER (LAST)

⑨ MAILING ADDRESS: 758 LANSDOWNE ROAD

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28226

⑬ PHONE: (WORK) 704 366-4507 ⑭ (HOME) 704 364-1068

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type?

㉓ Maximum occupancy? 5 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Jerry B. Carpenter

Date: 6-22-89

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Org. installed for 2 bedrooms sys

Phillip A. Walker, 6/23/89

Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

CERTIFICATE OF COMPLETION/OPERATION PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4990-A DATE: 5-11-89
TC: 043-072-07 ☐ L ☐ CRT
SERIAL № 11781

Name of Owner Jerry Carpenter Juris.:
Address of Property 5403 Cheshire Rd.

Inspection Data:

Tank Material PVC
Total Length of Drainfield 270'
Number of Lines 3 @ 90'
Cover Depth 15"-32"
Water Supply Source well
Distance to Water Source > 50'
Excavation Inspected 5-11-89
Tank(s) Inspected 5-11-89
Wash Line Inspected
High Water Alarm Inspected

PLOT

Design: 1989, 1500ST, CON, 810SFT, 12G, cecil CTR# 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been
☑ installed or constructed ☐ altered or repaired
☑ in accordance with the permit issued ☐ as detailed in the plot above
and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this
☑ Certificate of Completion ☐ Operation Permit
does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Installed for two bedroom

B. R. Ferguson
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

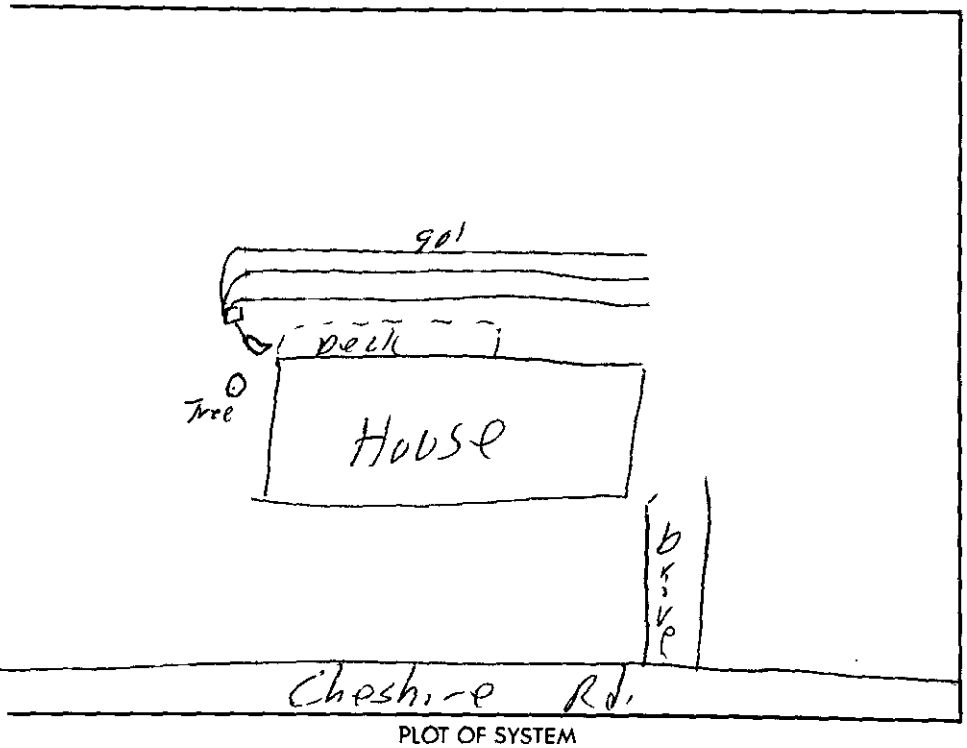
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~5403~~ 4990-A DATE: 4-20-89

TC: 043-072-07 ☐ L

SERIAL № 11884

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9-16-88. All work shall be completed on or before 5-20-89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Jerry Carpenter

LOCATION OF PROPERTY 5403 Cheshire Rd.

Comments: Three Trenches 90'X3'X12" Stone

S. D. Ranish
Division or Section Head

Jim Ervin
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

Mecklenburg County
Health Department

Basil G. Velta, M.D., M.P.H.
Health Director

September 16th, 1988

Jerry B. Carpenter
758 Lansdowne Road
Charlotte, NC 28226

RE: Property located at Cheshire Road
FILE: 4990A
PARCEL: 04307207 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15612) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

DATE: 9/16/88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MeCR

PARCEL NUMBER 5403 Cheshire Rd

ASSIGNED ADDRESS 043-072-07 po

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. COMMERCIAL DRAINAGE PLAN		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	✓ YES *	NO
6. PROPERTY FRONTS ON THOROUGHFARE	✓ YES *	NO
7. DRIVEWAY PERMIT REQUIRED	NO *	

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: SF House - Septic Tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Digi Jerry B. Carpenter

OPWEAR 02/86

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15612

File: 4990A Action: /

Parcel: 04307207 PO ☐ PC

Location: Cheshire Road

Subdivision:

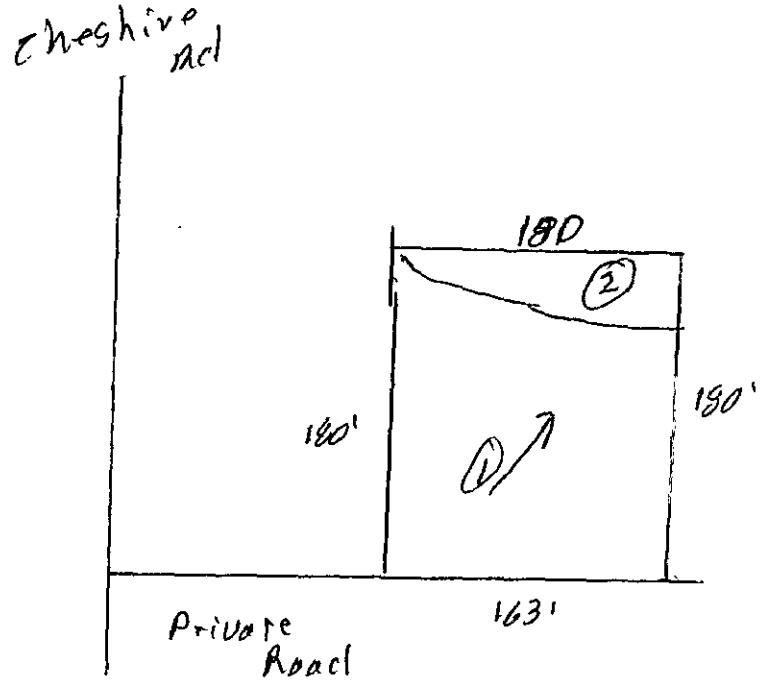
Lot: #1 Block: Acres: .70

Owner: Jerry B. Carpenter
Address: 758 Lansdowne Road
Charlotte, NC 28226

Comments: System will probably need lift pump

Described by: William R. Marks

Date: 9-16-88



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS (U) Depression	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U —	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVA Cecil-Lilo	Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

PROPOSED PLOT PLAN

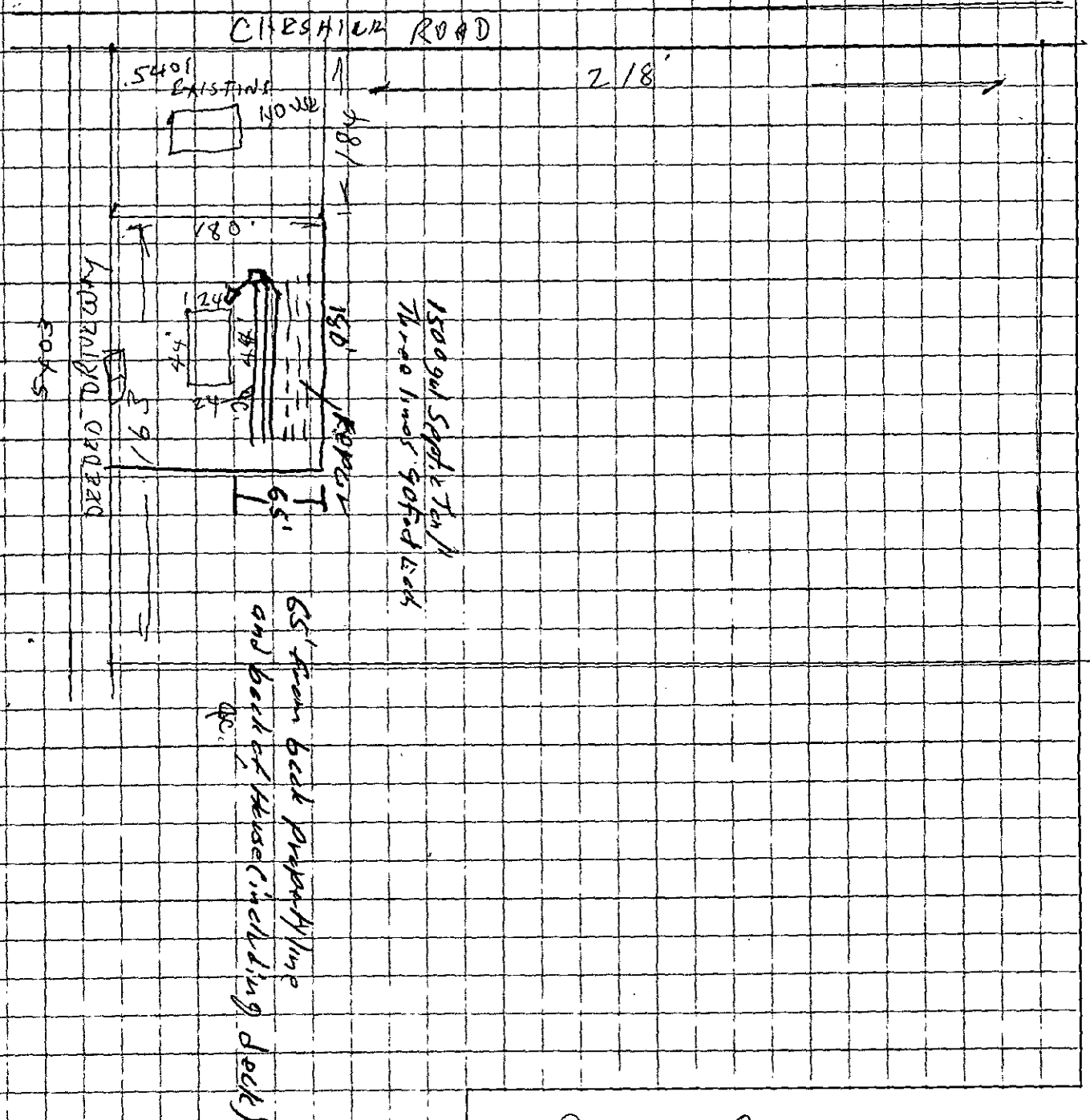
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4990 A

TC: 043-07Z-07

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.



Signed: Jerry B. Carpenter

Date: SEPT. 16, 1988

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)

FILE: 4990 A

TC: PO 043-072-07

SERIAL: № 16922 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5403 (STREET NO.) CHESHIRE ROAD (STREET) ② FILE: 4990 A

③ JURISDICTION: MECK ④ TAX PARCEL NO.: PO 043-072-07

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: JERRY (FIRST) B. (MIDDLE) CARPENTER (LAST)

⑨ MAILING ADDRESS: 758 LANSDOWNE ROAD

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28226

⑬ PHONE: (WORK) 704 366-4507 ⑭ (HOME) 704 364-1068

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type?

㉓ Maximum occupancy? 1 ㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Jerry B. Carpenter

Date: 9-16-88

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Jim Erwin, 9-20-88
Environmentalist — Date

[signature], 9-21-88
Director or Authorized Section Head — Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9/16/88

Name/Company Jerry B Carpenter Construction

Sanitation _____

Vector Control _____

O.P.W.D. X

Service: Improvement Permit
New
SIR 4990 A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 16 1988

Fee: $ 150.00

CK # 558
$150.00

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 4990A

TC: PO 043-072-07

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: CHESHIRE ROAD

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

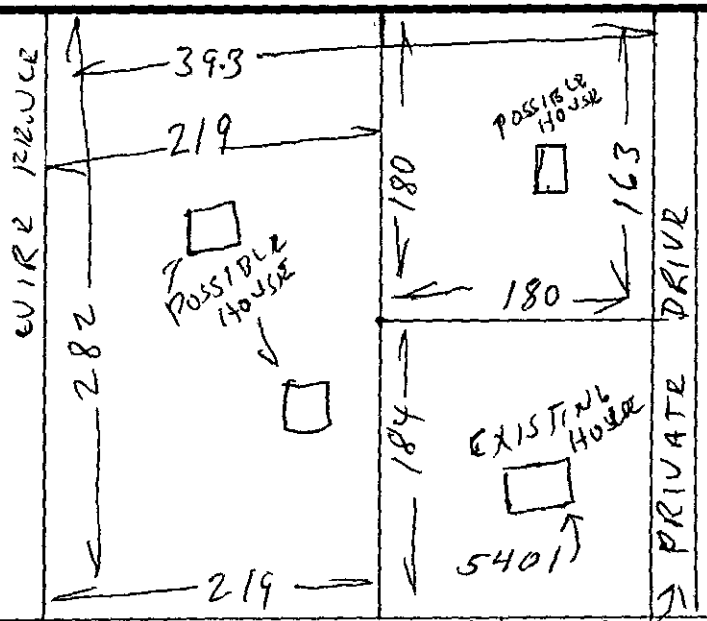
⑦ NAME: JERRY B. CARPENTER
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: _____

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28226

⑫ PHONE: (WORK) 366-4507 (HOME) 364-1068

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Jerry B. Carpenter

Date: 9-8-88

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
~~ENVIR~~ONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 9-8-88

Name/Company Jerry Carpenter

Sanitation _____
Vector Control _____
O.P.W.D. ✓

Service: 2 lot investigations
(Admiral Rd area lots)
#990A - #991A

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
SEP 8 1988

Fee: $60.00

Paid
Ck# 854
60.00

Completed by

Collected by Pamela Farris