


1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

Jovanic, Doug

Ehmen's amount paid needs to be reduced by $35 for the consultation I did with him yesterday - He is planning to ~~do~~ resubmit the lot layouts at a later date

3367B — 3371B

W/ PM
Subtract $35 @ Installation/ final fee payment -

# 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: February 15, 1995

Ref: File(s) #3367B through 3371B

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Douglas Ehmann originally paid $750.00 for five improvement permits @ $150.00 per permit on November 16, 1994 check #515.

A refund should be issued for $715.00 because after a discussion with Mr. Bill Marlin, the client decided that a consultation on the property as one lot would be adequate at this time.

Please make check payable to: Mr. Douglas Ehmann
1800 Beatties Ford Road
Huntersville, North Carolina 28078

# INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
# APPLICATION FOR SERVICES

Pd. # 150.00 11/16/94 Ck #515 ☐ CRT

3370B

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: EHMANN (last) DOUGLAS (first) P. (mi)

ADDRESS: 18000 BEATTIES FORD RD. PHONE: (704) 392-1155

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date:

**PROPERTY INFORMATION (FROM ENGINEERING FORM):**

TAX/PARCEL NUMBER: 001-312-84B

STREET ADDRESS: JOHNCONNER/BELLE ISLE

ZONING:

**PROPERTY OWNER:**

NAME: SAME (last) (first) (mi)

ADDRESS: PHONE: (___) ___

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 4 LOT SIZE (in acres):

TYPE APPLICATION (check one):

- ☐ SOIL TEST - INDIVIDUAL LOT (O)
- ☐ 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)
- ☐ DOUBLE WIDE (D)
- ☒ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ OTHER _____ (O)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

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)
- ☐ Municipal (M)
- ☒ Private Well (P)
- ☐ Shared Well (S)
- ☐ Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- ☐ Swimming Pool
- ☐ Garage
- ☐ Jacuzzi
- ☐ Storage Building
- ☐ Stable/Barn
- ☐ Deck/Patio
- ☐ Workshop
- ☐ Bedrooms
- ☐ None
- ☐ 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: _____ Date: 11-16-94

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

_____ Director or Authorized Section Head Date

WATER : 12279

# PROPOSED PLOT PLAN

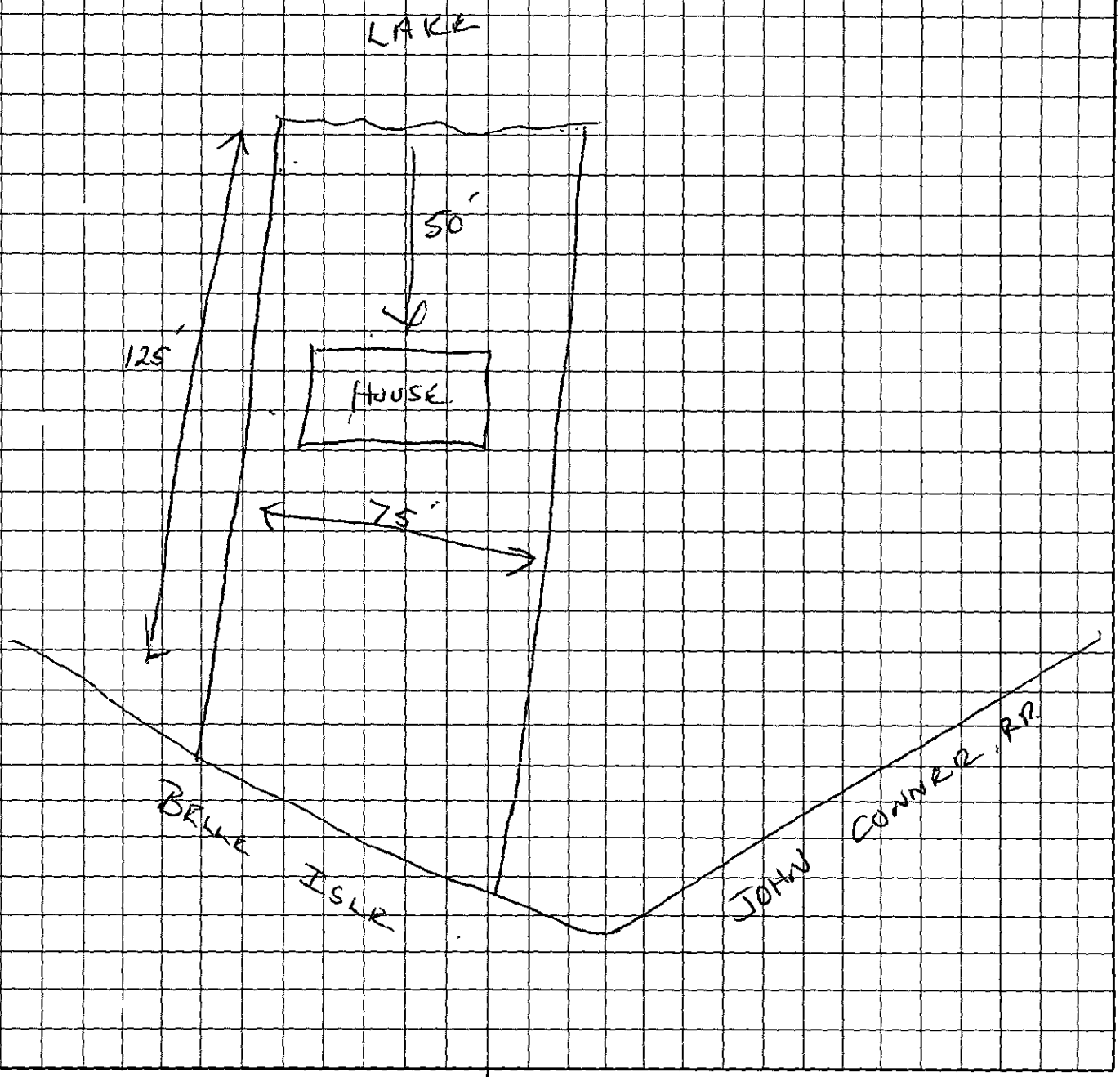
#4

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

FILE: 3370B

TC: _____

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.




OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

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