

232 HIGHLAND FOREST DR

21303415

7/5/2007

duponbj

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

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: FRED FISS

Address: 5436 TOPPING PL. CHARLOTTE, N.C. 28209

Description of public record requested: _____

Street Name (or County Road): 232 HIGHLAND FOREST DR.

File 7548A Lot: _____ Block: _____

Parcel Number: _____

Owner's Name: HAROLD & PAT WILLS

Reason for Request:

I HAVE AN OFFER TO PURCHASE THE HOUSE & PROPERTY, TO CLOSE ON MONDAY JUNE. 26. I WANT ALL AVAILABLE ~~IF~~ INFO ON SEPTIC AND OR WELL.

Signature of Person Making Request: Fred Fiss

Supervisory Person: _____

Date: _____ Time: _____

Environmental Health Division

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 7/2/91 CK # 4061 Amt. 25.00 LDJ.

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: 7548-A
TC: 213-034-15
SERIAL: № 19192
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 232 (STREET NO.) Highland Forest Dr (STREET) ② FILE:
③ JURISDICTION: Charlotte ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Harold & Patricia (FIRST) (MIDDLE) Wills (LAST)
⑨ MAILING ADDRESS: 232 Highland Forest Dr
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28270
⑬ PHONE: (WORK) 523-0555 (Patricia) ⑭ (HOME) 847-6060

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Location Check for Detached garage and den extension

DESIGN CRITERIA

System will serve: Existing System

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 2
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: Harold B Wills
Date: 7-1-91

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.

Environmentalist — Date: 7-1-91

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.

PD-7/2/91
Ck # 4061
Amt. 25.00

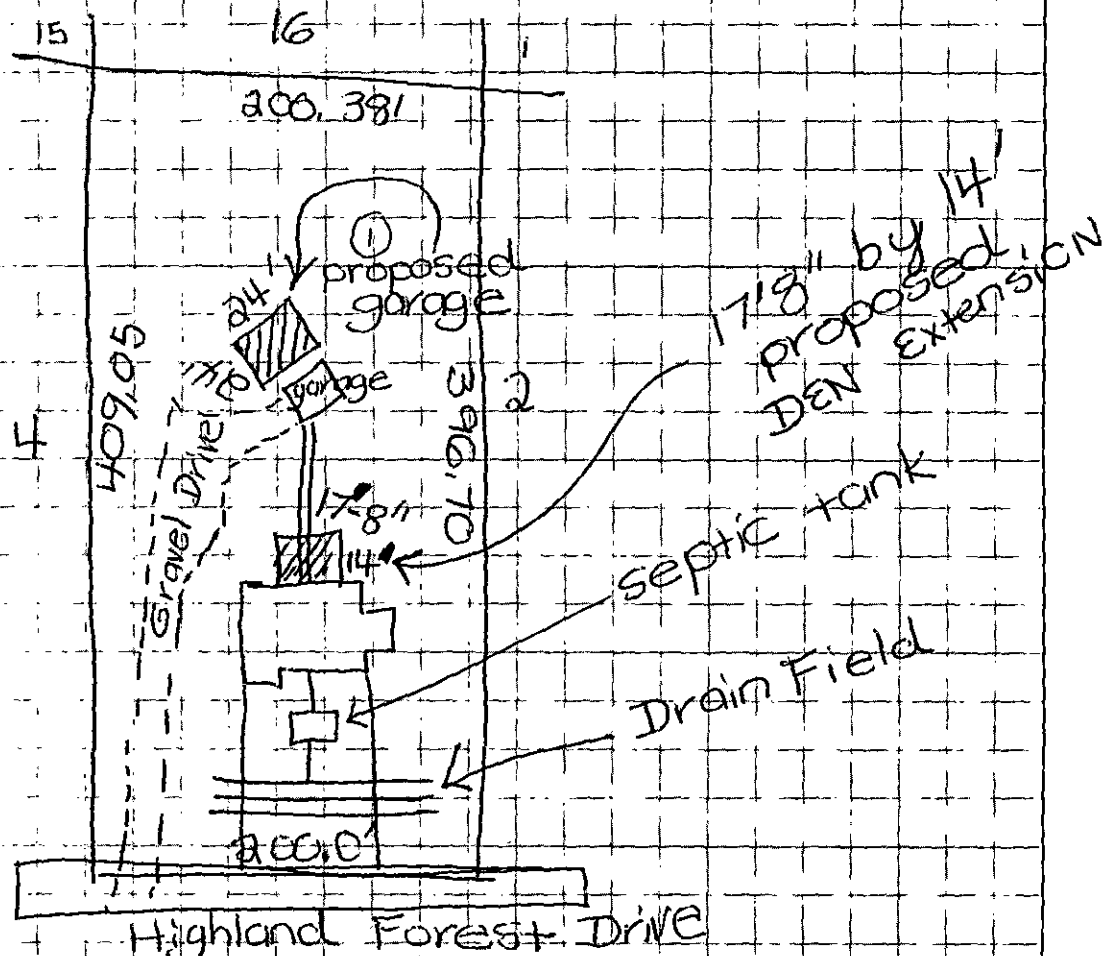
PROPOSED PLOT PLAN

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

FILE: 75 48-A

TC: 213-034-15

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.



Scale 1" = 100'

physical survey of
Lot 3 Block 1 Highland Forest
Charlotte, NC

APPROVAL DATE _____

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

P&E. 7/2/91
Ck. # 4061
Amt. 25.00

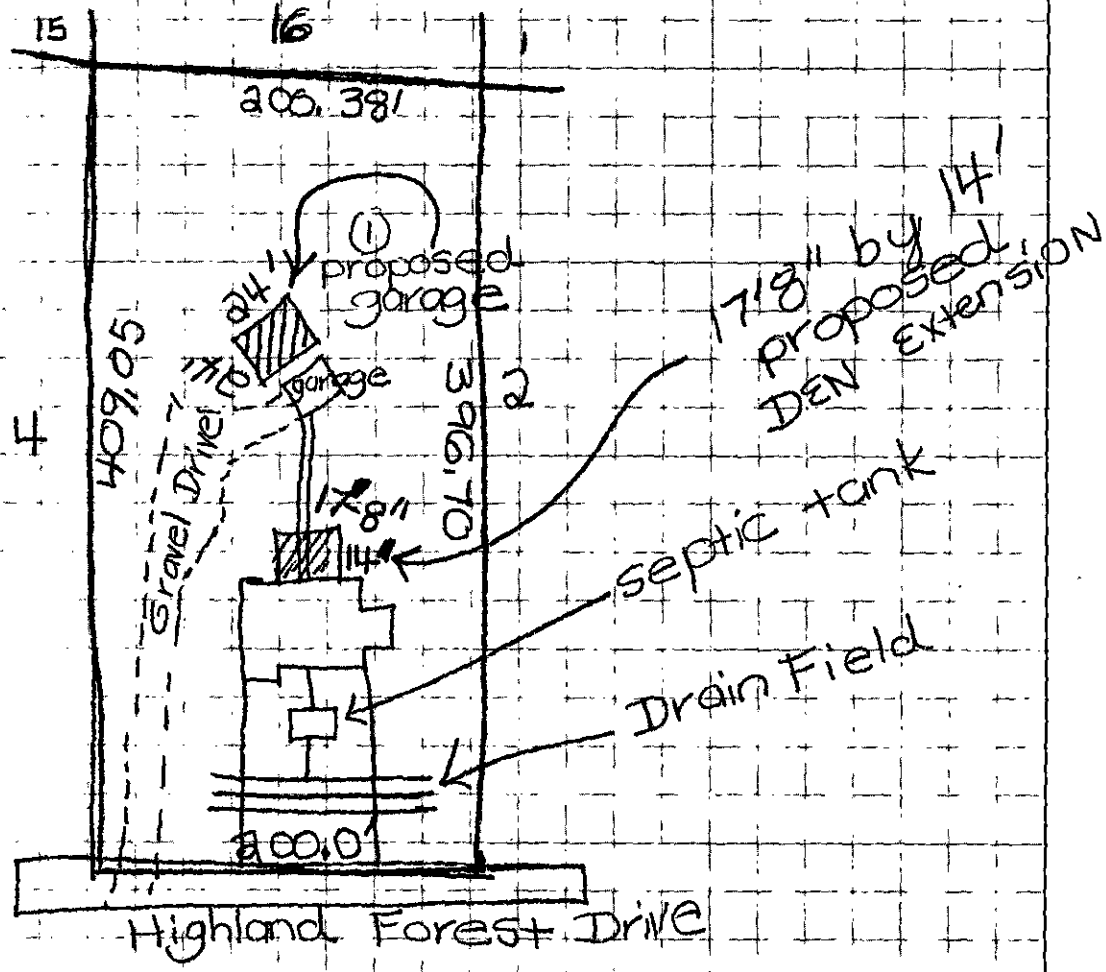
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Charlotte, NC,

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X

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SEWAGE DISPOSAL RECORD

Meck County Health Department

Lot 3 Highland Forest Dr.

Name of Occupant _____ W___ C___ Location of Building Highland Forest

Name of Owner R.W. Franklin W___ C___ Date of Installation 4-21-58

Type of Privy Constructed _____ Number _____ New or Repaired _____

Septic Tank Pre Cast (Material and Shape) Date Inspected ~~4-22-58~~ Permit No. 21485

Capacity 1000 F.H.A. Case Yes _____ No ✓

Number of Bedrooms 3 Type Secondary Treatment 240 Foot

Source of Water Supply Drilled well Distance From Nearest Pollution 60 Ft.

Contractor or Plumber D.L. Thompson Address _____

Approved by J.M. Jones

Remarks Rat 41 mg-pl- Not For Washer (Over)

N. C. STATE BOARD OF HEALTH

Form No. 473 Rev. 4/57