APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 6485A

TC:

☑ PC ☐ REPT

see 6477A
boundary
okp

JOB LOCATION

① ADDRESS: Greyfriars Road - Meck Neck

② SUBDIVISION: N/A ③ LOT: H-9 ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: PAGE NO.: PARCEL NO.: 01-353-4

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

OWNER

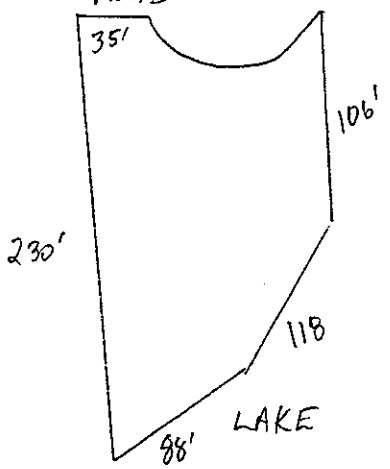
⑦ NAME: CRESCENT (FIRST) RESOURCES (MIDDLE), INC. (LAST)

⑧ MAILING ADDRESS: PO Box 30817

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28230

⑫ PHONE: (WORK) 372-3012 (HOME)

⑬ Accurately diagram and dimension lot.



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46246876024

292 Greyfriars Rd

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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Jerry C Jarvis, CPSS

Date: 1-22-90

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

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: 64854
TC: 001-353-40
SERIAL: № 20510 ☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 17246 (STREET NO.) Coney Grove (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 001-35-340
⑤ SUBDIVISION: ⑥ LOT: 9 ⑦ BLOCK:

OWNER

⑧ NAME: Crescent Resources (FIRST) Inc, (MIDDLE) (LAST)
⑨ MAILING ADDRESS: PO Box 30817
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28230
⑬ PHONE: (WORK) 382-2410 ⑭ (HOME)

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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? 6 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 C Jarvis, CPSS
Date: 3-23-90

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

Director or Authorized Section Head / Date 6-28-90

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