

11824 MCCOY RD

01727203

6/6/2007

duponbj

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

25.00

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: 5900A
TC: _____
SERIAL: № 18837
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 11824 McCoy Rd. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 01121203
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: ERNEST R. BRAGG (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 7010 Prino Rd.-LOT-10
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28216
⑬ PHONE: (WORK) 704-392-8174 ⑭ (HOME) 704-394-3004

REQUEST

This request is for a(n): Replacing mobile home with house

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? 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: John O. Ernstberger
Date: 7-13-89

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.

Use existing system

Phyllo S. Walker, 7/18/89
Environmentalist — Date

Tom Ennis, 7-19-89
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.

Serial No. 2953

LA No. N/A

Date Issued April 25, 1979

T. C. No. 017-272-03

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Pierce, (LAST) Miles (FIRST) J. (MIDDLE)

ADDRESS OF OWNER 3938 Barley Road ZIP

LOCATION OF LOT McCoy Road (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood Green LOT NO #73 BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number N/A. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

******USE EXISTING SYSTEM****

Marshall Edwards
Environmentalist

John R Atkinson
Environmental Health Director, or Authorized Section Head

EHD-5-76

MOBILE HOME

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 4/23/79

ICAR (S) Application No. N/A

T. C. No. 017-272-03

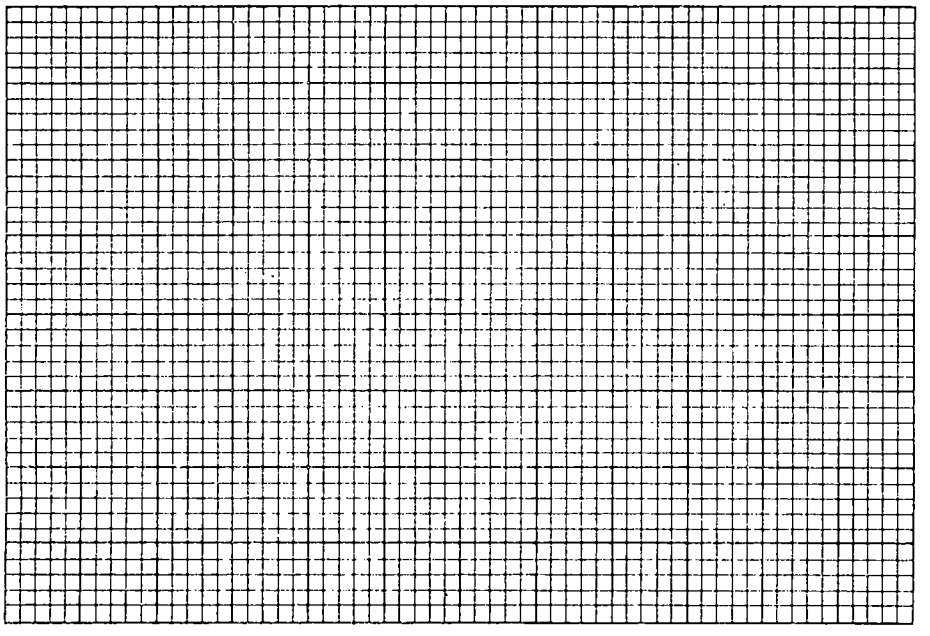
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to: use existing system

1) _____ Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No

Residence ____Yes ____No

4) No. of Bedrooms 2

5) Business Use — Max No Employees _____

6) Washing Machine ✓Yes ____No

7) Garbage Disposal ____Yes ✓No

8) Dishwasher ____Yes ✓No

9) Water Supply:
   A) Individual Well _____
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source _____

10) Sewage System:
   House located within 200 feet of public sewer ____Yes ✓No
   House located within 200 feet of community sewer ____Yes ✓No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Pierce (LAST) Miles (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER 3938 Barley Rd.

15) PHONE NO. Home _____ Office 399-6687

16) LOCATION OF SYSTEM McCoy Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Green Lot No. # 73 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? _____ YES _____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) N/A

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

4/23/79
DATE OF APPLICATION

Miles J Pierce
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 2943

LA No. N/A

Date Issued April 23, 1979

T. C. No. 017-272-03

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Pierce, (LAST) Miles (FIRST) J. (MIDDLE)

ADDRESS OF OWNER 3938 Barley Road ZIP

LOCATION OF LOT McCoy Road (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood Green Mobile Home Pk LOT NO #73 BLOCK NO.

MAP BOOK NO. PAGE NO.

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******USE EXISTING SYSTEM***** Mobile HOme

Marshall Edwards
Environmentalist

John R Atkisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

MOBILE HOME

Environmental Health Department's Copy

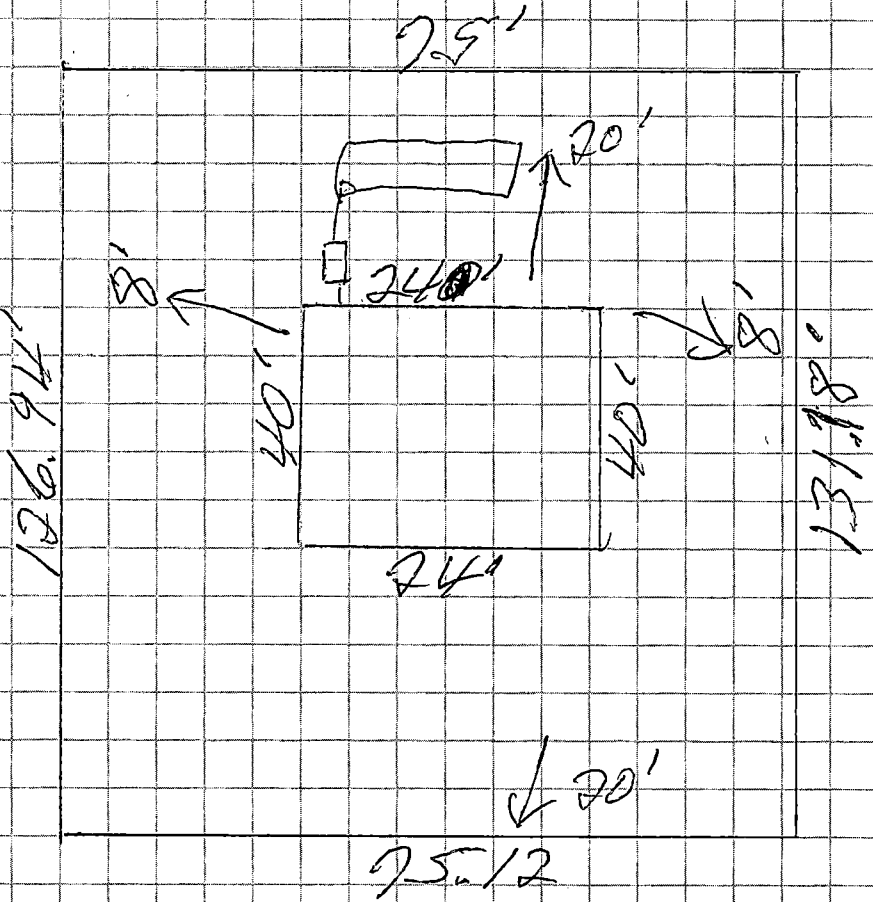
PROPOSED PLOT PLAN

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

FILE: 5900A

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.



Signed: John D. Christensen

Date: 7-13-89

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

DATE: 7/13/89

NAME/COMPANY: Ernest Bragg

Sanitation ____

Vector Control ____

OPWD ✓

SERVICE: imp - Replace MH
c/ house

5900A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUL 13 1989

FEE: 25.00

Cash 25.00

Completed By

Collected By