Date Received 9-18-84

SIR No. 21419

T. C. No. 113-201-16

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Watt (LAST) Samuel (FIRST) (MIDDLE)

2) ADDRESS OF OWNER 1416 Dean Street ZIP

3) PHONE NO. Home 377-0087 Office

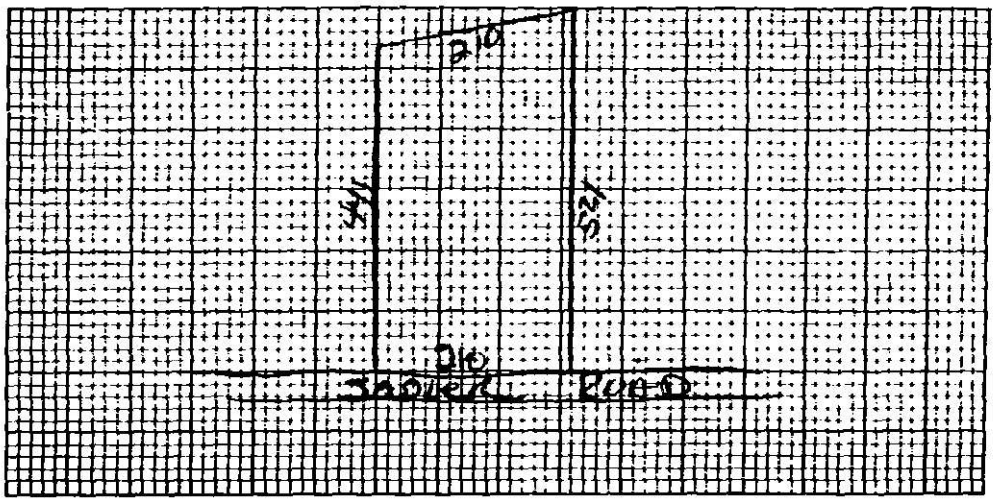
4) LOCATION OF PROPERTY Rt # 4 Box 434 1/2 Sadler Rd. SR-1150 (STREET OR COUNTY ROAD) 4614

5) SUBDIVISION Berryhill Township LOT NO. 3 BLOCK NO.

MAP BOOK NO 1120 PAGE NO 568

6) DEED REFERENCE: DEED BOOK 4869 PAGE NO. 0042

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Gladys G. Watt
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Received 9-6-84

SEE INSTRUCTIONS ON BACK

[illegible] 1984

[illegible] HEALTH

ICAR

ICAR(S) Application No. 21419

T. C. No. [illegible]

113-201-16

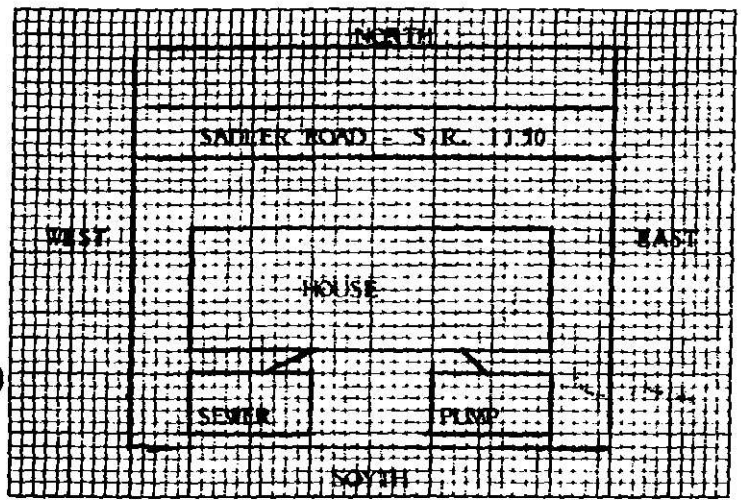
Map Date

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:

1) 2 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)
2.34 - Acres

Mobile Home ___ Yes ___ No
Residence X Yes ___ No

4) No. of Bedrooms 2
5) Business Use No. Max No. Employees ___
6) Washing Machine yes Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X No
9) Water Supply:
A) Individual Well X
B) Governmental System ___
C) Community System:
1 Well source ___
2 Governmental source ___
10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Watt, Samuel L.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 1416 Dean Street

15) PHONE NO. Home 377-0087 Office ___

16) LOCATION OF SYSTEM SEE PARCEL TAX MAP Rte. 4, Box 434½ Sadler Road S. R. 1150
STREET OR COUNTY ROAD

17) SUBDIVISION Berryhill Township Lot No. #3 Block No. ___

Map Book No. 1120 Page No. 563

18) DEED REFERENCE — DEED BOOK 4869 AT PAGE 0042

19) HAS A SOIL INVESTIGATION BEEN RUN? 4 YES ___ NO DATE RUN 12-17-64

20) PTR NUMBER (See Instructions) [redacted]

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.

August 23, 1984
DATE OF APPLICATION

Samuel L Watt
OWNER

EHB-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 9-5-84

ICAR(S) Application No. 21419

T. C. No 113-201-16

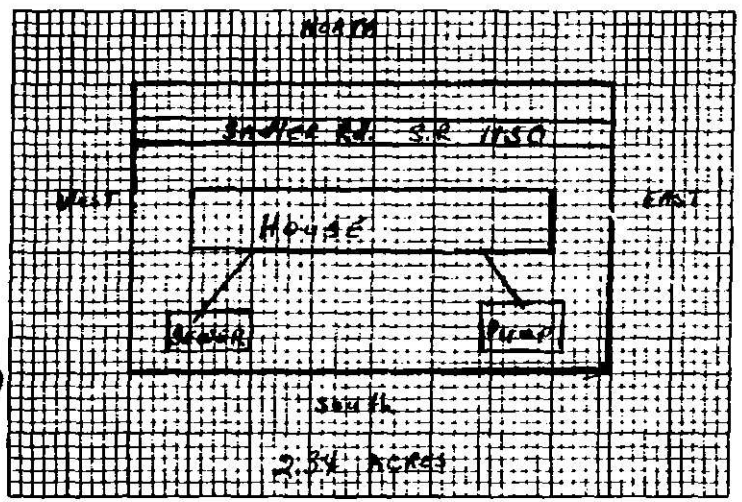
Map Date L

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:

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 WATT (LAST) Samuel (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 1416 Dean Street

15) PHONE NO. Home 377-0027 Office ___

16) LOCATION OF SYSTEM 4614 Sadler Road (STREET OR COUNTY ROAD) S.R. 1150

17) SUBDIVISION ___ Lot No. 16 Block No. ___

Map Book No. 1120 Page No. 568

18) DEED REFERENCE — DEED BOOK 4269 AT PAGE 0042

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 12-17-64

20) PTR NUMBER (See Instructions) #8355

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.

9-4-84
DATE OF APPLICATION

Samuel L. Watt
OWNER

END-5-76

Environmental Health Department's Copy

Date Issued 9-19-84

Serial No. 7860

SIR No. 21419

T. C. No. 113-201-16

Map Date L CCT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT
TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Watt, (LAST) Samuel (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 1416 Dean Street, Charlotte, NC ZIP 28216

LOCATION OF LOT 4614 Sadler Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 21419 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, altered, 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 ***

B. R. Ferguson
Environmentalist

William B. Ramsey
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy