APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Reminder: County services are available without regard to race, color, religion, national origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 21636
TC:
SERIAL: № 11957

MECK COUNTY DEPARTMENT OF
RECEIVED
DEC 17 1986
ENVIRONMENTAL HEALTH
CRT

JOB LOCATION

① ADDRESS: 4946 (STREET NO) DAVID Cox (STREET) Rd ② FILE: 21636

③ JURISDICTION: Meck County ④ TAX PARCEL NO.: 027-211-08

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Bruce & (FIRST) GAIL (MIDDLE) Lemmond (LAST)

⑨ MAILING ADDRESS: 4930 DAVID Cox Rd

⑩ CITY: Clover ⑪ STATE: NC ⑫ ZIP: 28213

⑬ PHONE: (WORK) 375 6885 ⑭ (HOME) 596-2267

REQUEST

This request is for a(n):

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

Signed Gail Lemmond

Date

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH 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 shall expire [illegible] and shall become null and void 36 months from the date of issuance.

Use Existing System

Environmentalist 12-19-86 Date

Director or Authorized Section Head 12-19-86 Date

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

C of A (s) No. 21636

Date Issued 5-30-85 Serial 7572 T. C. No. 027211-08

L 421 B.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner LEMMOND (LAST) BRUCE (FIRST) (MIDDLE)

Location of Property 4930 DAVID COX RD

Application Number 21636 Permit Number 21636

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 266' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source

Excavation Inspected 5-30-85 (DATE) Tank Inspected 5-30-85 (DATE)

Nitrification Field Inspected 5-30-85 (DATE)

Washing Machine Line Inspected, If Applicable ___ (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ✓ installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments

Kelly Rowell
Environmentalist

EHD-5-76

Date Issued 5-29-75

Serial No. 08231

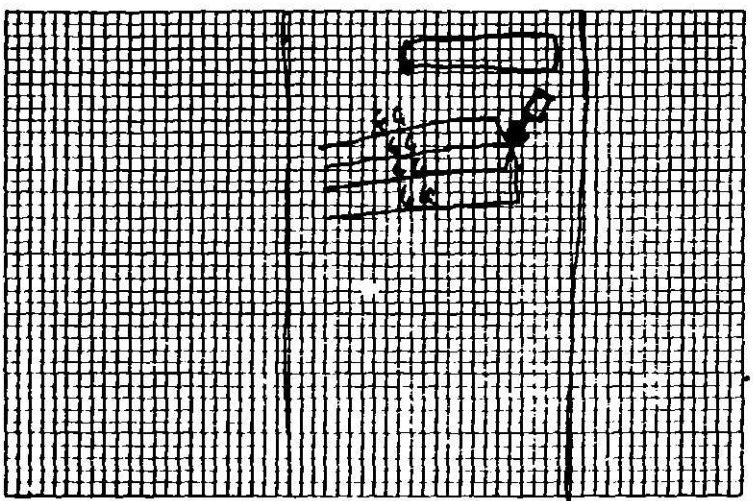
ICAR (S) Permit No. 21636

T. C. No. 027-211-07

Map Date 5-29-75

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ___ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 21636, dated 4-29-75 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before June 30, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S.

Liquid Capacity of Tank 1500

Tank Construction Concrete

Absorption and/or Nitrification Lines:

Total Line Length 266

Number of Lines 4

Distance from House 10

Distance from Property Line 10

Distance from Well 50

NAME OF OWNER Bruce Lemmond

LOCATION OF PROPERTY 4930 David Cox Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments:

Division or Section Head

W. B. Ramsey
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Applicant's Copy

Date Issued 4-30-85

Serial No. 8475

SIR No. 21636

T. C. No. 027-211-08

Map Date L CRT 15. 5/1/85

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Environmental 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 Lemmond, (LAST) Bruce & Gail (FIRST, MIDDLE)

ADDRESS OF OWNER 4930 David Cox Rd., Charlotte, NC 1 ZIP 28213

LOCATION OF LOT 4946 David Cox 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 21636 — 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.

Kelly Ruff
Environmentalist

David D. Hutchings Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

Date Received 4-29-85

RECEIVED
APR 29 1985
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 21636

T. C. No. 027-211-08

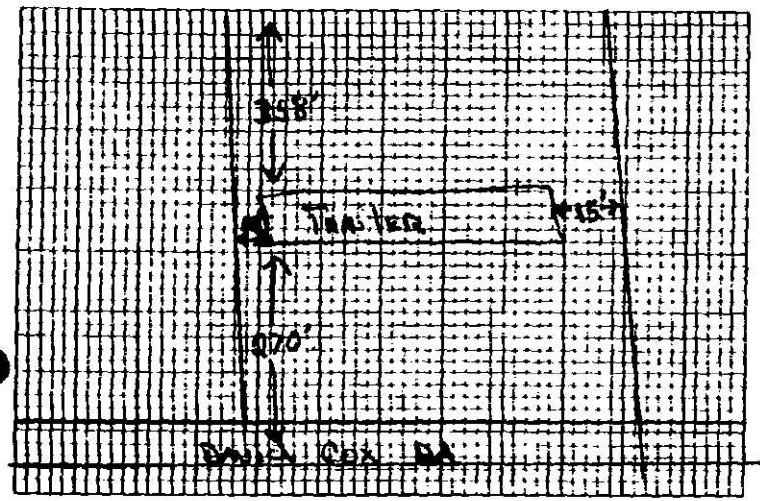
Map Date

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) ✓ 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 Lemmond (LAST) Bruce + GAIL (FIRST, MIDDLE)

14) ADDRESS OF OWNER 4930 David Cox Rd

15) PHONE NO. Home 596 2267 Office 378-6885

16) LOCATION OF SYSTEM 4946 David Cox Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ 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 3-20-85

20) PTR NUMBER (See Instructions) ___

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.

3-20-85
DATE OF APPLICATION

Gail Lemmond
OWNER

EHD-S-76

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

April 29, 1985

Environmental Health Department
1200 Blythe Boulevard
Charlotte, North Carolina 28203

Attention: Mr. Bill Hardister

Subject: Mobile Home Placement

Dear Mr. Hardister:

The parcel of land located at 4916 David Cox Rd
and further identified by tax parcel number 027-211-08
is zoned RU(CD) (Rural).

Permitted uses in this district include: Mobile Homes on individual lots

If this office can be of further assistance, please contact us.

Sincerely,

Robert L Burnett

Zoning Inspector

Form B-152 NS
11/84 59/bbb

Serial No. 5966

SIR No. 21636

Date Issued 12-3-84

T. C. No. 027-211-08

Map Date L

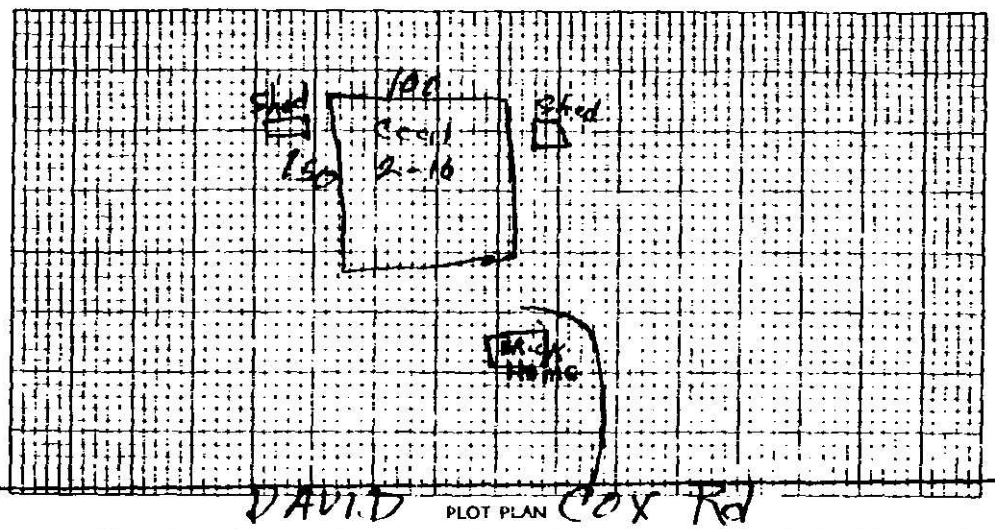
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
SOIL INVESTIGATION REPORT

NAME OF OWNER Lemmond, (LAST) Bruce (FIRST) N. (MIDDLE)

ADDRESS OF OWNER 4930 David Cox Rd., Charlotte, NC ZIP 28213

LOCATION OF PROPERTY 4930 David Cox Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____



PLOT PLAN

This is to certify that a soil investigation and on-site investigation was made by the Mecklenburg County Department of Environmental Health on the lot described above. The said investigation was conducted on that portion of the lot as indicated on the above plot. The permeability rate determined by the investigation was PROVISIONALLY SUITABLE. The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter or repair the [illegible] system shall be obtained from the Mecklenburg County Department of Environmental Health prior to the beginning of any [illegible] of the wastewater treatment system on the said lot.
2. The size of the septic tank and the [illegible] shall be determined by the Mecklenburg County Department of Environmental Health [illegible] the size and type of [illegible]
3. The [illegible] on the above plot.
4. This approval is [illegible] in the opinion of the Mecklenburg County Department of Environmental Health [illegible] located as acceptable for [illegible]

This approval is issued in accordance with the laws, rules and regulations of the North Carolina Department of Human Resources, Division of Health Services, and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

W. B. Ramsey
Soil Scientist

Brice D. Hardister
Environmental Health Director or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21636

T.C. NO. 027-211-03

(Ground Absorption Sewage Disposal)

OWNER: BRUCE N. LEMMOND PLAT NO:
ADDRESS: 4930 DAVID Cox Rd 28213 LOT SIZE: 1A

LOCATION OF SITE: 4930 DAVID COX RD

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U — 2-10	S PS U	S PS U	S PS U
2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay)	S (PS) U — Clay	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U — Blocky	S PS U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U — 41-45"	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U — None	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U — Adequate	S PS U	S PS U	S PS U
7. OTHER (Specify)	S PS U	S PS U	S PS U	S PS U

8. SOIL GROUP — IV

9. SITE CLASSIFICATION — Provisionally Suitable

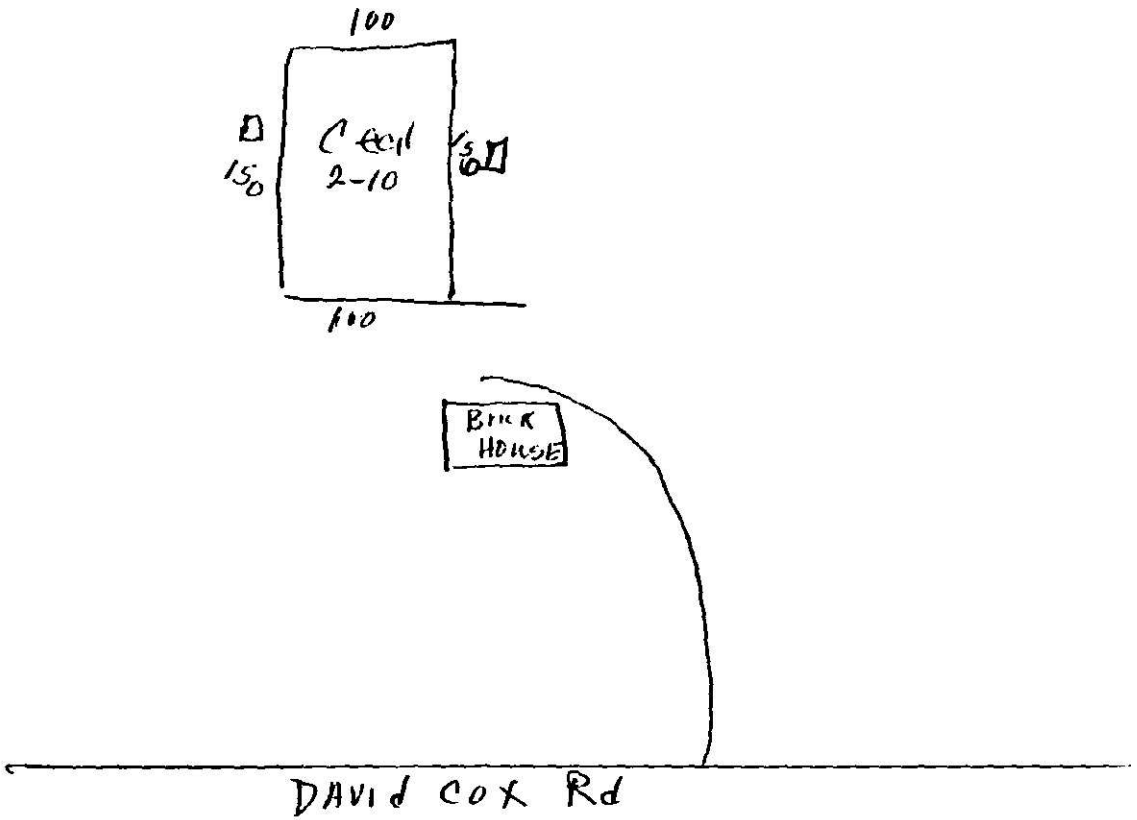
10. SOIL SERIES — [illegible]

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes soil areas, property lines, roads streams, gullies, cut areas, fill areas, wells, water bodies, slopes)

Recommendations/Comments: _____

Described by: [illegible] Date: 4-30-85
Title. [illegible]


100
Cecil
2-10
150
150
BRICK
HOUSE
DAVID COX Rd

Date Received 11/20/84

SIR No. 21636?

T. C. R. 227-211-08

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Lemmond (LAST) Bruce N. & Gail H. (FIRST) (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO. Home 596-2217 Office 394-3552

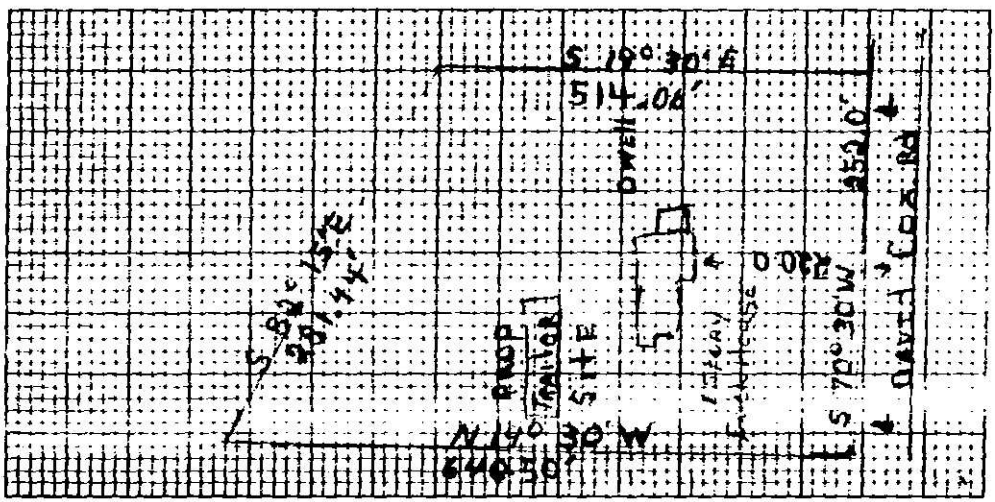
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. [illegible] PAGE NO. [illegible]

6) DEED REFERENCE: DEED BOOK 4418 PAGE NO. 894

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

[signature] [signature]
OWNER

EHD-5-76

Environmental Health Department's Copy