Date Received July 25 84

SIR 21264

Repair to be attempted via diversion of surface water. BOH 8/20/84

MECKLENBURG COUNTY ENGINEERING OFFICE
RECEIVED
JUL 25 1984

ICAR(S) Application No. 21264

T. C. No. 001-111-22

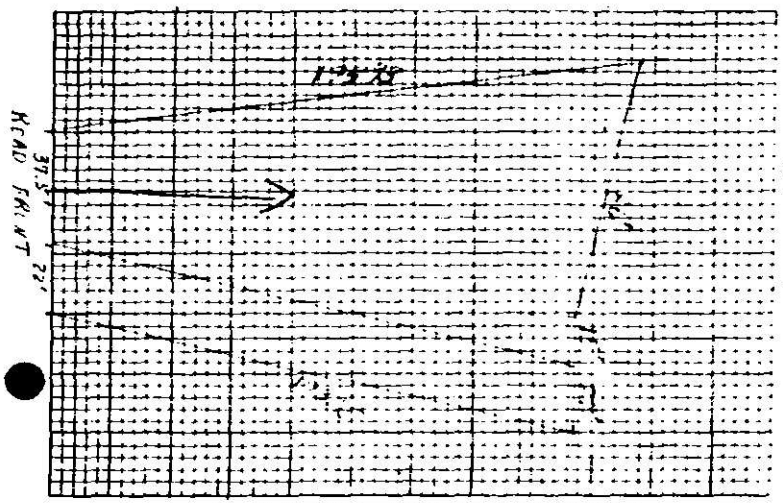
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(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: Install a second septic tank

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 X Yes ___ No

4) No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X Yes ___ No
9) Water Supply
A Individual Well ___
B Governmental System ___
C Community System
1 Well source X
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) FmHA Case No ___
12) VA Case No ___

13) NAME OF OWNER GODFREY (LAST) PAUL (FIRST) DAVID (MIDDLE)

14) ADDRESS OF OWNER 1744 CAVENDISH Ct

15) PHONE NO. Home 366-1274 Office 372 5900

16) LOCATION OF SYSTEM 21223 Island Forest DR (STREET OR COUNTY ROAD)

17) SUBDIVISION Island Forest Lot No. 62 Block No. ___

Map Book No. 12 Page No. 331

18) DEED REFERENCE — DEED BOOK 2774 AT PAGE 313

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN 1966

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.

July 25 84
DATE OF APPLICATION

Paul D Godfrey
OWNER

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 21264
TC:
SERIAL: Nº 13237

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
APR 24 1987
ENVIRONMENTAL HEALTH ☐ CRT

JOB LOCATION

① ADDRESS: 21223 (STREET NO) Island Forest Dr. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 001-111-22
⑤ SUBDIVISION: Island Forest ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Vance (FIRST) Wofford (MIDDLE) Singleton (LAST)
⑨ MAILING ADDRESS: 21223 Island Forest Dr.
⑩ CITY: Davidson ⑪ STATE: N.C. ⑫ ZIP: 28036
⑬ PHONE: (WORK) 394-3933 ⑭ (HOME) 892-5844

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? 3 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: Vance W. Singleton
Date: 4-23-87

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:

1. No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and or Repair permit is issued by this Department.
2. 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

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

Date Received 4-5-85

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
APR 5 1985
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 21264

T. C. No. 001-111-22

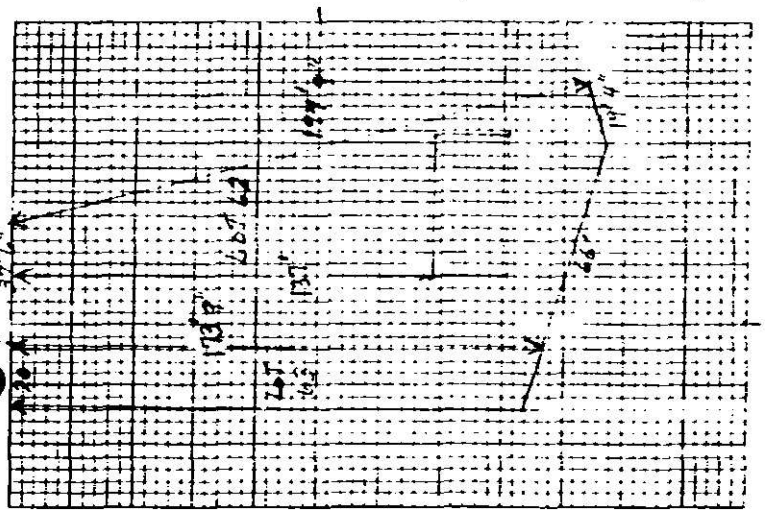
Map Date

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)

4 Mobile Home ... Yes ... No
Residence ... X Yes ... No
4 No of Bedrooms 3
5 Business Use — Max No Employees
6 Washing Machine ... X Yes ... No
7 Garbage Disposal ... Yes ... No
8 Dishwasher ... X Yes ... No
9 Water Supply
A Individual Well
B Governmental System
C Community System
1 Well source X
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 [illegible] Paul D.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible] Charlotte N.C. 282[illegible]

15) PHONE NO. Home [illegible] Office 372-5900 EXT 2372

16) LOCATION OF SYSTEM [illegible]
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. 20' of 61 Block No.

Map Book No. [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK 2699 AT PAGE 155 Additional 20' Lot 63

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

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.

4-2-85
DATE OF APPLICATION

Paul D. [illegible]
OWNER

EHD-S-76

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

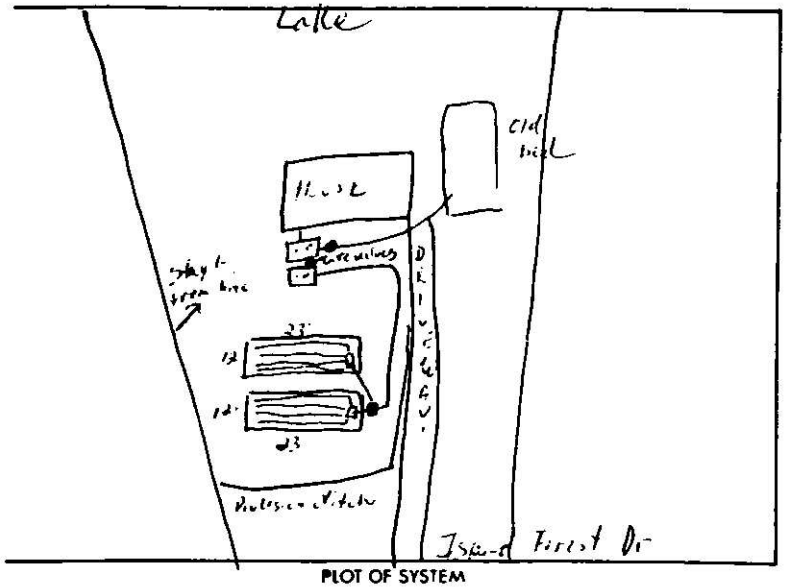
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21264 DATE: 4/3/90

TC: 104-111-F2 ☐ L

SERIAL № 13094

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 the application dated _____. All work shall be completed on or before 2/5/90, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank ~~1000~~ gallons

Liquid Capacity of Dosing Tank 1000 gallons

Tank Construction FCC

Absorption and or Nitrification ~~Lines:~~ Bed

Trench Width 2 @ 12' feet

Total Line Length 2 - 23' 184' feet

Number of Lines 8 Total 1

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 5 feet

Distance from Well >50 feet

NAME OF OWNER Carl Singleton

LOCATION OF PROPERTY 21223 Island Forest Dr

Comments: 2 beds @ 12'wd x 23'lng, x 12" stone. Set washer box at pump supply line. Put 2" gate valves on septic tank to utilize old bed

Division or Section Head

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 21264 DATE: 2/8/90

TC: 091 - 111 - 22 ☐ L ☐ CRT

SERIAL Nº 13139

Name of Owner Cecil Singleton Juris.:

Address of Property 21223 Island Forest Dr

Inspection Data:

Tank Material FCC

Total Length of Drainfield 208

Number of ~~Lines~~ 2 bed 15 wd x 22 long @ → 15 wd x 30 long

Cover Depth 10"

Water Supply Source com. well

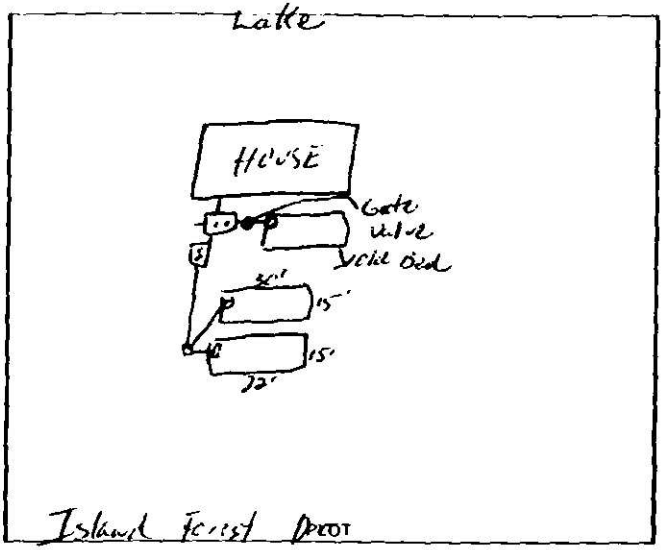
Distance to Water Source 750

Excavation Inspected 2/8/90

Tank(s) Pump Inspected 2/8/90

Wash Line Inspected N/A

High Water Alarm Inspected 2/6/90



Design: 1990 Repair, 1000 Lift station, 6 BR SFD CTR# 52

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: Repair for 3 bedroom house

Phillip S Walker
Environmentalist

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