SEE INSTRUCTIONS ON BACK

Date Received 6-17-82

ICAR(S) Application No 18790

T. C. No 029-321-16

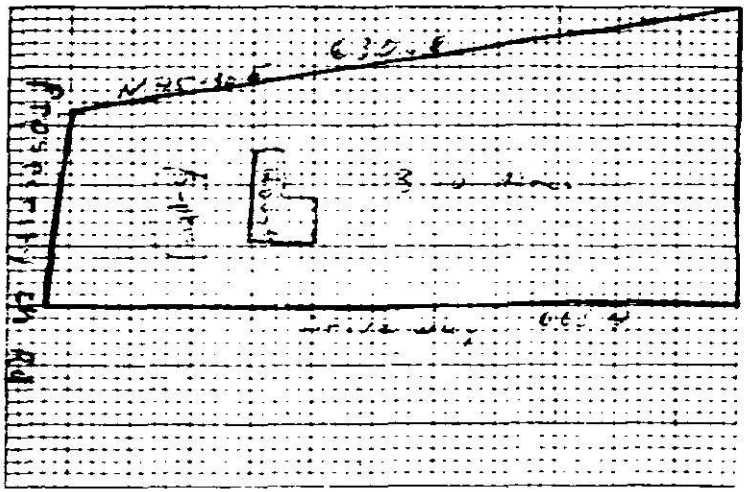
Map Date

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) ___ 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 4
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 [illegible] (LAST) [illegible] (FIRST) D (MIDDLE)

14) ADDRESS OF OWNER [illegible] 28213

15) PHONE NO Home 596-6912 Office ___

16) LOCATION OF SYSTEM 7704 [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ___ NO DATE RUN 1957

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

6-16-82
DATE OF APPLICATION

[illegible]
OWNER

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 21 Jun 82

Serial No. 5530

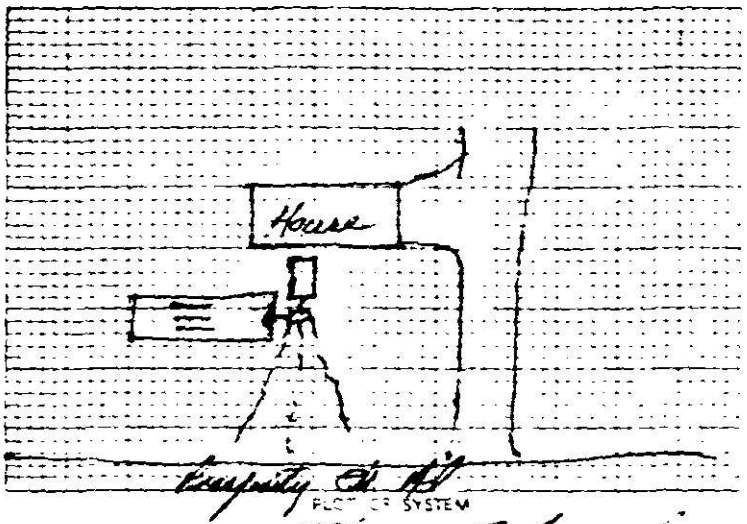
ICAR(S) Permit No. 18790

T. C. No 029-321-16

Map Date

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 18790 dated 17 Jun 82 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 _____, after which date this permit shall be null and void



Permeability Rate _____

Daily Capacity or Tank Size _____

Type Construction _____

Absorption Area or Nominal Trench Size _____

Total Line Length 100 Lft

Number of Lines 3 (12'X 33'X 17")

Distance from House >10

Distance from Property Line >10

Distance from Well >100'

NAME OF OWNER Ellis, Earl D.

LOCATION OF PROPERTY 4704 Prosperity Ch. Rd.

This 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 will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any loss resulting from the failure of the system to operate properly.

Comments _____

Division or Section Head _____ Environmentalist M. L. Pixley

* 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-S-76

C of A (s) No. 18790

Date Issued 7/30/82 **Serial** 5169 T C. No. 029-321-16

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 ELLIS, EARL (LAST, FIRST, MIDDLE)

Location of Property 4704 PROSPERITY CHURCH ROAD

Application Number 18790 Permit Number 18790

Inspection Data:

Liquid Capacity of Tank EXISTING Tank Material EXISTING

Total Length of Drain Tile 100' Number of Lines 3

Depth of Filter Material 34" Cover Depth 24"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7/30/82 (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, 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 REPAIR W/ 9'X17'X34" OF STONE

R. Wingfield
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH OFFICE

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: 1890
TC:
SERIAL: № 18189

☐ CRT

JOB LOCATION

① ADDRESS: 4700 (STREET NO) Prosperity Ch. Rd. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 02932116
⑤ SUBDIVISION: NO ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: JERRY (FIRST) Robert (MIDDLE) ELLIS (LAST)
⑨ MAILING ADDRESS: 4700 Prosperity Ch. Rd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) 547-0244 ⑭ HOME 547-0244

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☐ Repair or alteration permit ⑱ ☒ Other specify Current 16'x40'

DESIGN CRITERIA

System will serve

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉓ Type?
㉓ Maximum occupancy? 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 Ellis
Date: 4-18-89

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.

Environmentalist — Date

D. R. Douglas 4-19-89
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 4/18/89

Name/Company Gerry Ellis

Sanitation ____
Vector Control ____
O.P.W.D. ____

Service: sign permit - add. 1,775

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 18 1989

7-12-89

Fee: $ 20.00

Completed by

Collected by

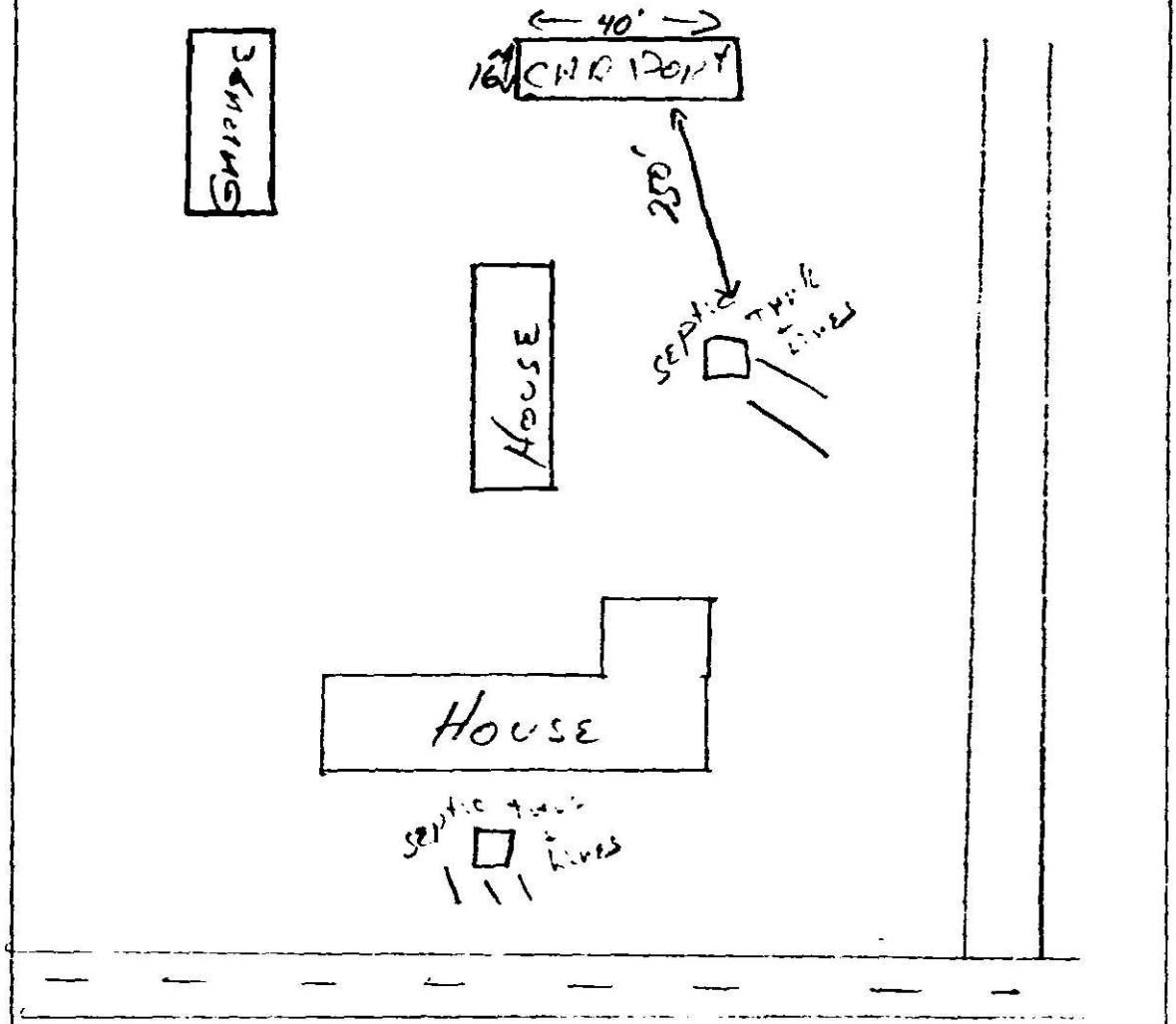
PROPOSED PLOT PLAN

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

FILE: 18790

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: _____

Date: 4-18-89