

5916 MIDSOMER RD

5/29/2007

duponbj

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

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: 5062A

TC: _____

SERIAL: No 16998 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5616 (STREET NO.) MIDSOMER (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 113-082-01

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Wm. (FIRST) SYDNEY DANA (MIDDLE) ALLING ELDER (LAST) ELDER

⑨ MAILING ADDRESS: 5616 MIDSOMER Rd.

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28214

⑬ PHONE: (WORK) 803 684-3440 ⑭ (HOME) 399-9894

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☑ Other (specify) ENLARGE LIVING ROOM - UPSTAIRS - ADD 3 BEDROOMS & TWO BATH & LAUNDRY ROOM DOWNSTAIRS - CHANGE 3 EXISTING BEDROOMS TO DEN + STUDY + ELIMINATE LAUNDRY ROOM

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 HEALTH DEPARTMENT to enter on the property for the purpose of processing this request.

Signed: Sydney A. Elder

Date: _____

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. May use existing system

Judy J. Kiser R.S. 10/6/88
Environmentalist Date

D. W. Wood R.S. 10/6/88
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 9/27/88

Name/Company S. A. Elder

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp/Addition
50621

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 27 1988

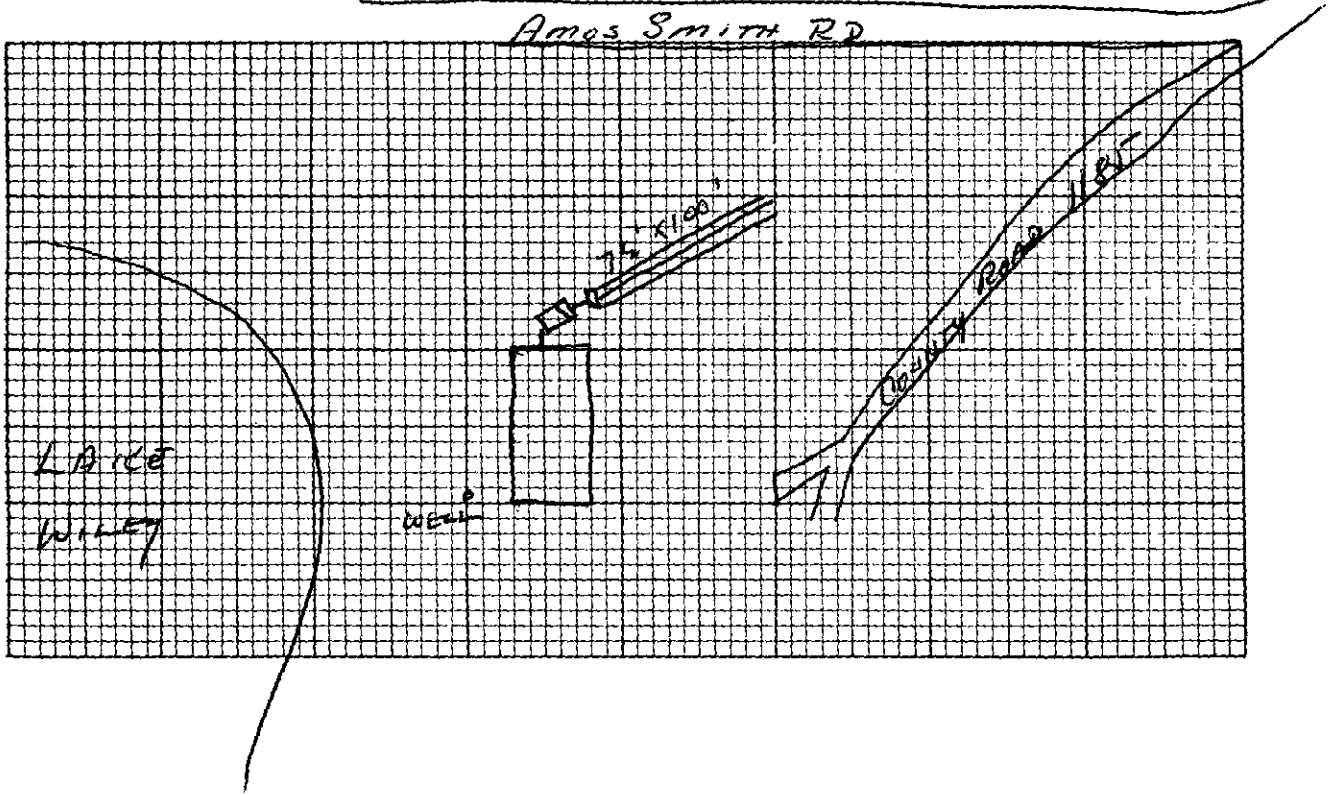
CR #1612
$20.00

Fee: $ 20 —

Completed by

Collected by

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



5062A

LOCATION OFF AMOS SMITH RD. OWNER DAVID R. ELLSWORTH WHITE _____ COLORED _____

ADDRESS END OF COUNTY RD. 1185 OCCUPANT SAME WHITE _____ COLORED _____

PRIVY:

Type _____ wood _____ concrete

Number _____

New _____ _____ date

Repaired _____ _____ date

WATER SUPPLY:

Source WELL

If well, type

_____ (Bored)

✓ (Drilled)

_____ (Dug)

Distance from nearest pollution 50 ft.

SEPTIC TANK:

Material PRECAST CONCRETE

Dimensions 1000 GAL.

Volume 1000 GAL.

Type secondary treatment 300 FT. 7½ X 100' nitrification line

FHA CASE NUMBER _____

VA CASE NUMBER _____

~~#10 STONE filter trench~~

No. of bedrooms 3

Permit Number 6653 Date 6-19-69

Approved N. D. Crum Date 6-19-69

Approved by ✓

Contractor or Plumber BILL BRADFORD

Address HUNTERSVILLE, N. C.

Remarks P. R. 30

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

PROPOSED PLOT PLAN

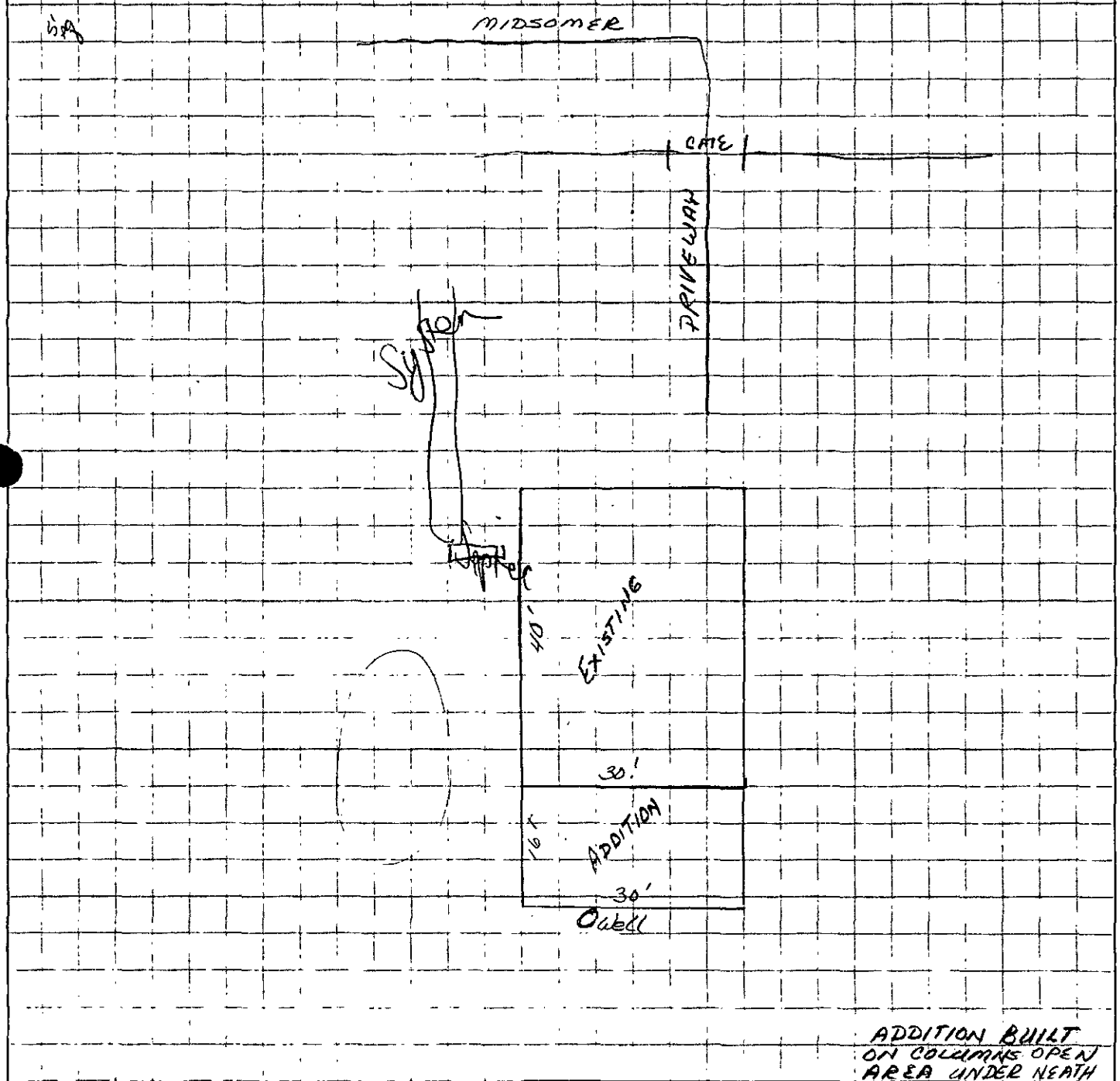
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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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.



ADDITION BUILT ON COLUMNS OPEN AREA UNDER NEATH

Signed: Sydney A. Sloan

Date: 9-27-88