Date Issued 5-1-84

Serial No. 07265

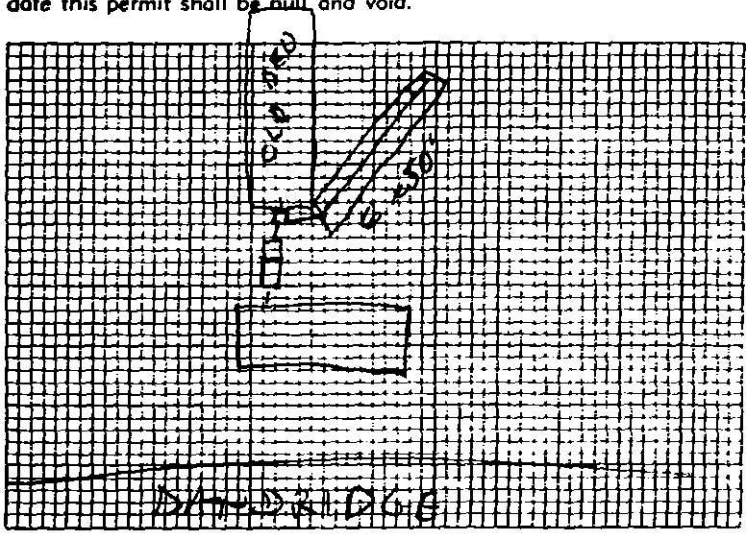
ICAR(S) Permit No. 21102

T P C No. 135-343-13

Map Date L

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 21102, dated 5-25-84 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.



PLOT OF SYSTEM

Permeability Rate REPAIR

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 2 x 50

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER BELK, JOHNNY

LOCATION OF PROPERTY 3617 DANDRIDGE CR

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.

1 bed x 6 x 50 w/12" stone w/ gr-n cover — 1st check plumbing

Comments: from tank to d-box and check for clogs

Division or Section Head

Environmentalist Kelly Randall

* 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

SEE INSTRUCTIONS ON BACK

Date Received 5-25-24 | ICAR(S) Application No. 21102

T. C. No. 135-342-N

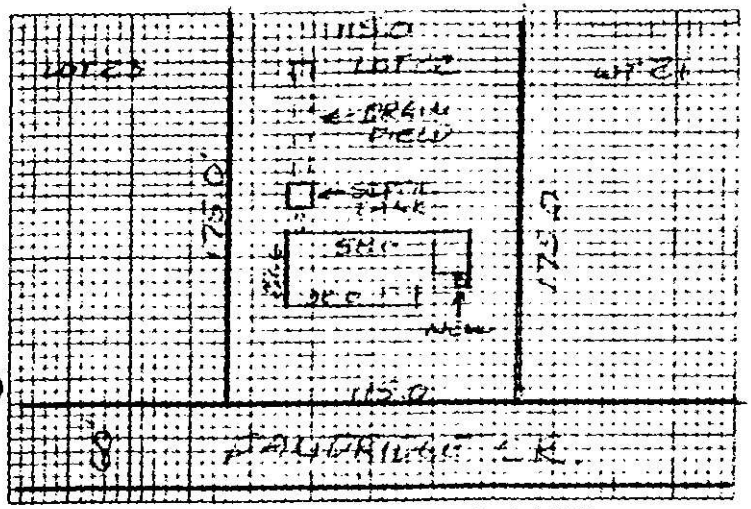
Map Date L

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)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
5) No. of Bedrooms 3
6) Business Use — Max. No. Employees ___
7) Washing Machine ✓ Yes ___ No
8) Garbage Disposal ___ Yes ✓ No
9) Dishwasher ✓ Yes ___ No
10) Water Supply
A) Individual Well ✓
B) Governmental System ___
C) Community System
1) Well source ___
2) Governmental source ___
11) 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 ECK (LAST) JOHNNY (FIRST) MAC (MIDDLE)

14) ADDRESS OF OWNER 3617 FAIRFIELD DR. MATTHEWS, NC

15) PHONE NO. Home 847-2[illegible] Office 847-1047

16) LOCATION OF SYSTEM 3617 FAIRFIELD DR (STREET OR COUNTY ROAD)

17) SUBDIVISION LAKE WEST Lot No 2 Block No. —

Map Book No. 3 Page No. 221

18) DEED REFERENCE — DEED BOOK 4[illegible] AT PAGE 512

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES ✓ 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.

5-23-24
DATE OF APPLICATION

Johnny Mac Eck
OWNER

EHD-S-76

C of A (s) No 21102

Date Issued 7-3-84 **Serial** 6771 T C No 135,943 L CRT

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 BELK (LAST) JOHN (FIRST) ____ (MIDDLE)

Location of Property 3617 DANDRIDGE ~~ST~~ CIR

Application Number 21102 Permit Number 21102

REPAIR

Inspection Data:

Liquid Capacity of Tank 1000 ? Tank Material HOMEMADE CONCRETE

Total Length of Drain Tile 150' Number of Lines 1 x 6' x 50'

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 7-3-84 (DATE) Tank Inspected 7-3-84 (DATE)

Nitrification Field Inspected 7-3-84 (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 ____

Environmentalist

EHD-S-76

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: 2102
TC: 135 3631
SERIAL: № 19086 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3617 [illegible] (STREET NO / STREET) ② FILE:
③ JURISDICTION: Matt ④ TAX PARCEL NO.:
⑤ SUBDIVISION: LAKE HAVEN ⑥ LOT: 22 ⑦ BLOCK:

OWNER

⑧ NAME: [illegible] (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS:
⑩ CITY: ⑪ STATE ⑫ ZIP:
⑬ PHONE: (WORK ⑭ (HOME

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? 4 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: [signature]
Date: 2/6/92

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

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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

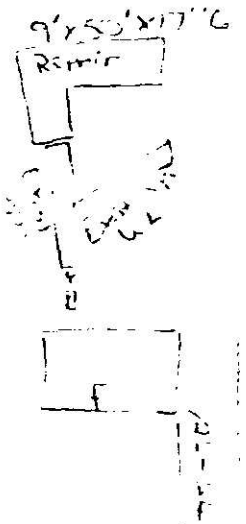
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7 11 D 2 DATE: 2/27/97

TC: 135-343-13 01

SERIAL Nº 14636

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 2/19/97. All work shall be completed on or before 3/27/98, 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 ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and or Nitrification Lines.

Trench Width 9' feet

Total Line Length 150' feet

Number of Lines 1 bed

Depth of Stone 17" inches

Distance from House 15 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

Comments: [illegible]

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: 21162 DATE: 2/28/90

TC: 135 34313 ☐ L ☐ CRT

SERIAL № 13159

Name of Owner John & Edna Jordan Juris.: MAH

Address of Property 3619 Dandridge Circle

Inspection Data:

Tank Material —

Total Length of Drainfield 150'

Number of Lines 1 @ 50'

Cover Depth 2'+

Water Supply Source Public

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: Repair, 1991 CTR# 1471

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: (1) 9'X50'X2'6". Repaired off old sys. over-dug into NEW bed

Tim Whitaker R.S.
Environmentalist

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