APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

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

(OFFICE USE ONLY)
FILE: 21653
TC: _____
SERIAL: № 17170

ENVIRONMENTAL HEALTH DIVISION ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9300 (STREET NO) Dorcas Ln (STREET) ② FILE: SIR 21653

③ JURISDICTION: Meck. ④ TAX PARCEL NO.: 141-121-07

⑤ SUBDIVISION: Croftdale ⑥ LOT: 3 ⑦ BLOCK: C

OWNER

⑧ NAME: Joel (FIRST) Wayne (MIDDLE) Wooten (LAST)

⑨ MAILING ADDRESS: 6228 Knollgate Dr

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28212

⑬ PHONE: (WORK) 398-0844 ⑭ (HOME) 532-6724

REQUEST

This request is for a(n):

⑮ [X] New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ [X] Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3 ㉕ Type? _____

㉓ Maximum occupancy? 2 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes [X] no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A [X] 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: Joel Wayne Wooten

Date: 11-4-88

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.

_____ Date
Environmentalist

_____ Date
Director or Authorized Section Head

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

DATE: 11/4/88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MCR

PARCEL NUMBER 141-121-07

ASSIGNED ADDRESS 9300 Dorcas Ln.

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. COMMERCIAL DRAINAGE PLAN		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	*	
6. PROPERTY FRONTS ON THOROUGHFARE	YES *	NO
7. DRIVEWAY PERMIT REQUIRED	YES *	NO

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARK : Septic tank - SF Home

NOTE: THIS FORM MUST BE PRESENTED AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 02/86

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: _____

TC: _____

SERIAL: 17'70

☐ L ☐ CRT

pd 150 21652

JOB LOCATION

① ADDRESS: 9300 (STREET NO.) Dorris Ln (STREET) ② FILE: [illegible]

③ JURISDICTION: [illegible] ④ TAX PARCEL NO.: [illegible]

⑤ SUBDIVISION: [illegible] ⑥ LOT: 3 ⑦ BLOCK: [illegible]

OWNER

⑧ NAME: [illegible] (FIRST) [illegible] (MIDDLE) [illegible] (LAST)

⑨ MAILING ADDRESS: [illegible]

⑩ CITY: [illegible] ⑪ STATE: [illegible] ⑫ ZIP: [illegible]

⑬ PHONE: (WORK) [illegible] ⑭ (HOME) [illegible]

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? _____ ㉕ Type? _____

㉓ Maximum occupancy? 7 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

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Signed: _____

Date: ____/____/____

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____/____/____
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.

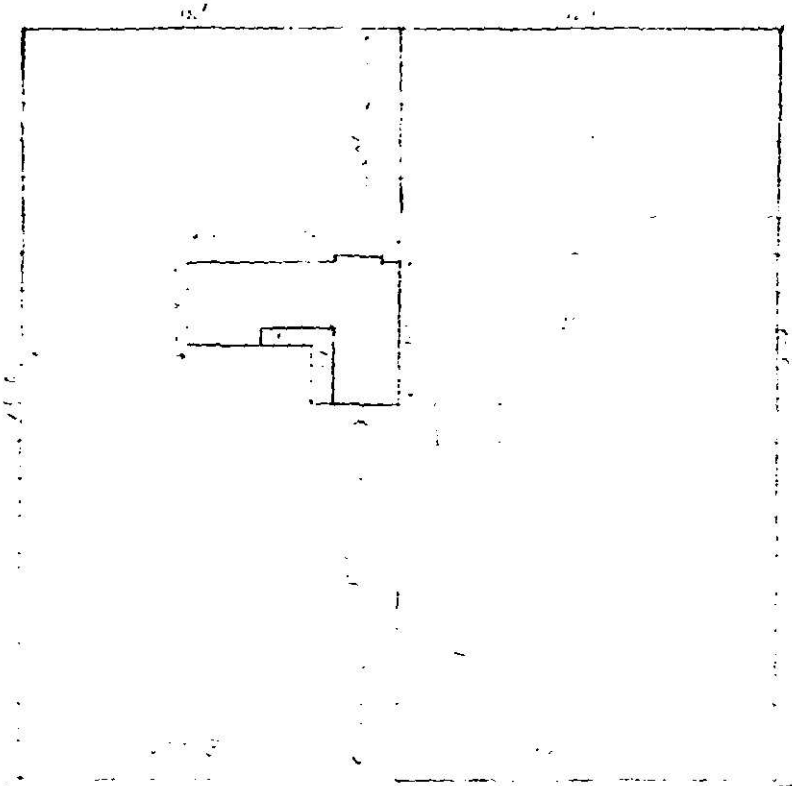
PROPOSED PLOT PLAN

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

FILE: 21653

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. Block C



Signed: Jud Wayne Watson

Date: 1-4-85

DEPARTMENT OF [illegible]

S.I.R. NO. 21453

T.C. NO. [illegible]

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY,
NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21653

T.C. NO. [illegible]

(Ground Absorption Sewage Disposal)

OWNER: [illegible]
ADDRESS: [illegible]
LOCATION OF SITE: [illegible]

PLAT NO: [illegible]
LOT SIZE: [illegible]

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1. SLOPE (%)	S (PS) U	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	S PS U	S PS U	S PS U
3. SOIL STRUCTURE (12-36 inches)	S (PS) U	S (PS) U	S PS U	S PS U
4. SOIL DEPTH (inches)	S (PS) U	S PS U	S PS U	S PS U
5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock)	S (PS) U	S PS U	S PS U	S PS U
6. SOIL DRAINAGE/GROUNDWATER (external and internal)	S (PS) U	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				
9. SITE CLASSIFICATION				
10. SOIL SERIES				

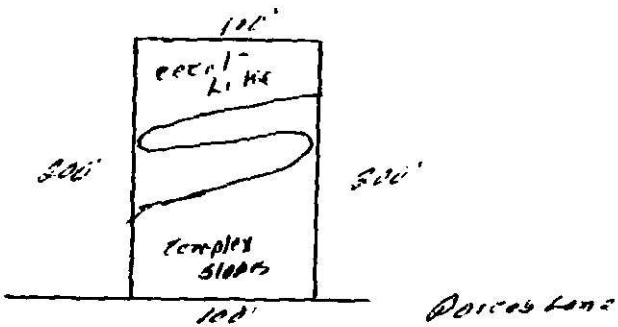
S - Suitable PS - Provisionally Suitable U - Unsuitable

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

Recommendations/Comments: [illegible]

Described by: [illegible]
Title: [illegible]

Date: [illegible]


100'
500'
500'
100'
Dorcas Lane

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE NORTH CAROLINA 28203

SIR. NO. 21653
T.C. NO. PO 141-121-07
DATE: 1-7-85

Metrolina Land Company
P.O. Box 19444
Charlotte, NC 28219

RE: Property located at Dorcas Lane, Lot 3, Blk. C

At your request, a field investigation was conducted on the property designated above. The soils on the property were found to contain a limited area of provisionally suitable soil for the installation of a ground absorption sewage disposal system. A copy of the site evaluation report is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit plot plans for the proposed construction, well, and ground absorption sewage disposal system to this office. They will be reviewed and if it is found that there is an adequate area of provisionally suitable soil to accommodate the proposed installation, an Improvements Permit will be issued by this office.

If I may be of assistance, please feel free to call.

Sincerely,

Bill D. Hardister, Jr.
Environmental Health Supervisor

BDH/kbg

Enclosure

Date Received 12-3-84

RECEIVED
DEC 1984
ENVIRONMENTAL HEALTH

SIR No. 21653
T. C. RD. 141-121-07
Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Metrolina Land Co.
(LAST) (FIRST) (MIDDLE)

2) ADDRESS OF OWNER Airport Office Ctr. P.O. 19444 ZIP 28219

3) PHONE NO. Home _____ Office 704-392-0668

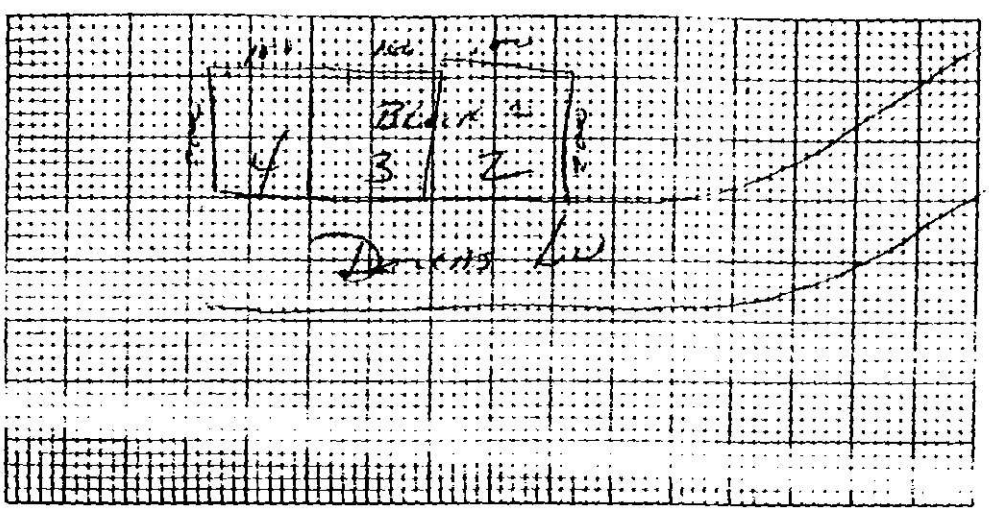
4) LOCATION OF PROPERTY Dorcas Lane
(STREET OR COUNTY ROAD)

5) SUBDIVISION Cochrane LOT NO. 3 BLOCK NO. C

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

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

_____
OWNER

EHD-5-76

Environmental Health Department's Copy