

5505 VICTORIA AV

03723666

4/16/08

marliwr

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

1953A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $50 Ck 6/26/95

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: ENDSLEY (last) RAY (first) (mi)
ADDRESS: 5505 VICTORIA AVE PHONE: (704) 597-1551
CITY: CHARLOTTE, STATE: N.C. ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-244-07 (039-244-07-08-07)
STREET ADDRESS: 5505 VICTORIA AVE
ZONING: R-MH,

PROPERTY OWNER:
NAME: ENDSLEY (last) RAY (first) (mi)
ADDRESS: 5505 VICTORIA AVE PHONE: (704) 597-1551
CITY: CHARLOTTE, N.C. STATE: NC, ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☒ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N) 5/29/96 MH W/ADDITION,
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 RE 5/29/96 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the 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: Ray Endsley Date: June 26/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☒ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

...6/30/95 OSV. Ray Endsley present. Probd. gravity upslope from D-Box at front border of proposed house site as stated. Appeared dry. Per Mr Endsley - line not in use, wds disapproved.

7/5/95 1971 record found for repair permit, however, NO CCC on file.

Approved for 3 bedroom per Rule .1962. House foundation shall be minimum of 5' from septic tank.

Loca B. Miaik 7/5/95
Environmentalist Date

[signature] 7-6-95
Director or Authorized Section Head Date

WATER : 122791

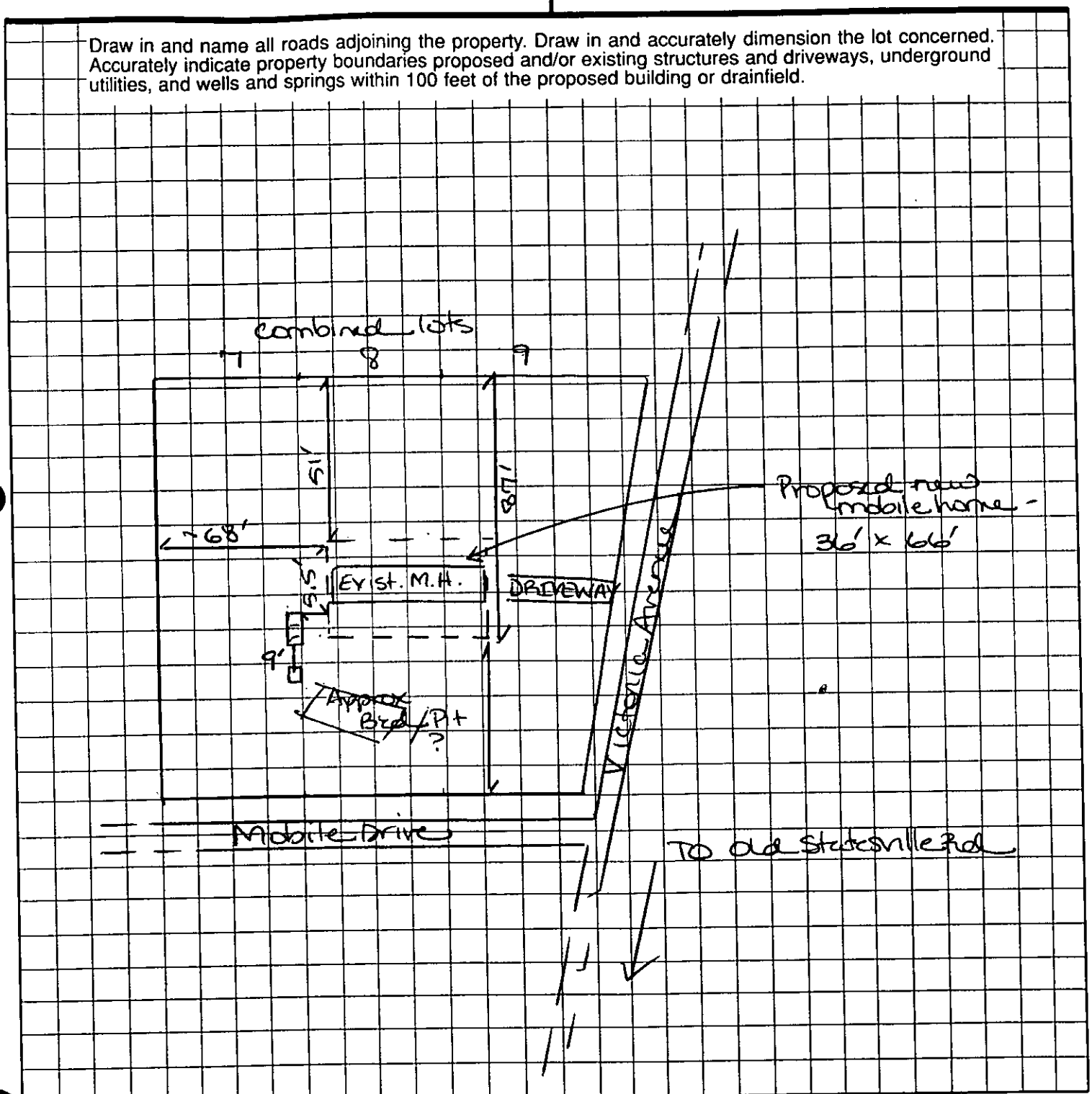
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1953A / (1926)

TC: 037 - 244 - 07, 08, 09

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Lisa B. Mialik RS 7/5/95
per Rule .1962

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Serial No. 1133

ICAR(S) Permit No 1926

Date Issued 5/14/71

T. C. No.

Map Date

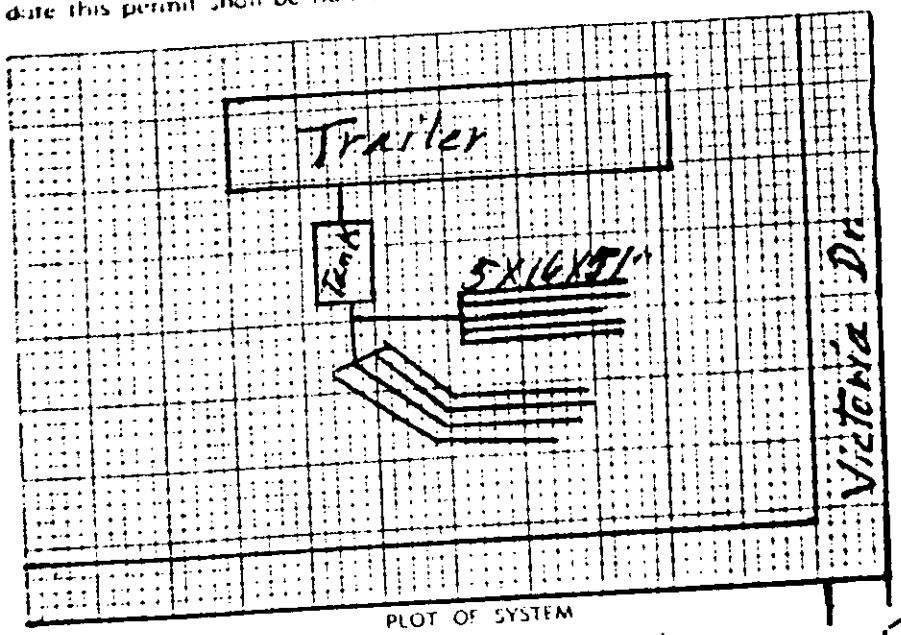
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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, V Alter or Repair the individual septic tank waste-water 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 1926 dated 1926 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 6/9/71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ——

Liquid Capacity of Tank ——

Tank Construction ——

Absorption and/or Nitrification Lines

Total Line Lenght 100'

Number of Lines 2(5X16X5')

Distance from House 20

Distance from Property Line 25

Distance from Well 160'

NAME OF OWNER Endsley, Virgle Ray

LOCATION OF PROPERTY Victoria Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered unaccessible or can be used.

Comments:

Charles H Williams
Environmentalist

Plan on file Yes or None

* If this permit is for the installation or construction of a new system, it must be signed by the division or a person in charge of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where on existing system is being altered or repaired.

Approved 5-14-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6-9-71

ICARIS Application No 19-6

I C No

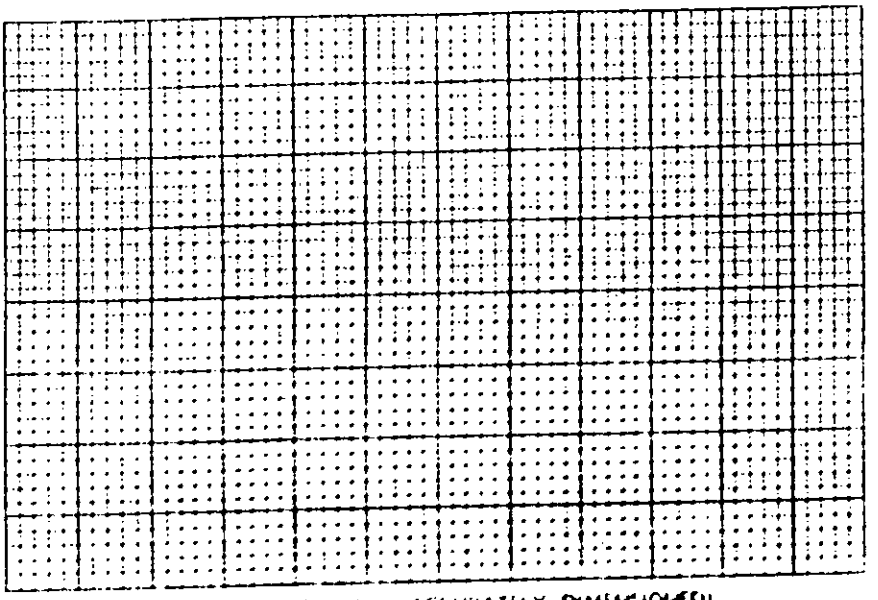
Map Data

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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) No. of Bedrooms 3

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 YES
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 NC

12) VA Case No NC

13) NAME OF OWNER ENDSLEY (Last) VIRGLE (First) RAY (Middle)

14) ADDRESS OF OWNER R.T. #11 Box 870 CHARLOTTE

15) PHONE NO Home NONE Office 399-0195

16) LOCATION OF SYSTEM LYCIAN PR (Street or County Road)

17) SUBDIVISION WEST POINT Lot No 7-8-9 Block No D

Map Book No 4 Page No 6

18) DEED REFERENCE - DEED BOOK 7 AT PAGE 7

19) HAS A PERCOLATION TEST BEEN RUN? YES — NO DATE RUN 5-10

20) PIN 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.

June 4 - 1971
DATE OF APPLICATION

Ray Endsley
OWNER

FORM NO. 6-6-7-1-70 HEALTH DEPARTMENT'S COPY

1953A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd. $50 Bank 6/26/95 CAT

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☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NE 3/28/96 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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Signed: Ray Endsley Date: June 26/95

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7/5/95 1971 record found for repair permit; however, NO CCC on file.

Approved for 3 bedroom per Rule .1962. House foundation shall be minimum of 5' from septic tank.

Lisa B. Mial.k 7/5/95
Environmentalist Date

[signature] Daniel Thompson Chief 7-6-95
Director or Authorized Section Head Date

WATER : 12291

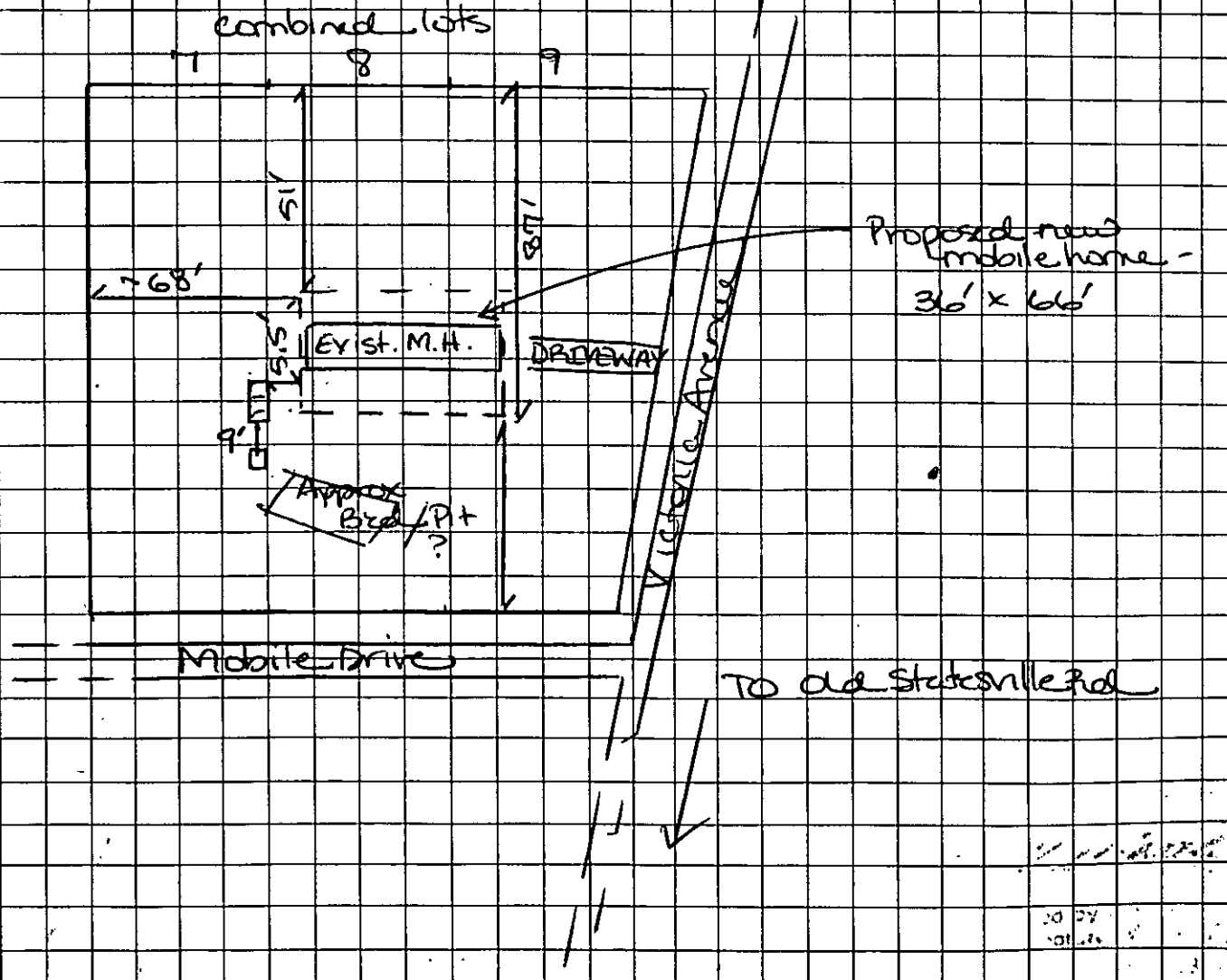
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700 NORTH TRYON STREET
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PHONE (704) 336-5102

FILE: 1953A/(1926)

TC: 037-244-07,08,09

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE Lisa B. Mialik, RS 7/5/95
per Rule .1962

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Serial No. 1133

ICAR(S) Permit No. 1926

T. C. No.

Map Date

Date Issued 5/14/71

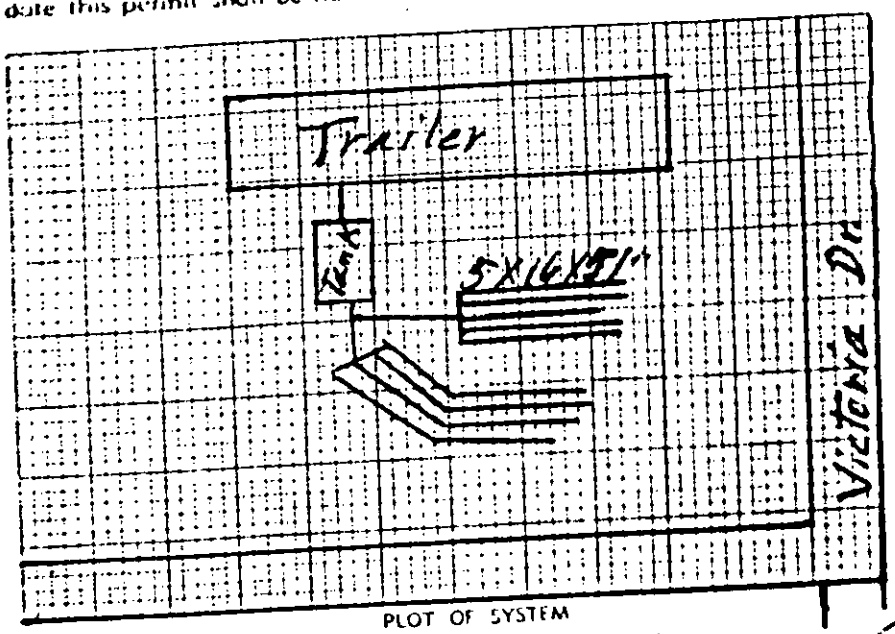
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ~~X~~ Install or Construct, V Alter or Repair the individual septic tank waste-water 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 1926 dated 1926 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 6/9/71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines.

Total Line Lenght 100'

Number of Lines 2(5X16X51')

Distance from House 20

Distance from Property Line 25

Distance from Well 100'

NAME OF OWNER Endsley, Virgle Ray

LOCATION OF PROPERTY Victoria Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used

Comments:

Charles H. Williams
Environmentalist

Division of Soil and Water

* 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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

HEALTH DEPARTMENT'S COPY

Weather permitting will schedule for tomorrow

Busy
Cursed at me + I hung up on him
10:55
6/29/95

Mr Crosley called into office to complain that he had not received a call back from S.B. on yesterday. When I tried to give him the message which she wanted to relay to him he was belligerent and began cursing. I informed him that I was not going to listen to that kind of talk + hung up

6/29/55
10:55

JF

No record on

M E M O R A N D U M

DATE: May 30, 1996

TO: File #1953A, 5505 Victoria Avenue, Tax Parcel 037-244-07

FROM: Judy J. Kiser, R.S.

I visited the above site with the property owner, Mr. Ray Endsley on this date. There is an existing mobile home with footings for a planned addition sized per the plot plan Lisa Mialik signed on 7/5/95. The existing new mobile home is a two bedroom and the planned additions will be a den, dining room and bedroom for a total of 3 bedrooms.

1953A

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pd $50 Ck 6/26/95 CAT

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Environmentalist Date

Edward L. Daniel Jr. 7-6-95
Director or Authorized Section Head Date

WATER : 122 91

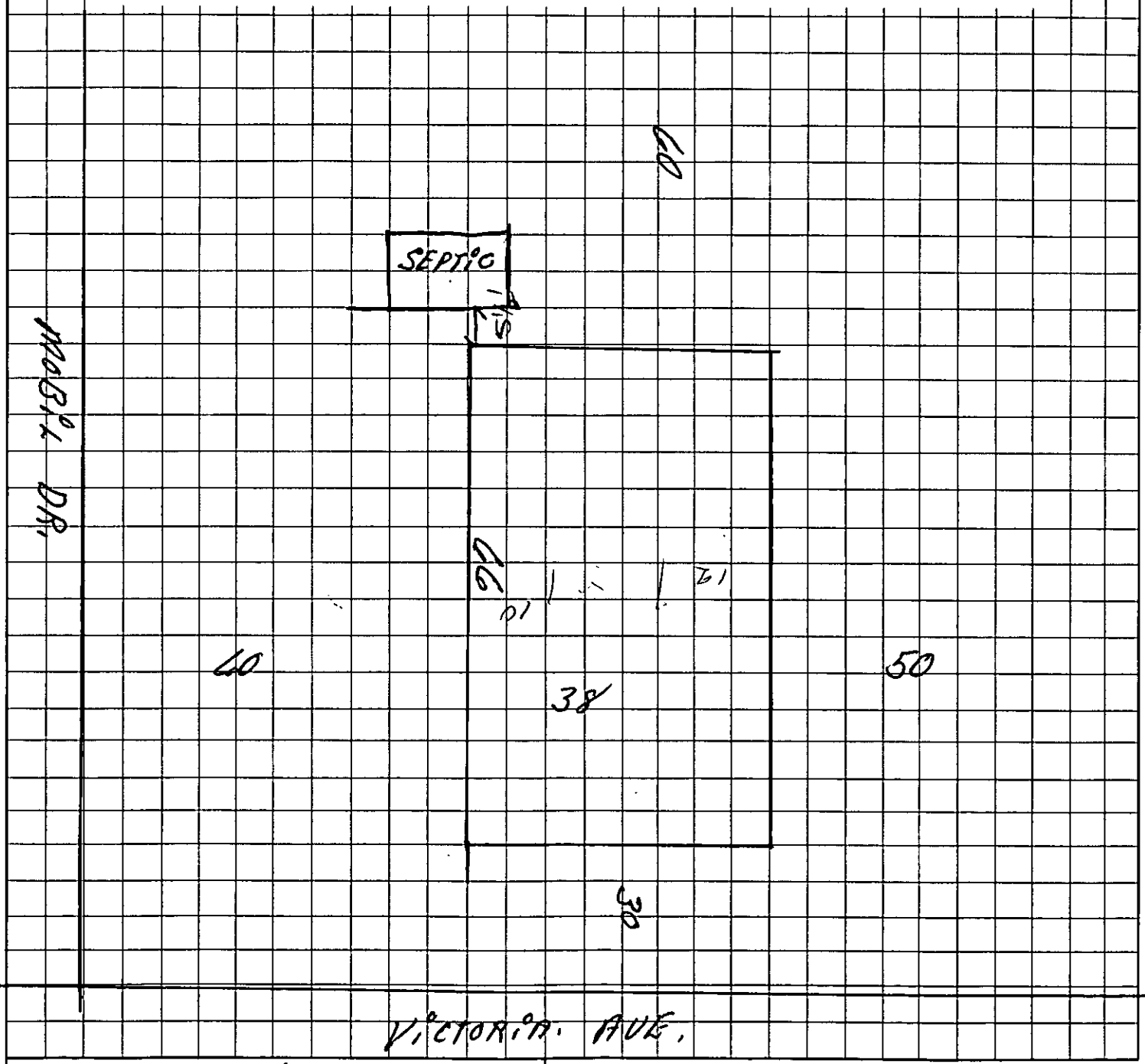
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OWNER/AGENT SIGNATURE

DATE June 26/95

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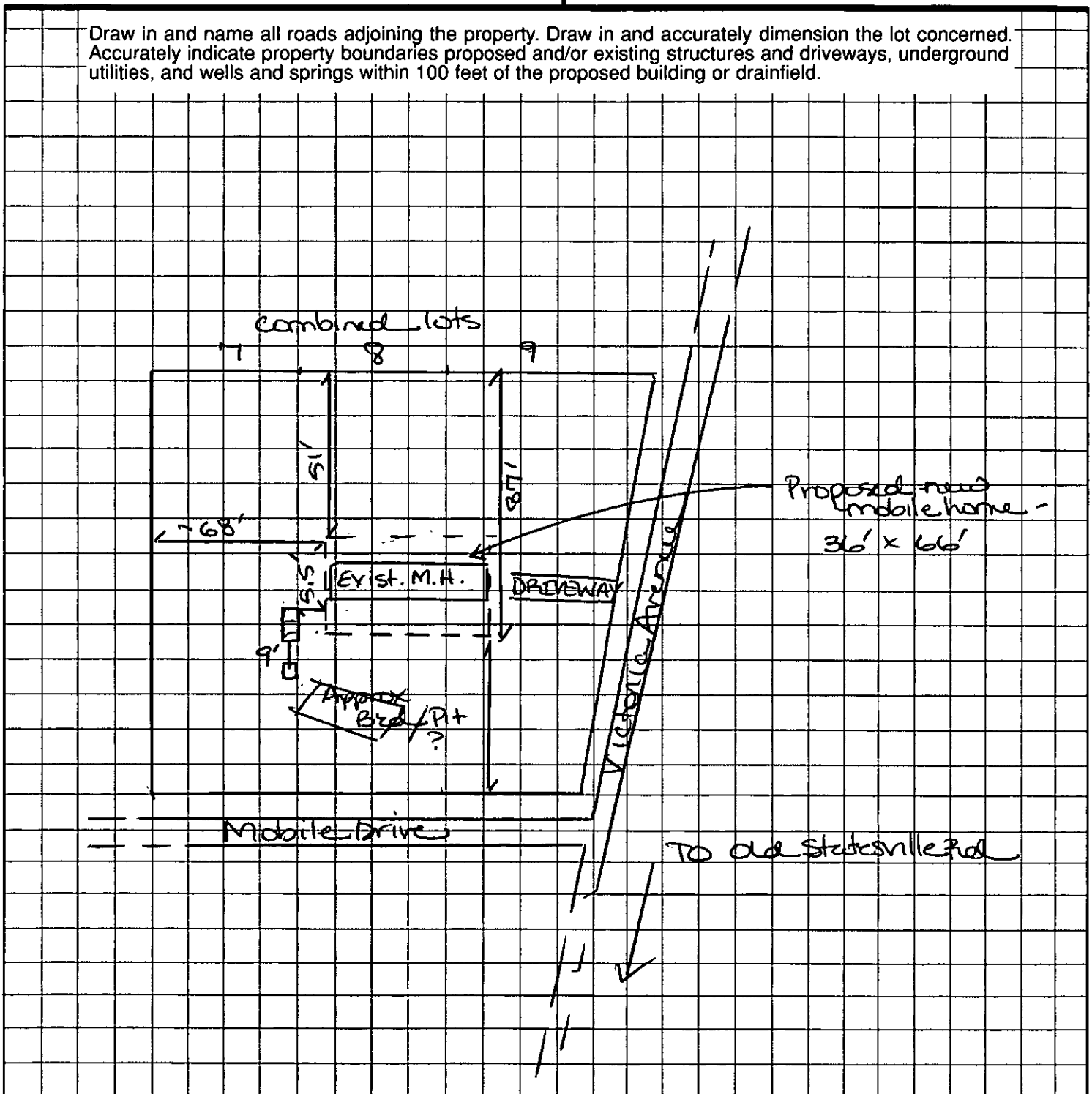
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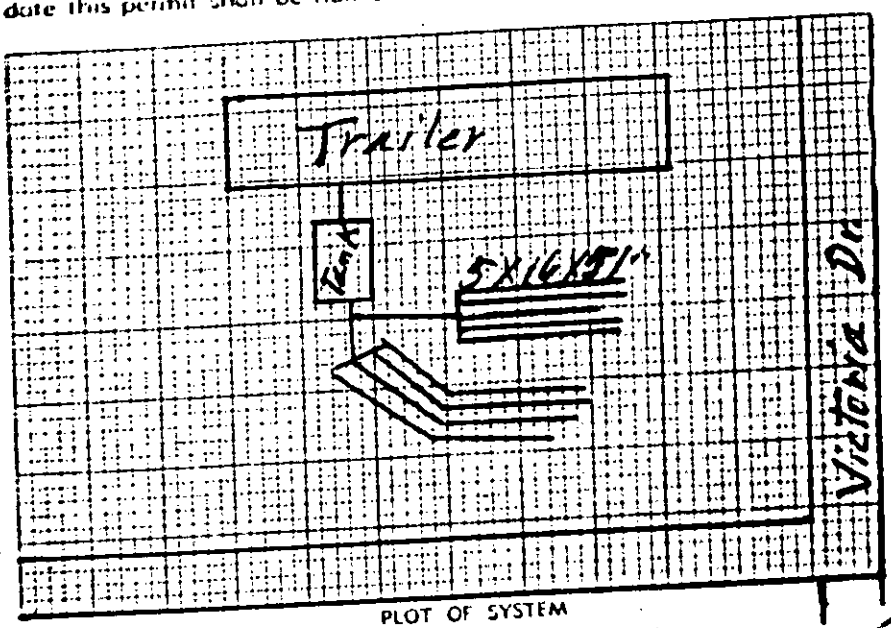
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Comments:

Charles H. Williams
Environmentalist

Other on or See attached

+ 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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6-9-71

ICARIS Application No. 1216

I C No

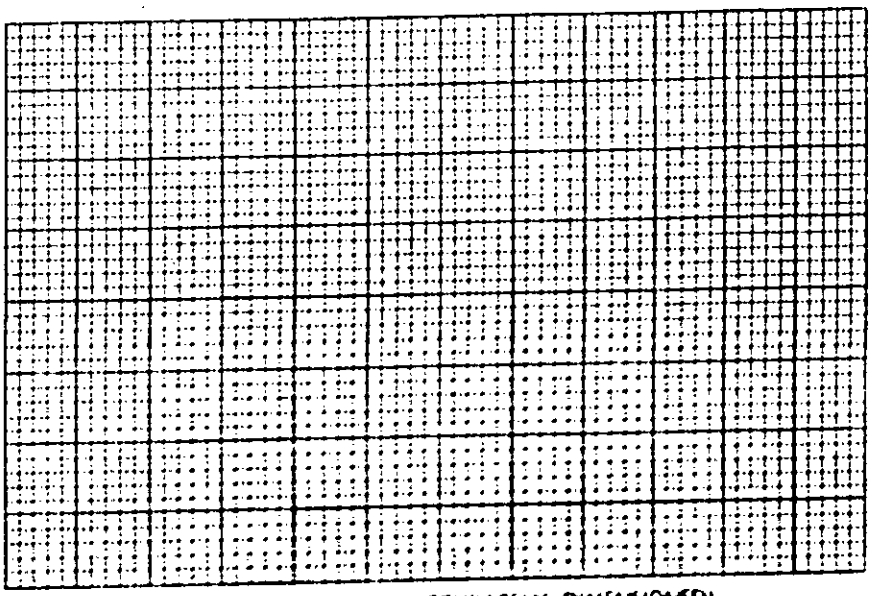
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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) No. of Bedrooms 3

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 YES
- 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 NC

12) VA Case No. NC

13) NAME OF OWNER ENDSLEY (LAST) VIRGLE (FIRST) RAY (MIDDLE)

14) ADDRESS OF OWNER R.T. #1 BOX 870 CHARLOTTE

15) PHONE NO Home NONE Office 392-0195

16) LOCATION OF SYSTEM VICTORIA RD (STREET OR COUNTY ROAD)

17) SUBDIVISION SKYCREST PARK Lot No 7-8-9 Block No D

Map Book No 4 Page No 6

18) DEED REFERENCE -- DEED BOOK 2 ____ AT PAGE 1

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 5

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.

June 4-1971
DATE OF APPLICATION

Ray Endsley
OWNER

FORM NO. E-6-T-1-70 HEALTH DEPARTMENT'S COPY

