Date Received _____

MECK CO[illegible]Y DEPARTMENT OF
RECEIVED
[illegible] 2 - 1984
ENVIRONMENTAL HEALTH

SIR No. 21368

T. C. No. 007-201-10

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Millsaps (LAST) David (FIRST) Cromwell (MIDDLE)

2) ADDRESS OF OWNER Rt. 1 Box 1604 ZIP 28036

3) PHONE NO. Home 892-7232 Office Same

4) LOCATION OF PROPERTY Hwy 73 (Concord Rd) (STREET OR COUNTY ROAD) 6 mi. east of Davidson

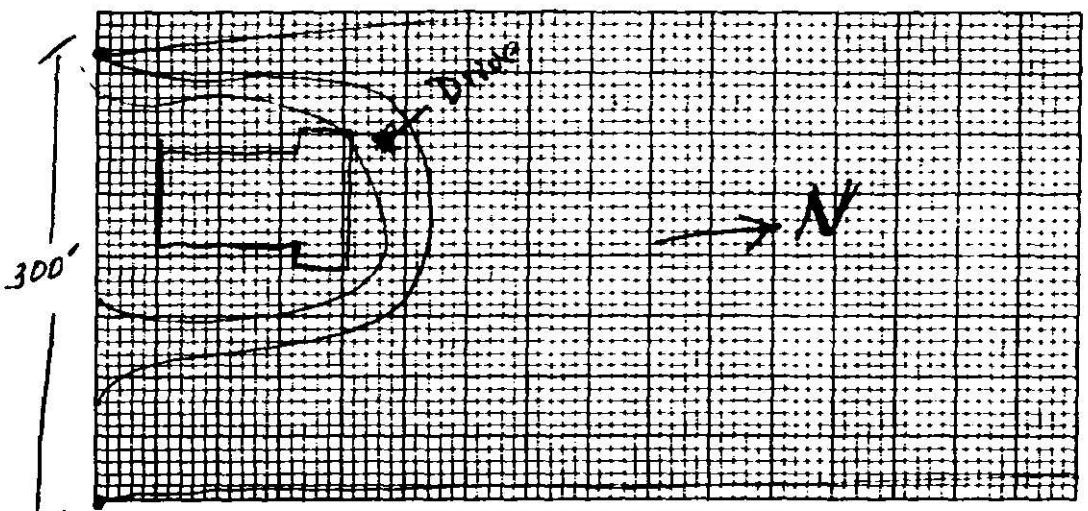
5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

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.

app 1600'



7) ACCURATELY DIAGRAM & DIMENSION LOT

Dale C. Millsaps
OWNER

BHD-5-76

Environmental Health Department's Copy

Date Received 9-7-84

RECEIVED
SEP 7 1984

ICAR(S) Application No. 21368

T. C. No. 007-201-10

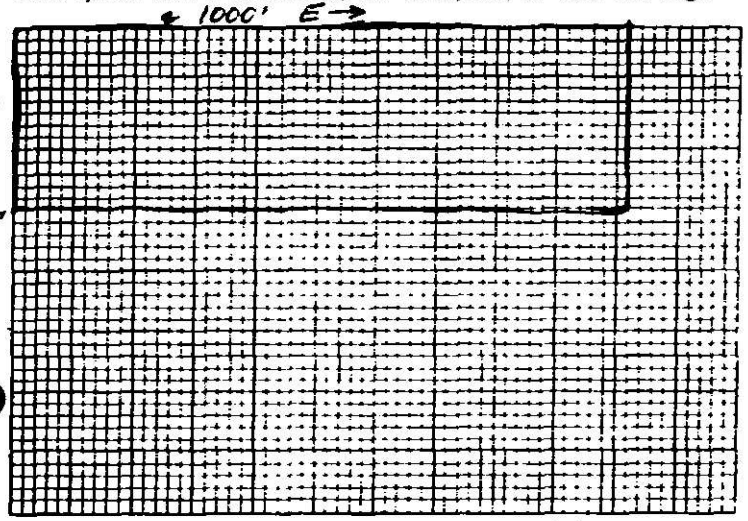
Map Date L

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)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

4) No of Bedrooms 5

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 Millsaps (LAST) Elizabeth (FIRST) Bradford (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 1604 / Davidson NC 28036

15) PHONE NO. Home 704-892-7232 Office same

16) LOCATION OF SYSTEM House # 15908, Hwy. 73 E (STREET OR COUNTY ROAD)
(DEWEESE TOWNSHIP)

17) SUBDIVISION NOT APPLICABLE Lot No. NA Block No. NA

Map Book No. NA Page No. NA
new listing in bk → 4687 at page 0818

18) DEED REFERENCE — DEED BOOK 4006 AT PAGE 648

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES _____ NO DATE RUN 9-30-84

20) PTR NUMBER (See Instructions) 21368

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.

9-4-84
DATE OF APPLICATION

Elizabeth Bradford Millsaps
OWNER

BHB-5-76

Environmental Health Department's Copy

Serial No. 07549

ICAR(S) Permit No. 21368

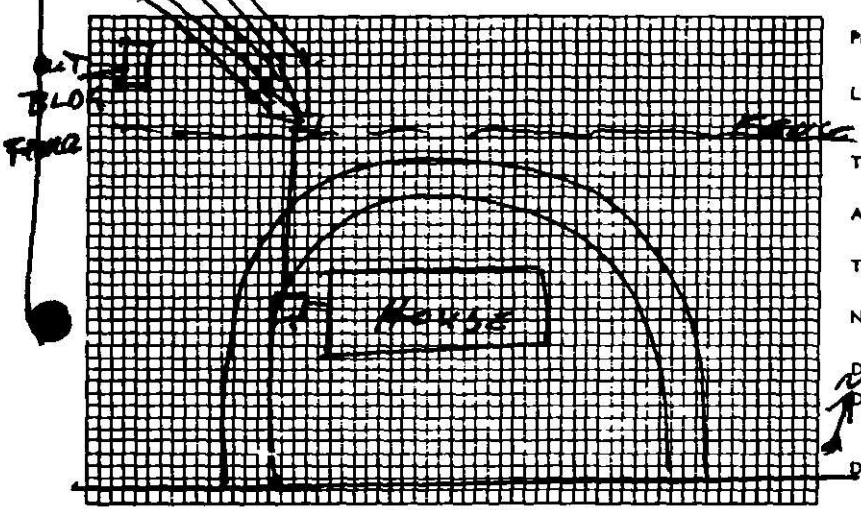
Date Issued 9-12-84

T. C. No. 007-201-10

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 21368, dated 9-4-84 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 9-26-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS

Liquid Capacity of Tank ____

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length 500 / IN. FT.

Number of Lines Five

Distance from House 10 FT.

Distance from Property Line ____

Distance from Well 750 FT.

NAME OF OWNER MILL SAPS, ELIZABETH

LOCATION OF PROPERTY 15908 HIWAY 73E

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.

Five Trenches to be 100 FT x 3 FT x 12 inches stone - hay or straw Cover - quadle Bds - check Tank for Sanitary Tee & tight lids.

Comments:

Replace if necessary

[signature] Division or Section Head

Ralph Miller 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 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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 21368

Date Issued Sept 18 1984 Serial 6953 T. C. No. 007-201-10 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner MILLSAPS, ELIZABETH (LAST, FIRST, MIDDLE)

Location of Property 15908 E HIWAY 73 E

Application Number 21368 Permit Number 21368

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 500 lin. ft. Number of Lines Five

Depth of Filter Material 12" stone Cover Depth 1 ft 2 ft

Water Supply Source well Distance from Water Source 760 ft

Excavation Inspected 9-18-84 (DATE) Tank Inspected ~~9-18-84~~ RT 9-18-84 (DATE)

Nitrification Field Inspected 9-18-84 (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~~ X 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(s) 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: New tank needed as owner expects to enlarge house where present tank is in future.

Robert Miller
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

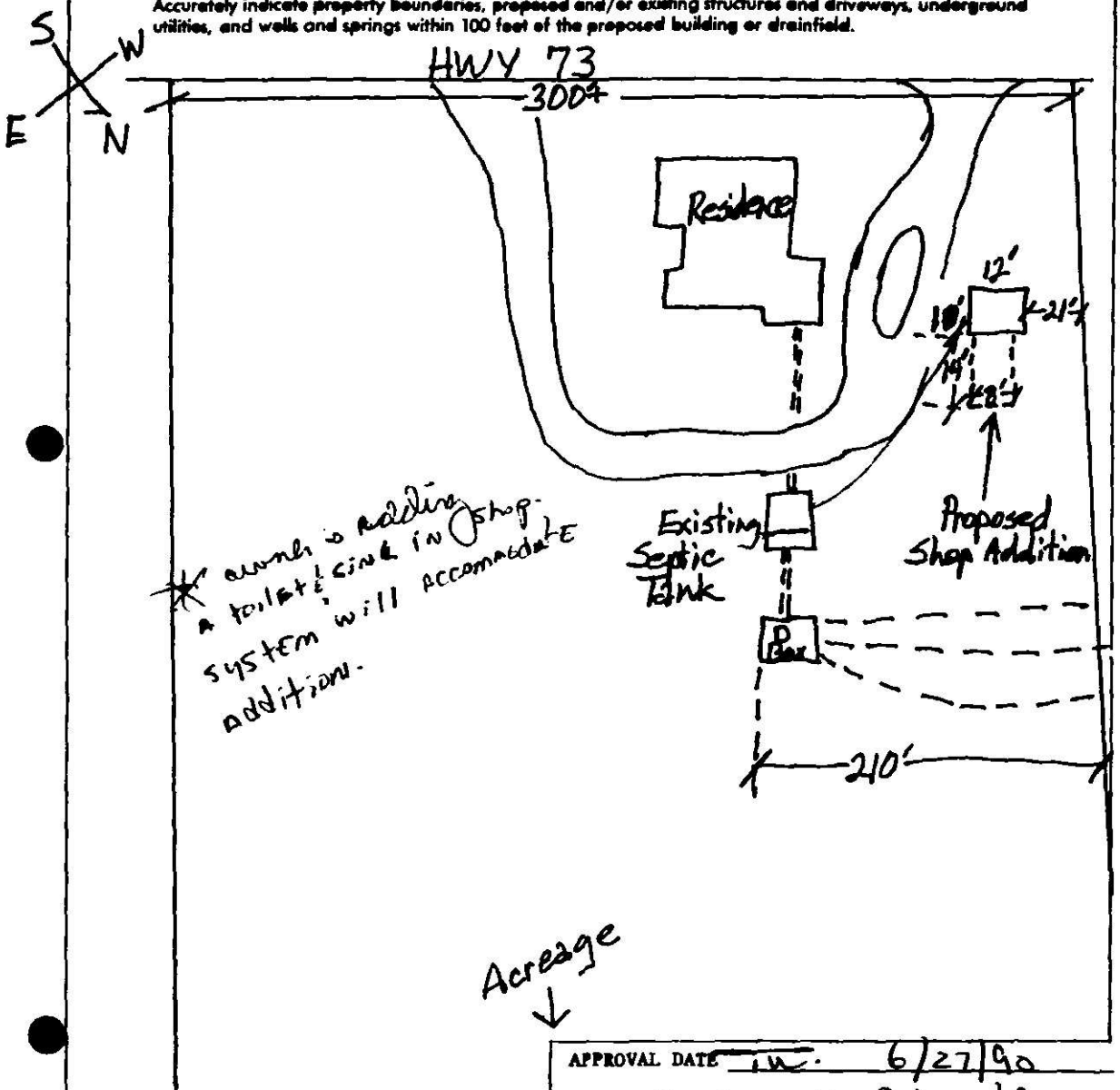
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 21368

TC: 007-201-10

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.



APPROVAL DATE 6/27/90

Rechecked 9/20/90

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 6-18-90

Name/Company: David Williams

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Septic Tank Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JUN 18 1990

46 21368

Fee: $ 25.00

CK # 6936
25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

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: 21368
TC: 007-201-10
SERIAL: № 19866 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 15908 (STREET NO) Davidson-Concord Rd (HWY 73) (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: David (FIRST) Cromwell (MIDDLE) Millsaps (LAST)
⑨ MAILING ADDRESS: Rt. Box 1604
⑩ CITY: Davidson ⑪ STATE: N.C. ⑫ ZIP: 28036
⑬ PHONE: (WORK) 892-7232 ⑭ (HOME) 892-7232

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) shop addition

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ 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

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: David C. Millsaps
Date: 6 18 90

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.

use existing sys-
9/20/90 with plumbing

[signature] / 6/28/90
Environmentalist Date

[signature] / 6-29-90
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.