

7914 JEFFERSON COLONY RD

13901416

5/28/08

marliwr

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid 08/27/91 cash #25.-

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700 N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 5764
TC: 139-D14-16
SERIAL: № 0019762
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 2914 (STREET NO.) Jefferson Colony RD (STREET) ② FILE: 5764

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: Jefferson Colony ⑥ LOT: 13 ⑦ BLOCK: C

OWNER

⑧ NAME: Steven (FIRST) + Portia (MIDDLE) Blair (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) build detach garage Decrease & Septic & drain field line work

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? 4

㉓ Maximum occupancy? 5

㉔ Basement? ☐ yes ☑ no

㉑ ☐ Business or place of public assembly

㉕ Type? _____

㉖ Maximum number of employees? _____

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: David Breedlove

Date: 8-27-91

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 60 months from the date of issuance.

USE EXISTING 1.10 Plumb.

Environmentalist _____ Date 8/29/91

Director or Authorized Section Head _____ Date 8-30-91

David Bradshaw 3769181
5450387

Serial No. 3499

Col A (s) No. 576-4

T C No. 134-GD

Date Issued 22 June 73

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Squires, Ralph Const. Co.
(FIRST, MIDDLE)

Location of Property 7914 Jefferson Colony Rd.

Application Number 5764

Permit Number 5764

Inspection Data:

Liquid Capacity of Tank 1500 gal

Tank Material Precast Concrete

Total Length of Drain Tile 735' & 150'

Number of Lines (6) (15' X 123')

Depth of Filter Material 17"+

Cover Depth 24"

Water Supply Source well

Distance from Water Source 100'

Excavation Inspected 22 June 73 (DATE)

Tank Inspected 22 June 73 (DATE)

Nitrification Field Inspected 22 June 73 (DATE)

Washing Machine Line Inspected, If Applicable 22 June 73 (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 Board of Health 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: Aeration pit 28'x7'x4' stone

16' from house to be 5' from prepared fld

R. M. Reynolds
(Environmentalist)

FORM NO. 8-64-1-71

HEALTH DEPARTMENT COPY

Date Issued 14 Jun 73

Serial No. 3859

ICAR(S) Permit No. [illegible]

T C No. [illegible]

M.S. No. [illegible]

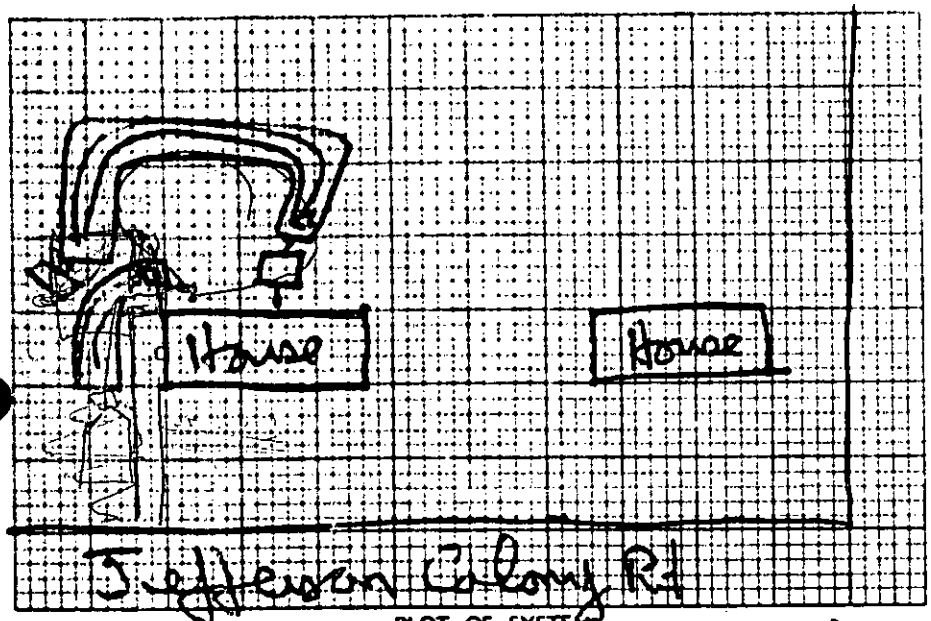
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 [illegible] water treatment system with subsurface, soil absorption, effluent discharge as specified below at the described location. This permit is granted based upon the information supplied in application S 714 dated 4-19-73 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 14 July 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 50

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Conc

Absorption and/or Nitrification Lines

Total Line Length 735' (15' x 49)

Number of Lines 6

Distance from House 10' +

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Squires, Ralph Const. Co.

LOCATION OF PROPERTY 7914 Jefferson Colony Rd

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: Washer 7½'x50'x17" stone
Aeration pit 2½'x7'x4' stone

H. Hyatt

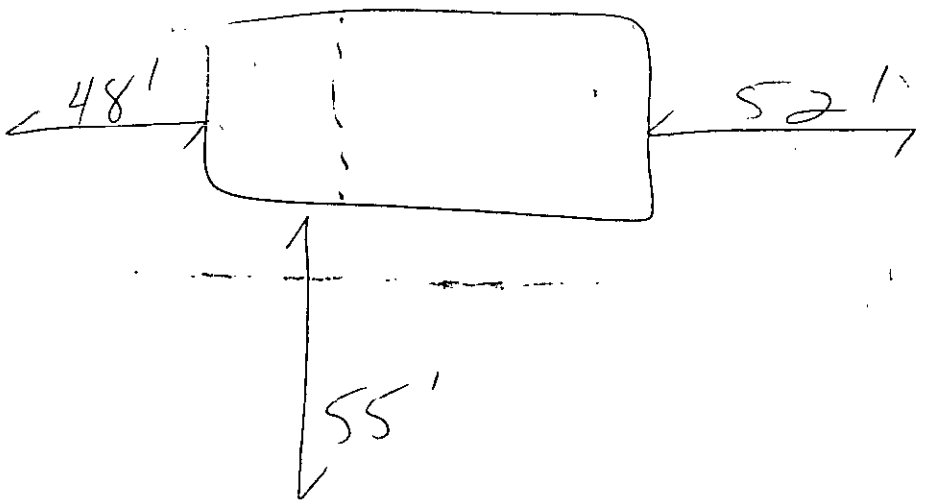
Division or Section Head

R.M. Reynolds
Environmentalist

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

FORM NO E-5-4-1-71

HEALTH DEPARTMENT'S COPY


48'
52'
55'