Date Received 4-22-83

RECEIVED (CAR (S) Application No. 19594

T. C. No. 199-082-16

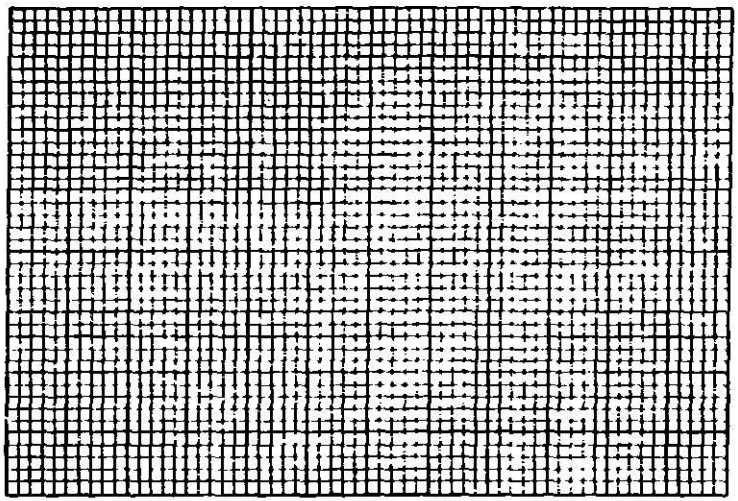
Map Date _____

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 1
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 _____ (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER _____ 28203

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM 13821 _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2247 AT PAGE 198

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.

_____ DATE OF APPLICATION

_____ OWNER

EHD-5-76

Yellow OWNER'S COPY

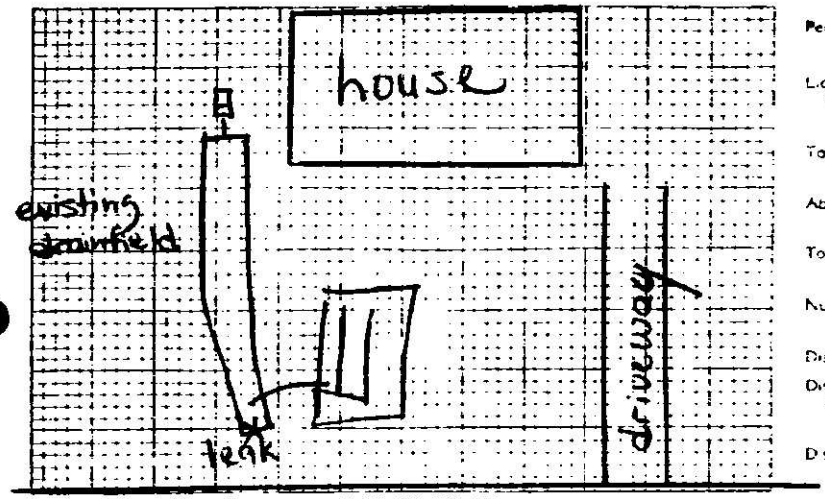
Date Issued 4-25-83 Serial No. 6182 ICAR(S) Permit No. 19594

T. C. No. 199-082-16

Map Date

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 19594, dated 4-22-83 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 5-8-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

REPAIR

Permeability Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Line

Total Line Length 100'

Number of Lines 2

Distance from House >10'

Distance from Property Line >5'

Distance from Well >100'

NAME OF OWNER Robertson, Don R. Estate

LOCATION OF PROPERTY 13821 River Shore Drive

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.

6'wide x 15' long x 6" sand + 4½' stone overflow repair

Comments:

Division or Section Head

Mike Sexton
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.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19594

Date Issued 5/6/83 **Serial** 5773 T. C. No. 199-082-16

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 Robertson (LAST) Don (FIRST) R estate (MIDDLE)

Location of Property 13821 River Shore Drive

Application Number 19594 Permit Number 19594

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 6" sand 1½" stone Cover Depth 2½'

Water Supply Source well Distance from Water Source > 100'

Excavation Inspected 5/6/83 (DATE) Tank Inspected Repair (DATE)

Nitrification Field Inspected 5/6/83 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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(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: 6' wide / 15' long 6" sand ½ stone per M Section

Randy C Abee RS
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 19594

TC: 199-082-16 ✓

13821

JOB LOCATION

① ADDRESS: 13815 (STREET NO.) Riverlow (STREET) Dr ② FILE:

③ CITY: Charlotte ④ TAX PARCEL NO.: 199-082-15 16

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Louise (FIRST) Fairleigh (MIDDLE) (LAST)

⑨ MAILING ADDRESS: P.O. Box 11885

⑩ CITY: ~~Zebulon~~ Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28220

⑬ PHONE: (WORK) 333-9375 ⑭ (HOME) 553-0868

REQUEST

This request is for a(n):

⑮ ☐ New installation 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? 2

㉕ Type?

㉓ Maximum occupancy? 2

㉖ Maximum number of employees?

㉔ Basement? ☐ yes ☒ no

㉗ Maximum number of seats?

WATER SUPPLY

㉙ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉚ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Louise Fairleigh

Date: 2/24/86

3362713

㉘ Accurately dimensioned plot

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

Date Issued 2-25-86

Serial No. 08968

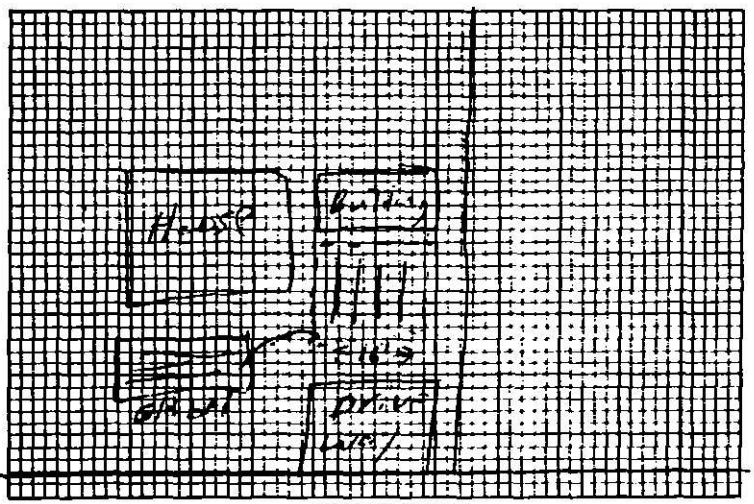
ICAR(S) Permit No. 19594

T. C. No. 199-082-15

Map Date

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 _____, dated 2-24-86 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 2-28-86, 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 400 Sq ft.

Number of Lines Four

Distance from House 5'

Distance from Property Line 16'

Distance from Well 75'

NAME OF OWNER Fairleigh, Louise

LOCATION OF PROPERTY 1381 River Shore Dr.

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.

Bed 25' x 16' X 34" stone; tie into existing bed

Comments:

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 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. 19594

Date Issued 2-26-86 Serial 8278 T. C. No. 199-082-16 V

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 Fairleigh (LAST) Louise (FIRST) (MIDDLE)

Location of Property 13821 Riversherr Dr.

Application Number 19594 Permit Number 19594

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 400 Lft Number of Lines Four

Depth of Filter Material 34" Cover Depth 24"

Water Supply Source Well Distance from Water Source 750'

Excavation Inspected 2-26-86 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 2-26-86 (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, V 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: 1986, Repair

Jim Ensen
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Return receipt
12/27/85

MECKLENBURG COUNTY

Department of Environmental Health

December 18, 1985

Appeal 2-26-86

19594

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Anthony Ray Robertson
13612 Woody Point Road
Charlotte, N. C. 28210

Dear Mr. Robertson:

During a recent investigation of your property at Parcel 199-082-16, Rivershore Drive, Charlotte, North Carolina, it was found that the septic tank system was not functioning properly and that effluent was leaking to the surface of the ground, creating an insanitary condition. This is in violation of the General Statutes of the State of North Carolina and the regulations as prescribed by Mecklenburg County.

You are hereby given notice to correct this situation by January 7, 1986. Legal action may be taken if you fail to correct this situation.

An application to repair is enclosed for your convenience. Fill out the application to repair and return it to this department. After the completed application to repair has been received in this office, you may reach me at 376-4603 to set up an appointment to permit the needed repair.

Sincerely,

Jim Ericson

Jim Ericson
Registered Sanitarian
On Premises Waste Disposal Section

signed card back
12/23/85

MECKLENBURG COUNTY

Department of Environmental Health

December 18, 1985

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Oleen Love
1501 South Boulevard
Charlotte, N. C. 28203

Dear Ms. Love:

During a recent investigation of your property at Parcel 199-082-16, Rivershore Drive, Charlotte, North Carolina, it was found that the septic tank system was not functioning properly and that effluent was leaking to the surface of the ground, creating an insanitary condition. This is in violation of the General Statutes of the State of North Carolina and the regulations as prescribed by Mecklenburg County.

You are hereby given notice to correct this situation by January 7, 1986. Legal action may be taken if you fail to correct this situation.

An application to repair is enclosed for your convenience. Fill out the application to repair and return it to this department. After the completed application to repair has been received in this office, you may reach me at 376-4603 to set up an appointment to permit the needed repair.

Sincerely,

Jim Ericson

Jim Ericson
Registered Sanitarian
On Premises Waste Disposal Section