

10039 IDLEWILD RD

5/21/2007

duponbj

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

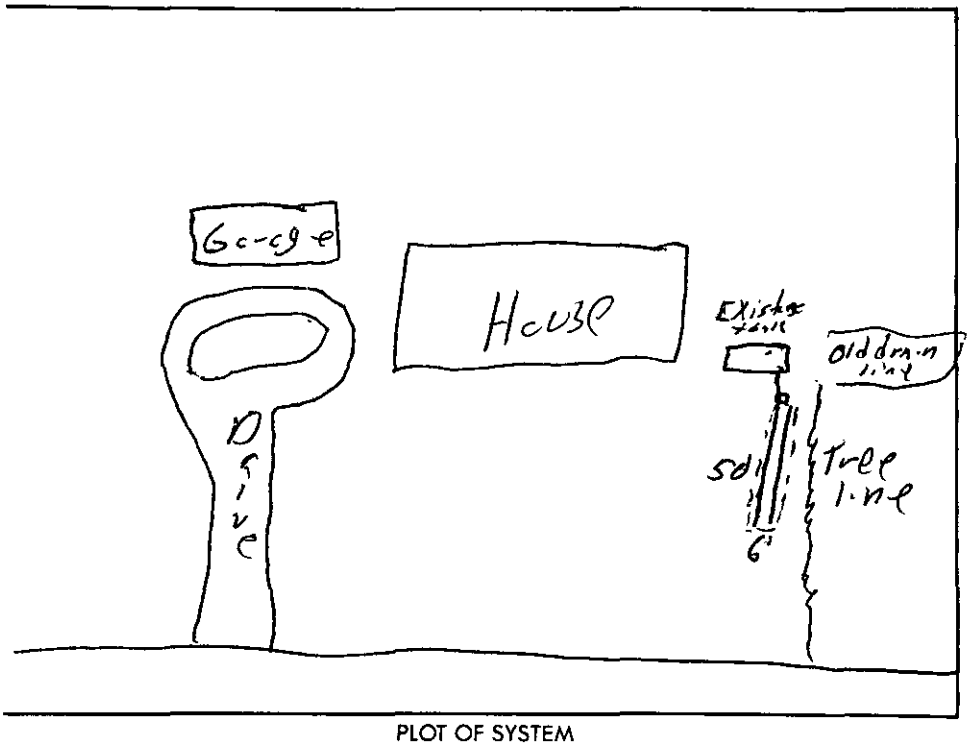
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: ~~99394575-A~~ DATE: 5-20-88

TC: 135-211-09 ☐ L

SERIAL № 11910

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 the application dated 5-16-88. All work shall be completed on or before 6-10-88, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction —

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 100' feet

Number of Lines Two

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 250' feet

NAME OF OWNER Lana Campbell

LOCATION OF PROPERTY 9939 Idlewild Rd.

Comments: Bel 50'X6'X12" stone, Tie into existing tank, install New Sanitary "Tee", feed into new distribution box

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.

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

For Tim

Date 2-28-90 Time

WHILE YOU WERE OUT

M Lana Campbell

From

Phone No. 545-6103

Area Code Number Extension

TELEPHONED		URGENT	
PLEASE CALL		WANTS TO SEE YOU	
WILL CALL AGAIN		CAME TO SEE YOU	
RETURNED YOUR CALL			

Message 9939 Idlewild Rd.

45754

Operator (Gwen)

TL DataCom 9161

She had been told city would be put in but now finds it is going to be a long time + needs this septic work be done -

Ja

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: 4575A
TC: 135-211-09
SERIAL: № 16237 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9939 (STREET NO.) Idlewild Rd (STREET) Matthews, NC 28105 ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: LANA (FIRST) KAY (MIDDLE) CAMPBELL (LAST)

⑨ MAILING ADDRESS: 9939 Idlewild Rd

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) (704) 545-6103 ⑭ (HOME) (704) 545-6103

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? 3 ㉕ Type?

㉓ Maximum occupancy? 3 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

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: Lana K Campbell

Date: 5-16-88

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.

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.