

4536 PERKINS RD

04539107

6/8/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5975-A DATE: 11-15-91

TC: 045-391-07 ☑ IL ☐ CRT

SERIAL № 13931

Name of Owner FRANCES JONES Juris.:

Address of Property 4536 PERKINS RD

Inspection Data:

Tank Material EXISTING PCC

Total Length of Drainfield 275

Number of Lines 5 @ 55

Cover Depth 12"

Water Supply Source well

Distance to Water Source 75'

Excavation Inspected 11-15-91

Tank(s) Inspected 11-15-91

Wash Line Inspected —

High Water Alarm Inspected —

INSTALLED AS PER PERMIT # 3807

PLOT

Design: 1991 810 SFT 12" CECIC GOW CTR# 80

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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:

Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

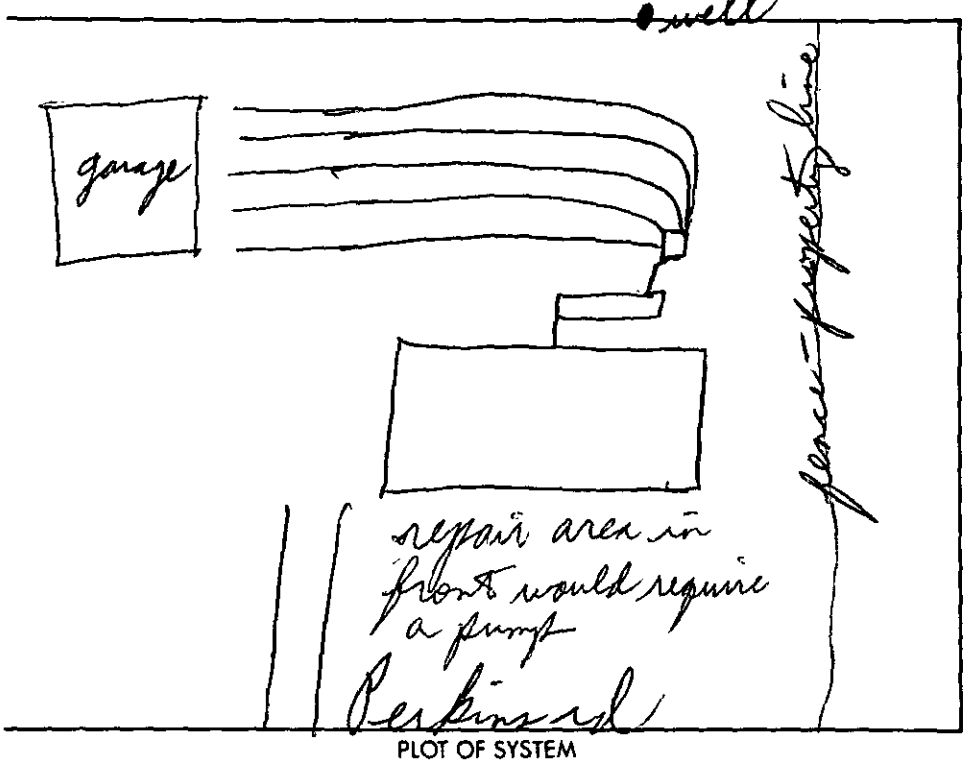
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5975-A DATE: 10-28-91

TC: 045-391-07 ☑ L

SERIAL Nº 13807

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 8-21-91. All work shall be completed on or before 11-28-91, 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 Health Department 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 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 275 feet

Number of Lines 5

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 50 feet

NAME OF OWNER Frances Jones

LOCATION OF PROPERTY 4536 Perkins Rd.

Comments: 5 lines 3'X55'X12" stone
Abandon old tank - pump tank & fill with dirt

Division or Section Head

B. R. Ferguson
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

BF

Pd 125.00
Ck # 0882
9-24-91
NB

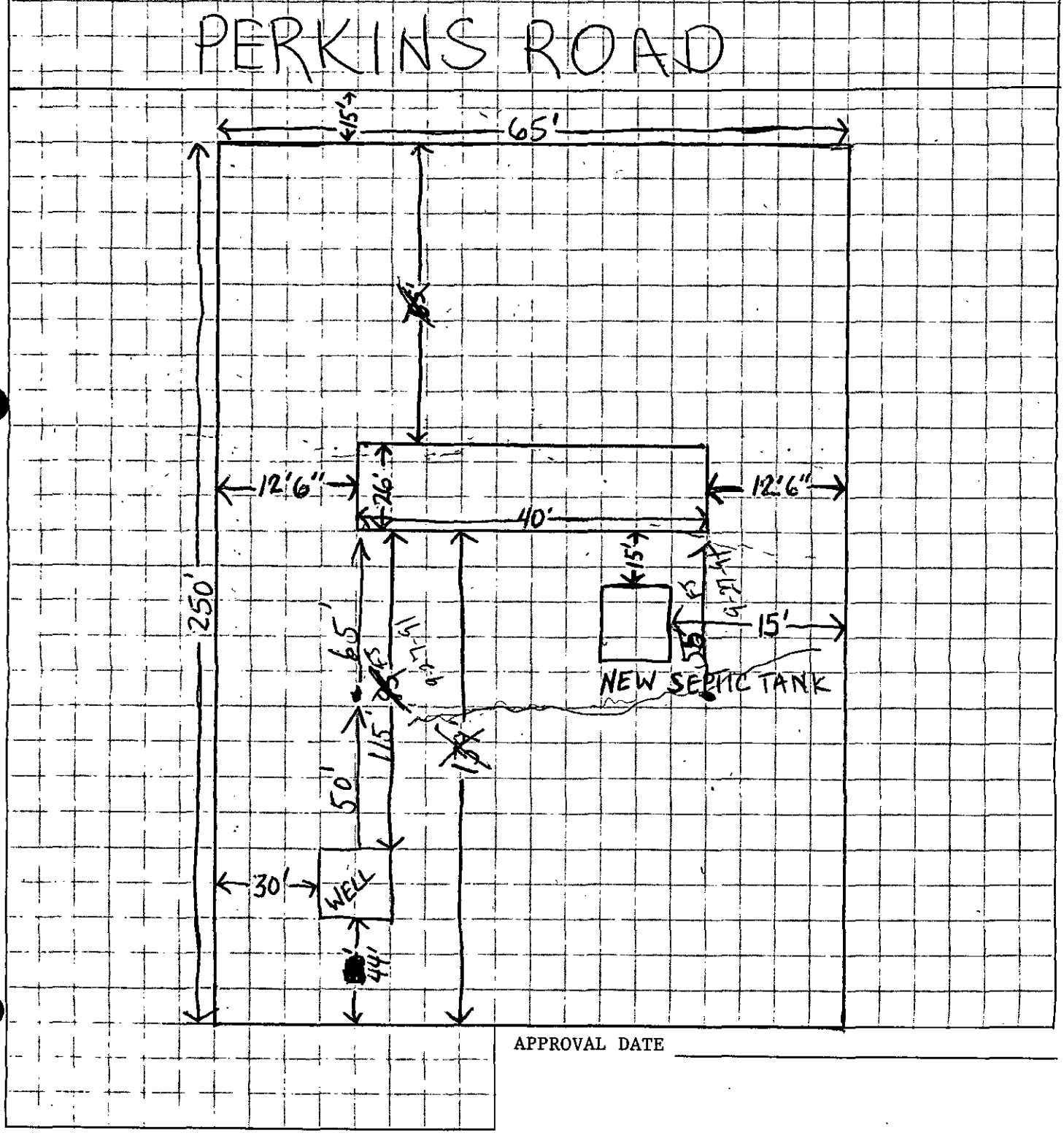
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5975 A

TC: _____

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 _____

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

BF

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd 125.00
CK # 0882
9-24-91
HB

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: 5975 A
TC: 045-391-07
SERIAL: № 0019840
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 4536 PERKINS ROAD (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: FRANCES (FIRST) CROXTON (MIDDLE) JONES (LAST)
⑨ MAILING ADDRESS: 4536 PERKINS ROAD
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28269
⑬ PHONE: (WORK) 704-596-1995 ⑭ (HOME) 704-596-2965

REQUEST

This request is for a(n):

⑮ ☐ New 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? /
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: Frances Croxton Jones
Date: Sept 24- 1991

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.

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.

Mecklenburg County
Health Department

September 23rd, 1991

Frances Croxton Jones
4536 Perkins Road
Charlotte, NC 28269

RE: Property located at 4536 Perkins Road
FILE: 5975A
PARCEL: 045-391-07

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The results of this investigation showed the property to be classified UNSUITABLE for the installation of such a system. A copy of the Site Evaluation Report (Serial Number 19772) is enclosed.

State regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 10 NCAC 10A .1948 (c) are met. A reprint of this section is enclosed for your information.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to call.

Very truly yours,

Gene Vaughan, R.S., Supervisor
Individual Water and Wastewater Systems

Enclosure (2)

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 19772

File: 5975-A Action 2

Parcel: 045-391-07 ☒ PC

Location: 4536 PERKINS ROAD

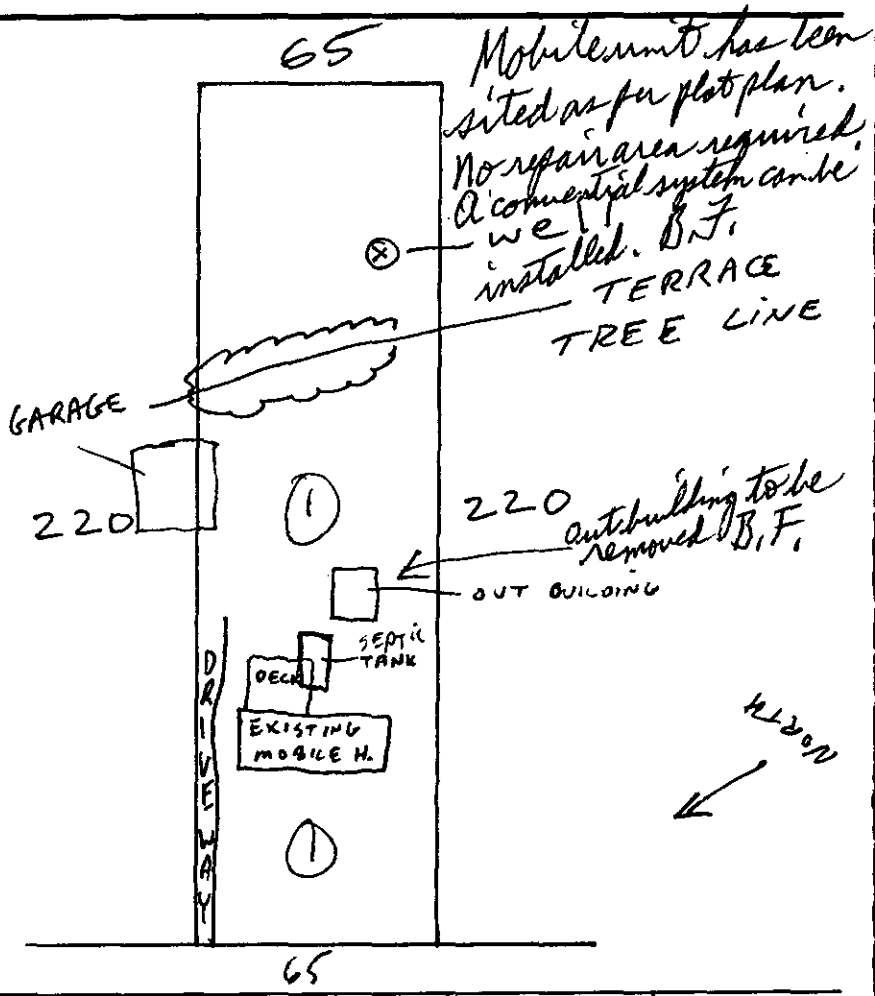
Subdivision:

Lot: Block: Acres: N .33

Owner: FRANCIS CROXTON JONES
Address: 4536 PERKINS ROAD
CHARLOTTE NC 28269

Comments: DRAINFIELD LOCATION NOT DETERMINED

Described by: Kelly Randall
Date: 9-16-91



***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U CLAY	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U BLOCKY	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 7 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 7 36"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U NONE	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS (U) RESTRICTED	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U —	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	CECIL LIKE					
Area Classification	S PS (U)	S PS U	S PS U	S PS U	S PS U	S PS U



APPLICATION FOR SOIL INVESTIGATION

CR# 0879
$50.00
09/13/91

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

FILE: 59151

TC: 1045-39107

☑ PC ☐ REPT

JOB LOCATION

① ADDRESS: 4536 Perkins Road

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

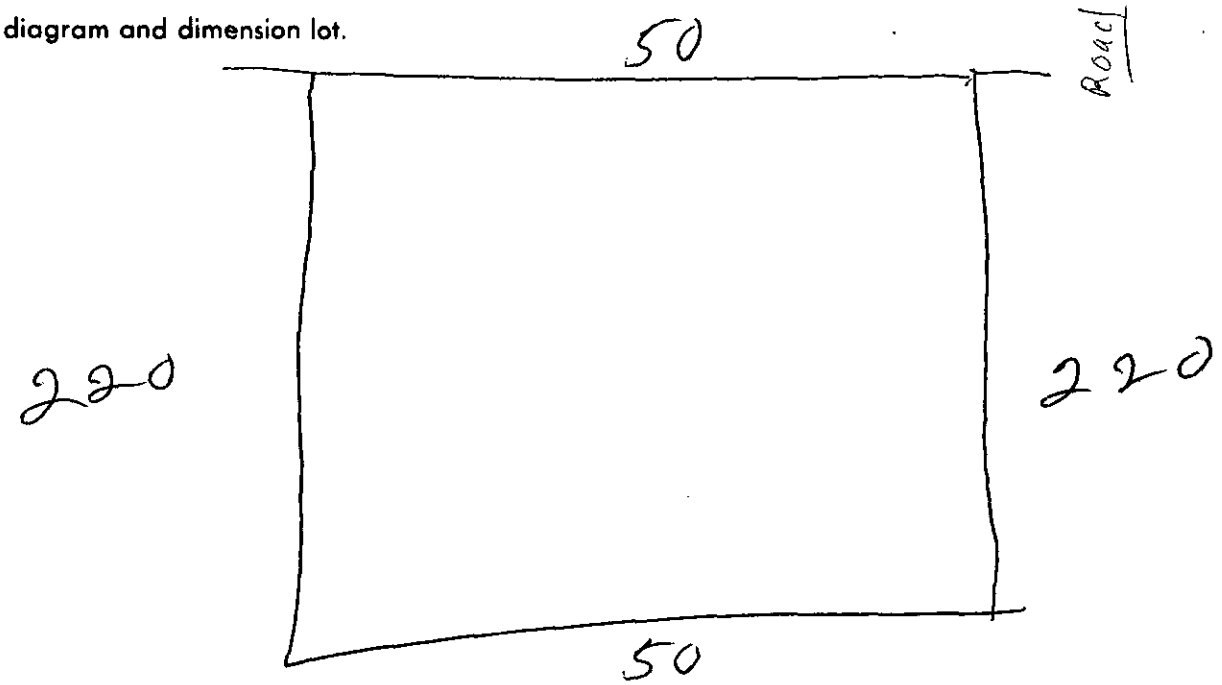
⑦ NAME: Frances (FIRST) Croxton (MIDDLE) Jones (LAST)

⑧ MAILING ADDRESS: 4536 Perkins Road

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28269

⑫ PHONE: (WORK) 537 1995 (HOME) 596 0965

⑬ Accurately diagram and dimension lot.



⑭ 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: Frances Croxton Jones

Date: Sept 13 91

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

Mecklenburg County
Health Department

To: Susan Latimer

From: Sylvia Daniel, R.S.
Program Chief
Individual Water and Wastewater Systems

Date: September 9, 1991

Subject: Refund on 4536 Perkins Road, Charlotte, NC
File: 5975 A

Please issue a refund in the amount of $100.00 for an Improvement Permit on 4536 Perkins Road, Charlotte, NC. The request for an improvement permit was cancelled due to the applicants decision to keep the mobile home. Please make payable to the following:

Frances Croxton Jones
4536 Perkins Road
Charlotte, NC 28269

Thank you for your prompt attention to this matter.

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

Transfer fee of $25.00 from 10/12/90

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: 5975A
TC: 045-391-07
SERIAL: № 20058 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 4536 (STREET NO.) Perkins Road (STREET) ② FILE:
③ JURISDICTION: MEK ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Frances (FIRST) Croxton (MIDDLE) Jones (LAST)
⑨ MAILING ADDRESS: 4536 Perkins Road
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28269
⑬ PHONE: (WORK) 596-1995 ⑭ (HOME) 596 2965

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) MoBiLe Home Exchg

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

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: Frances Croxton Jones
Date: 8-6-90

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.

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.

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: 5975A
TC: 045-391-07
SERIAL: № 021310 ☐ L ☑ CRT

JOB LOCATION

(1) ADDRESS: 4536 Perkins Road (2) FILE:
STREET NO. STREET
(3) JURISDICTION: (4) TAX PARCEL NO.:
(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: Frances Croxton Jones
(FIRST) (MIDDLE) (LAST)
(9) MAILING ADDRESS: 4536 Perkins Road. 28269
(10) CITY: Charlott (11) STATE: N.C. (12) ZIP: 28213
(13) PHONE: (WORK) 596 1995 (14) (HOME) 596-2965

REQUEST

This request is for a(n):

(15) ☐ New permit
(16) ☐ Repair or alteration permit
(17) ☐ Authorization for mobile home exchange
(18) ☒ Other (specify) Moving the mobile home to build a house

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

(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: Frances Croxton Jones
Date: 10-12-90

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 system for mobile home exchange. No house construction. Permit valid for 6 months from today.

B. R. Ferguson, 8-29-91
Environmentalist Date

S. D. [illegible], 8-29-91
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-12-90

Name/Company: Frances Cranton Jones

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Sup Permit → Replace MH Home w/House
4536 Perkins Road
File # 5975A
Tax # 045-391-07

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: $ 125.00

OCT 12 1990

NOTICE:

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

WH Thompson — Completed by

Avalene Mabry — Collected by

for mobile
F.P. Walsh

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/10/89

Name/Company: Russell Jones

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp- MH exchange
5975A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 10 1989

CR 1F 194
$25.00

Fee: $ 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

BILLING — WHITE CUSTOMER COPY — YELLOW

2500

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: 5975A
TC: 045-391-07
SERIAL: № 19015
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 4536 Perkins Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Frances (FIRST) Croxton (MIDDLE) Jones (LAST)
⑨ MAILING ADDRESS: 4536 Perkins Rd
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) 596-1995 ⑭ (HOME) 596-2965

REQUEST

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

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㉓ Maximum occupancy? 2
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: Russell E. Joner
Date: 8/10/89

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 system

B. R. Ferguson — Environmentalist — 8-11-89 Date

Director or Authorized Section Head — 8-11-89 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.