

9301 IDLEWILD RD

13516105

6/27/2007

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: 7271A DATE: 02/8/91

TC: 135-161-05 ☐ L ☑ CRT

SERIAL № 13703

Name of Owner JERRY THOMAS Juris.:

Address of Property 9301 IDLEWILD RD.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 100'

Number of Lines 02 @ 50'

Cover Depth 12"

Water Supply Source P. WELL

Distance to Water Source 250'

Excavation Inspected 02/8/91

Tank(s) Inspected 02/8/91

Wash Line Inspected 02/8/91

High Water Alarm Inspected N/A

PLOT

Design: 1991 ALTERATION & REPAIR, 1500ST, EXISTING SYSTEM, 300SF WASHER WL CTR#

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: MOVE SEPTIC TANK, INSTALL 1@50' (2) BED WASHER LINES

Will Hall RS1
Environmentalist

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

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: 7271A
TC: _____
SERIAL: № 21153 L ☒ CRT

JOB LOCATION

☒ ADDRESS: 9301 (STREET NO.) Idlewild Rd (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 135-161-05
⑤ SUBDIVISION: _____ ⑥ LOT: L2 ⑦ BLOCK: B3

OWNER

☒ NAME: Clifford (FIRST) Jerry (MIDDLE) Thomas (LAST)
☒ MAILING ADDRESS: 9301 Idlewild Rd
☒ CITY: Charlotte ☒ STATE: NC ☒ ZIP: 28227
☒ PHONE: (WORK) _____ ☒ (HOME) 704 545-4125

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Utility Rm, ½ Carport (WP)

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? 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: Clifford Jerry Thomas
Date: 2-6-91

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 36 months from the date of issuance.

Environmentalist — Date: 2/6/91

Director or Authorized Section Head — Date: 2/6/91

*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: 02/6/91

Name/Company: JERRY THOMAS

Sanitation Field

Vector Control _____

O.P.W.D. ✓

Service: IMPROVEMENT PERMIT ✓

9301 IDLEWILD RD.

HOME ADDITION

File: 9271A

TP: 135-16-05

Paid 02/06/91

Fee: $ 125.00 Cash 125.00

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 2/6/91

COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Char.

PARCEL NUMBER # 135-161-05

ASSIGNED ADDRESS 9301 Idlewild Rd

EXISTING ADDRESS _____

PROJECT NAME WA

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Address Verified

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

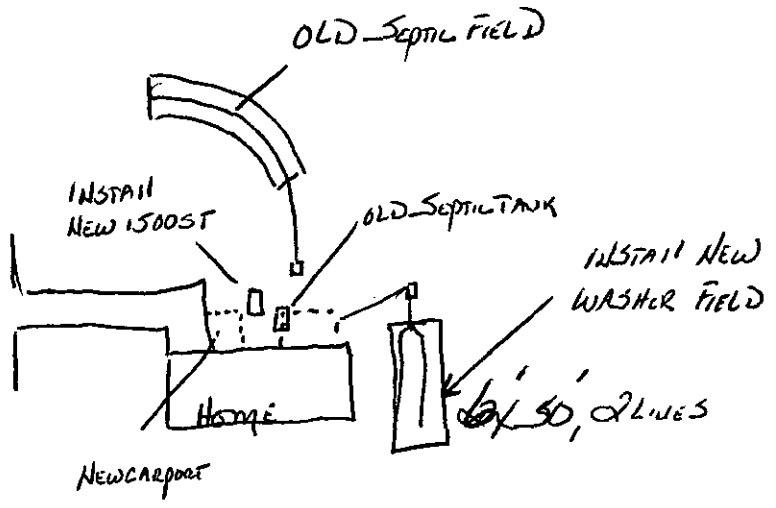
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7271 A DATE: 02/5/91

TC: 135-161-05 ☐ L

SERIAL Nº 14895

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 02/5/91. All work shall be completed on or before 02/5/91, 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.



IDLEWILD RD

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 6' feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House >10' feet

Distance from Property Line >10' feet

Distance from Well >50' feet

NAME OF OWNER JERRY THOMAS

LOCATION OF PROPERTY 9301 IDLEWILD RD.

Comments: INSTALL 6'x50' BED, 2 LINES, 12 IN GRAVEL, STRAW

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 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