

3712 SHIRLEY DR

11339220

5/30/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
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U

Complaint Number 00014528 1 Date Entered 08/14/95 Date Updated 08/14/95
Type Complaint SIB Permit Type SEW

	Street Name	Number	Dir	Zipcode
Location/Description	SHIRLEY DRIVE	3712		28214

Request By SWAIN [illegible] 3712 ELVERLY [illegible] County Office
Phone Number 399-0170
Address 3712 SHIRLEY DRIVE
City CHARLOTTE State NC Zipcode 28214
Directions:

Complaint:
SEPTIC OVERFLOW (RENTOR COMPLAINT)
UNIT 071

EHS Number 17035 Tax/Map Number 11327316 Census
Property Name HOLIDAY MHP
Owner Name AYERS DARLENE
Owner Address 3712 SHIRLEY DRIVE
Owner City CHARLOTTE State NC Zipcode 28214
Owner Phone -
Date/Time 08/11/95 (HH MM) Create Work Order (Y/N) Y Log Only (Y/N) N
8/14/95 15:42:13

01-03 SA MW KS IM II S1 S1037498 KB

8/23/95 - Met with David Ayers - ~~the~~ Renters have young families moved in (Some children have brought ~~the~~ their families) The effluent is standing at the tank. Repair permit will be issued.

8/31/95 - Repair inspected. JHB

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9568 DATE: 8/31/95

TC: 113-173-16 ☐ L ☐ CRT

SERIAL No 16402

Name of Owner W. K. Mauney, Jr. Juris.: _____

Address of Property 3712 Shirley Drive / Holiday MHP

Inspection Data:

Tank Material _____

Total Length of Drainfield 120

Number of Lines 3 @ 40

Cover Depth —

Water Supply Source Community

Distance to Water Source — 10' OFF WATER LINE

Excavation Inspected 8/31/95

Tank(s) Inspected —

Wash Line Inspected TEE INSTALLED

High Water Alarm Inspected —

PLOT

Design 360 sq.ft., 18"G, T, soil series not determined 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 I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 I5A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Further repair would require a pump. Recommended checking toilets and limiting laundry. Resident has additional family there until December.

Toni Higgins-Bunny, R.S.
Environmental Health Specialist

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

1/22/97 bd
Cash 150.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

7568 [ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION: David Ayers for

NAME: Bunny W K Jr.
(last) (first) (mi)

ADDRESS: 5328 Elon Dr PHONE: (__) 399 3181

CITY: Chlot STATE: NC ZIPCODE: 28214

Date: 1-22-97

PROPERTY OWNER:

NAME: [redacted]
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 113-173-16

STREET ADDRESS: 3712 Shirley Dr.

ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Holiday MHP

LOT NUMBER: 72 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[X] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [X] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the 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: X David Ayers Date: X 1-22-97

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[X] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... Use existing system. Must maintain 5' separation from mobile home to septic system. Expanded to three bedroom due to expansion of repair 8-23-95.

Ann Higgins Bunny, R.S. 2/21/97
Environmentalist Date

WWATER : 122791

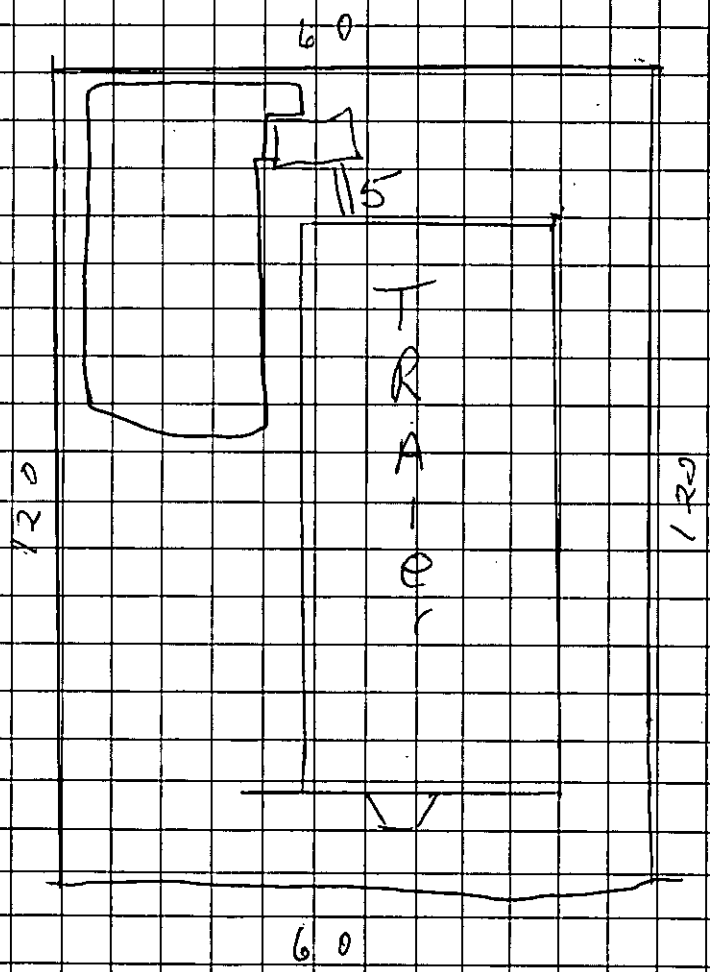
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7568

TC: 113-173-16

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 2/18/97

OWNER/AGENT SIGNATURE

DATE 1-22-97

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

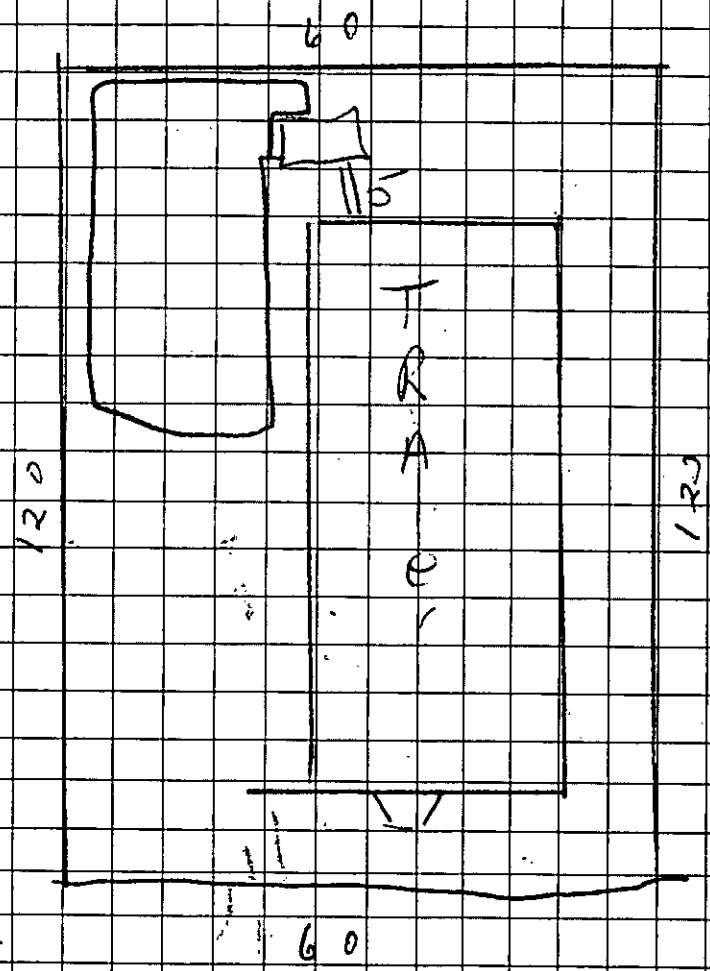
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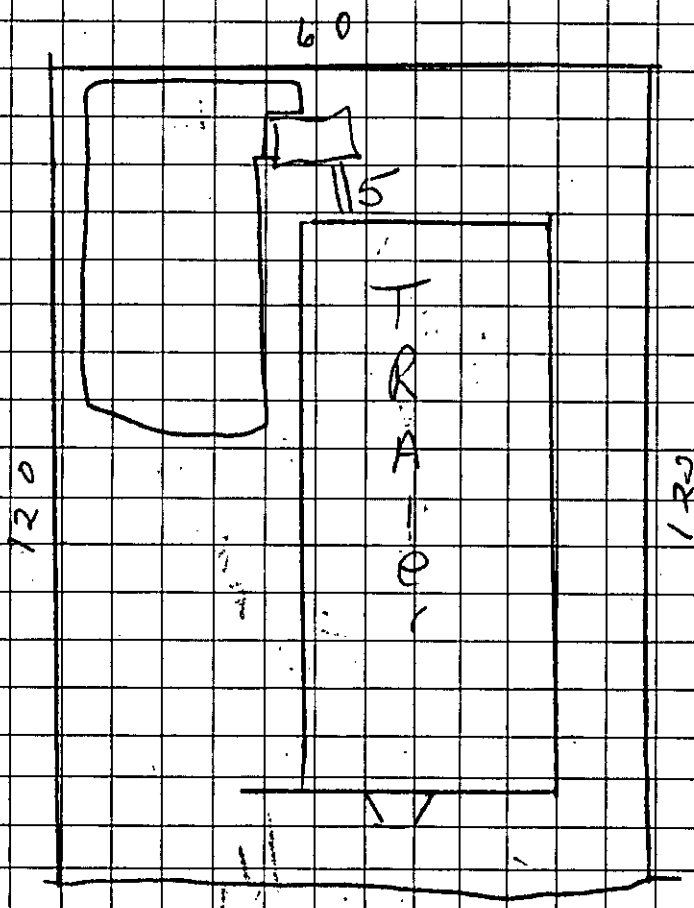
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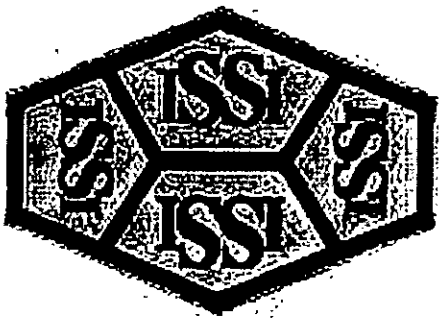
DATE 1-22-97

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ISSI Operations Center Staff

Date Issued 3/4/74 Serial No. [illegible] ICARUS Permit No. 7565

T C No.

Map Ref.

MECKLENBURG COUNTY HEALTH DEPARTMENT

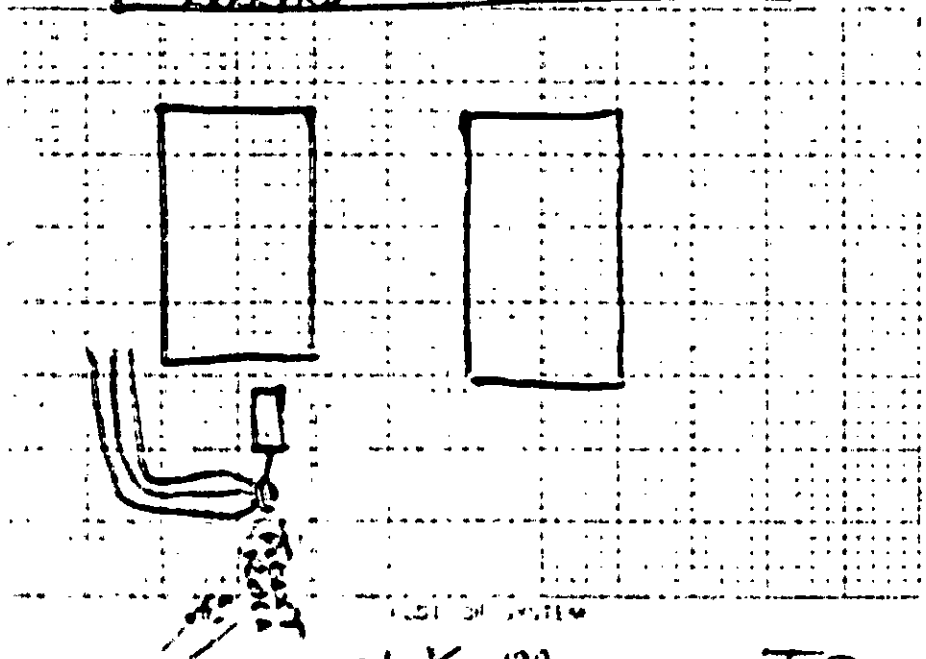
ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

[illegible] Install or Construct X Alter or Repair an individual [illegible] waste treatment system with subsurface soil absorption effluent disposal [illegible] is granted subject to the [illegible] 7565 dated 3/4/74 and this permit shall be void after [illegible] 3/20/74 unless [illegible] this permit shall be null and void.

WATER LINE — SHIRLEY DR.



LOT OF SYSTEM

Permit issued for: REPAIR

Liquid Capacity of Tank: —

Tank Construction: —

Absorption Area (sq. ft.): 120

Number of Lines: 3 (7½' X 40')

Distance from Well: 10'

Distance from Property Lines: 10'

Distance from Lake: 100'+

NAME OF OWNER: W K MAUNEY JR (HOLIDAY TERR)

LOCATION OF PROPERTY: SHIRLEY DR - LOT 72

This permit is issued for the construction requirements as set forth in the Regulations of the Mecklenburg [illegible] 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 inaccessible for inspection.

Comments: [illegible]

R. Bigman

TA/EPS

Date — Supervisor

L P Bigman

Environmentalist

For permits for the installation or construction of a new system, it must be signed by the division or a supervisor of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-9-1-72

HEALTH DEPARTMENT COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9568 DATE: 8/31/95

TC: 113-173-16 ☐ L ☐ CRT

SERIAL № 16402

Name of Owner W. K. Manney, Jr. Juris.: _____

Address of Property 3712 Shirley Drive / Holiday MHP

Inspection Data:

Tank Material _____

Total Length of Drainfield 120

Number of Lines 3 @ 40

Cover Depth —

Water Supply Source Community

Distance to Water Source — 10' OFF WATER LINE

Excavation Inspected 8/31/95

Tank(s) Inspected —

Wash Line Inspected TEE INSTALLED

High Water Alarm Inspected —

PLOT

Design 360 sq.ft., 18"G, T, soil series not determined CTR# Thomas Kerns #73

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: further repair would require a pump. Recommended checking toilets and limiting laundry. Resident has additional family there until December.

Tom Higgins-Bunney R.S.
Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

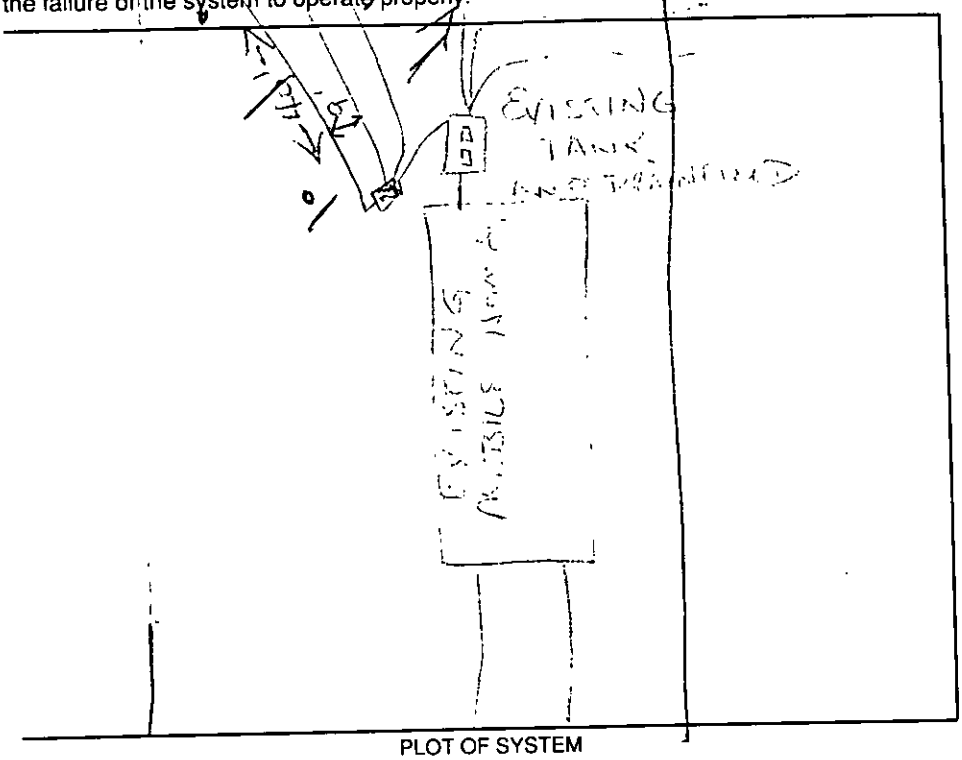
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7568 DATE: 8-23-95

TC: 113-173-16 ☐ L

SERIAL Nº 16234

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 8/2/95. All work shall be completed on or before 9/23/95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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

SHIRLEY DRIVE

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PVC

Trench Depth 12"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 120 feet

Number of Lines 3

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well Community feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER DARLENE AYERS

LOCATION OF PROPERTY 3713 Shirley Drive

Comments: CLEANOUT EXISTING DBOX AND GRAVEL AND SEE IF EXISTING SYSTEM CAN BE USED. FEED NEW DBOX FIRST THEN OVERFLOW TO OLD SYSTEM.

Donald Wayne Bunny
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

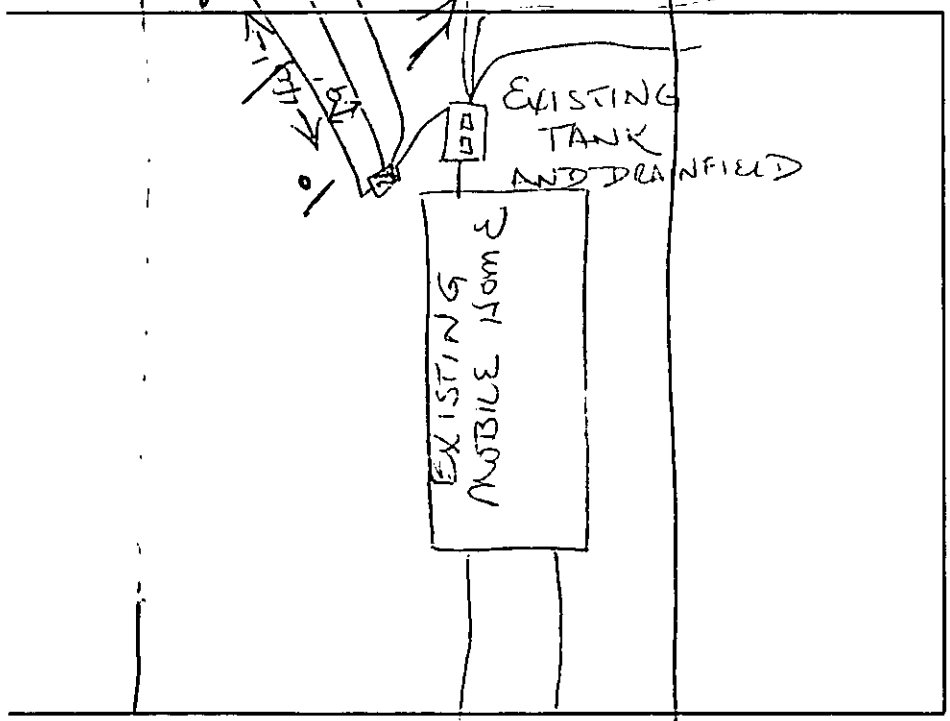
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ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7568 DATE: 8-23-95

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Tank Construction PCC

Trench Depth 12"

Absorption and/or Nitrification Lines:

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Total Line Length 120 feet

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Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 5 feet

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Comments: CLEANOUT EXISTING DBOX AND GRAVEL AND SEE IF EXISTING SYSTEM CAN BE USED. FEED NEW DBOX FIRST THEN OVERFLOW TO OLD SYSTEM.

Jane Higgins Bunny
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

2460

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9568 DATE: 8/31/95

TC: 113-173-16 ☐ L ☐ CRT

SERIAL Nº 16402

Name of Owner W. K. Mauney, Jr. Juris.: _____

Address of Property 3712 Shirley Drive / Holiday MHP

Inspection Data:

Tank Material _____

Total Length of Drainfield 120

Number of Lines 3 @ 40

Cover Depth —

Water Supply Source Community

Distance to Water Source 10' OFF WATER LINE

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High Water Alarm Inspected —

PLOT

Design 360 sq.ft., 18"G, T, Soil series not determined CTR# Thomas, Kevin #73

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

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Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Further repair would require a pump. Recommended checking toilets and limiting laundry. Resident has additional family there until December.

Tom Higgins-Bunney R.S.
Environmental Health Specialist

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

7568 R400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Ayers (last) David (first) H. (mi)
ADDRESS: 5328 Elgar Dr PHONE: (704) 399-3181
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date: 8-29-95

PROPERTY OWNER:
NAME: Maurey (last) W.K. (first) Jr (mi)
ADDRESS: P.O. Box 1279 PHONE: (__) _____
CITY: Kings Mtn STATE: NC ZIPCODE: 28086

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-173-16
STREET ADDRESS: 3212 Shirley Dr Char. NC 28214
ZONING:

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: Holiday Mhp

LOT NUMBER: 72 LOT SIZE (in acres): 60 X 130

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☒ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☒ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☒ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☒ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the 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 Ayers Date: 8-29-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...Repair permit issued. Had misplaced original application.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☒ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date 9-13-95

Director or Authorized Section Head Date

WATER : '22 '91

SEE INSTRUCTIONS ON BACK

Date Received 8/15/95

7568
ICAR (S) Application No. 9507

T. C. No. 113-173-16

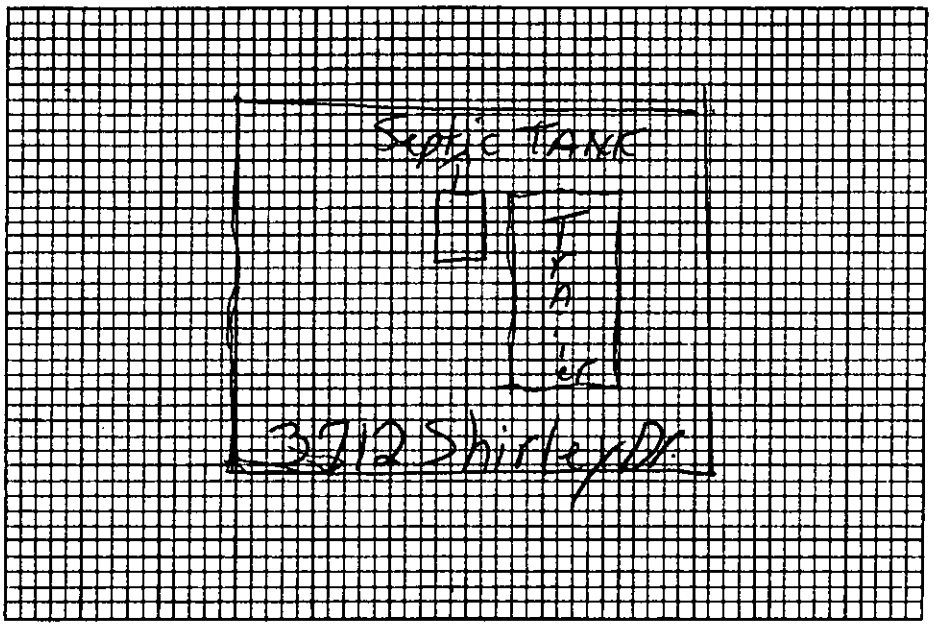
Map Date _____

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 X Yes ____ No
Residence ____ Yes ____ No

4) No. of Bedrooms 2
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 Mayney (LAST) Jr. W. (FIRST) K. (MIDDLE)
14) ADDRESS OF OWNER P.O. Box 1279 Kings Mtn, N.C. 28086
15) PHONE NO. Home 399-3181 Office 399-3181
16) LOCATION OF SYSTEM 3712 Shirley Dr. off of Walkers Ferry Rd. (STREET OR COUNTY ROAD)
17) SUBDIVISION HolidAym-H-Park Lot No. 72 Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

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.

8/15/95
DATE OF APPLICATION

W.K. Mayney, Jr.
OWNER

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 5/15/15

ICAR (S) Application No. [illegible]

T. C. No. 15-143-16

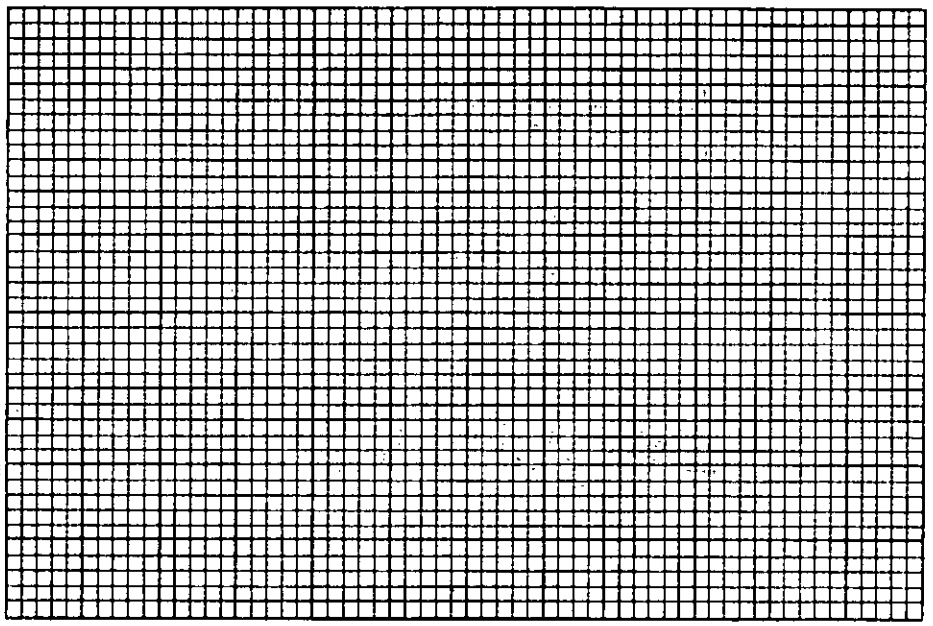
Map Date _____

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 3

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 [illegible] (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. [illegible] Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

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.

[illegible]
DATE OF APPLICATION

[illegible]
OWNER

EHD-5-76

Environmentalist's Copy

SEE INSTRUCTIONS ON BACK

Date Received 8/15/95

ICAR(S) Application No. 7504

T. C. No. 113-112-16

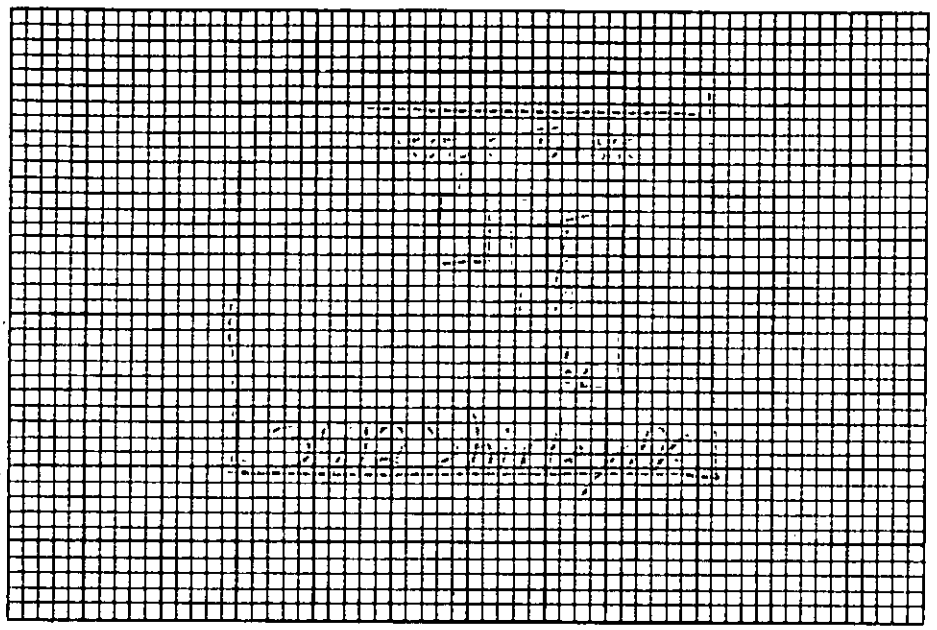
Map Date _____

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 2

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 Mauney Sr. (LAST) W. (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 1279 Kings Mtn N.C. 28086

15) PHONE NO. Home 399-3181 Office 399-3181

16) LOCATION OF SYSTEM 3712 Shirley Dr. off of Walkers Ferry Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Holiday M-H-Park Lot No. 72 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

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.

8/15/95
DATE OF APPLICATION

W.K. Mauney Jr.
OWNER

EHD-5-76

Owner's Copy

INSTRUCTIONS

PLEASE TYPE OR PRINT

1) Check block 1) if the application is for a permit to install or construct a new system.

2) Check block 2) if the application is for a permit to alter or repair an existing system.

3) Draw in and dimension the lot concerned. Draw in and name all roads adjoining the property and indicate which direction is north. Accurately diagram the house which is located or is to be located on the lot. Show the location or proposed location of all water lines and wells. If application is made to alter or repair an existing system also indicate the location of the existing system.

4) Indicate the number of bedrooms in the building. Include all rooms which are to be used as bedrooms or might later be furnished or converted to bedroom use and any contemplated additional bedrooms to be constructed in the future.

5) If building is to be used for business purposes, indicate the maximum number of employees to be employed and attach a seperate sheet giving a brief description of the nature and purpose of the business.

6) Indicate whether a washing machine has been or ever will be installed in the building.

7) Indicate whether a garbage disposal has been or ever will be installed in the building.

8) Indicate whether a dishwasher has been or ever will be installed in the building.

9) Indicate what kind of water supply is serving or will serve the building.

Check A if the water supply for the building will be a well which is located on the lot described herein and if the building will be occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as or used in a food product.

Check B is the water supply for the building will be furnished by a City, County, Town or other governmental authority.

Check one of the blanks under C if the water supply for the building will be furnished by a private owned system other than an individual well as specified under 9A. Check 1. if the water source of the community system is a well or wells. Check 2. if the water source of the community distribution system is a city, county, town, or other governmental authority.

10) Indicate whether the building is located within 200 feet of a public (city or county) sewer line or within 200 feet of a privately owned sewer line.

11) If financing is to be provided by an FHA loan, indicate the FHA case number.

12) If financing is to be provided by a VA loan; indicate the VA case number.

13) Fill in full name of owner.

14) Fill in address of owner

15) Self explanatory.

16) Indicate location of property on which system is to be installed, constructed, altered, or repaired. Give street address, county road number, etc.

17) Name of subdivision (if applicable) in which the lot on which the system is to be built is located or name shown on recorded plat plan showing said lot. Lot and block number of lot on which application is being made to install or repair system. Book and page number where map is recorded in the Mecklenburg County Register of Deeds Office. This information is usually contained in the deed description.

18) Book and page number where deed to current owner is recorded in the Mecklenburg County Register of Deeds Office (see deed).

19) Indicate whether a soil investigation has been run by the Mecklenburg County Department of Environmental Health and if so, the approximate date it was run.

20) If a soil investigation was run on the lot after Sept. 1, 1970, a soil investigation report was sent to the owner indicating the results of the test. The number in the upper right hand corner of that report should be entered here.

This application must be signed by the owner of the property or by the President or Vice-President or other proper official of a corporation if the property is owned by a corporation and the corporate seal affixed. The signature on an agent of the owner will be accepted only if accompanied by a specific letter of authorization or a recorded power of attorney authorizing same.

The owner is to tear off and retain the last copy of this application (marked Owner's Copy) for his records. The original and all other copies should be sent to the Mecklenburg County Department of Environmental Health, 1200 Blythe Boulevard, Charlotte, North Carolina 28203.

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

DATE: 8/15/95

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 113-173-16

ASSIGNED ADDRESS 3712 Shirley Dr

EXISTING ADDRESS _____

PROJECT NAME N/A

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: Septic tank repairs

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 DRIVEWAYS.

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100