

809 SARDIS RD N

21341125

6/15/2007

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: 6491-A DATE: 3/21/90

TC: 213 411 25 ☑ L ☐ CRT

SERIAL Nº 13087

Name of Owner Shem K. Blackley Juris.: Char.

Address of Property 809 Sardis Rd. North

Inspection Data:

Tank Material —

Total Length of Drainfield 500'

Number of Lines 5 @ 100'

Cover Depth 12"

Water Supply Source P/well

Distance to Water Source >50

Excavation Inspected Y

Tank(s) Inspected Y

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: Repair & Alter 1990 CTR# 82

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: updated to 4 bedrm. new "T" added, new D-box. WL's, Kitchen sink tied into SPS.

Tim Whittaker, R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

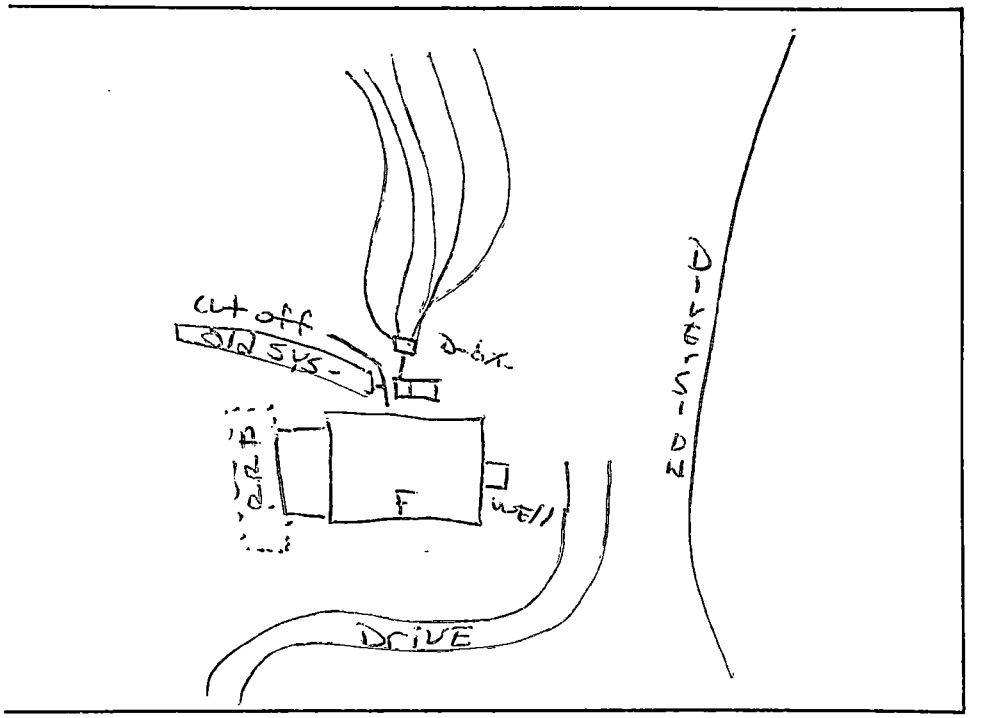
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6491-A DATE: 3/21/90

TC: 213 411 25 ☐ L

SERIAL Nº 14594

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 2/12/90. All work shall be completed on or before 4/21/90, 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 \ gallons

Liquid Capacity of Dosing Tank \ gallons

Tank Construction \

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 500' feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50 feet

NAME OF OWNER Shem K. Blackley Jr.

LOCATION OF PROPERTY 809 Sardis Rd. N.

Comments: locate tank & pump, check tank for structure, replace "T" if necessary, locate D-box - replace or add if necessary add (5) 3'x100'x12" Gravel. Place ext. washer lines into D-box. Cut off old sys.

Division or Section Head

Tim Whittaker, R.S.
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.

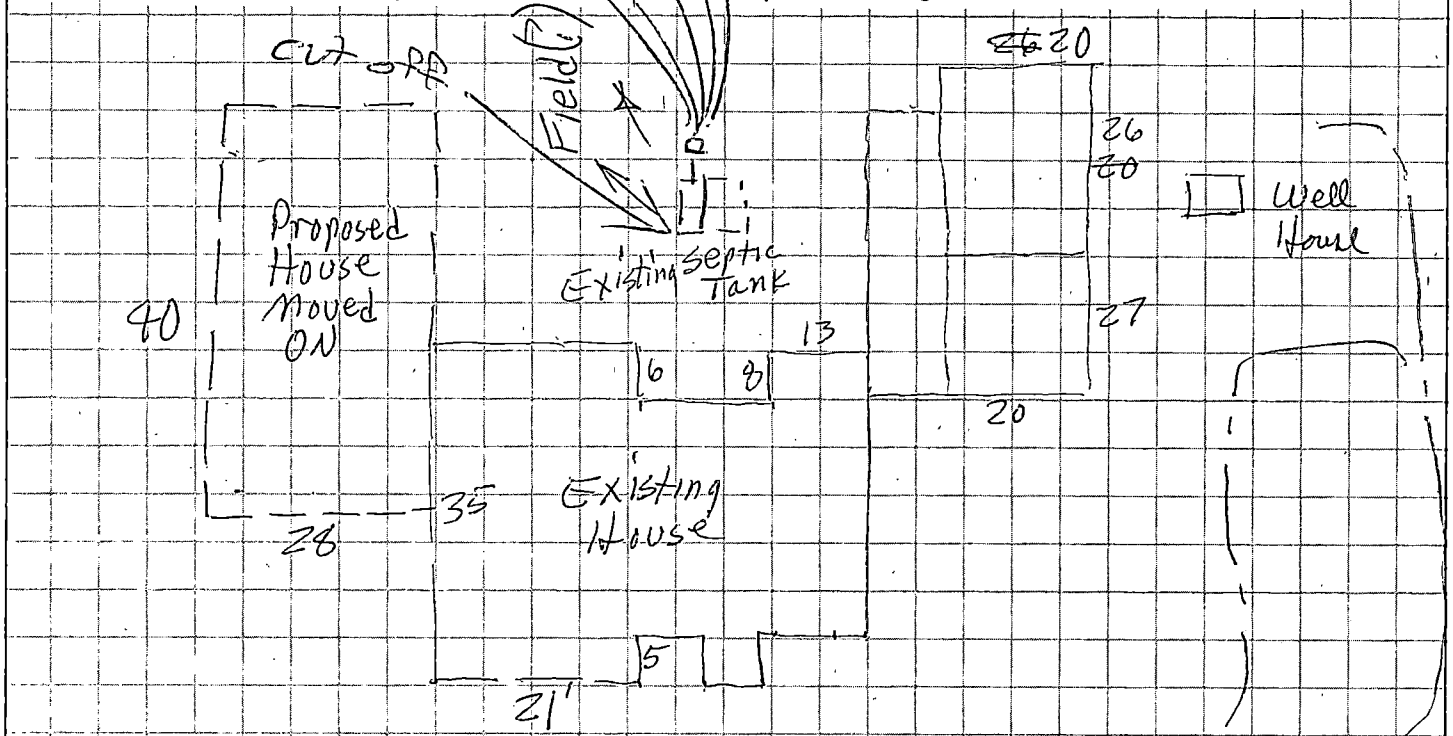
PROPOSED PLOT PLAN

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

FILE: 6491A

TC: 213-411-25

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.



801 Sardis Rd N.
~~213-703-09~~
213-411-25
Lot: 3.49 Acres

Move ON
2
1

Existing
2
2 1/2 Bedrooms
Bath

℄ Drive

Owner
S K Blackley
801 Sardis Rd N.
28226
568-0391

SARDIS Rd NORTH

← To Sardis Rd

To Monroe Rd →

APPROVAL DATE 2/16/90 TW.

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-12-90

Name/Company: John K. Blackley, Jr.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Expansion + Repair

Fee # 6491A

MECK
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 12 1990

Fee: $ 125.00

CR# 1074
$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

125-02

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: 6491 A
TC: 213-411-25
SERIAL: № 20270
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 809 (STREET NO.) Sardis Rd North (STREET) ② FILE:
③ JURISDICTION: Charlotte ④ TAX PARCEL NO.: ~~213~~ ~~411~~ ~~25~~ 213 103 09
⑤ SUBDIVISION: none ⑥ LOT: 3, 49 A Sardis Rd N, ⑦ BLOCK:

OWNER

⑧ NAME: Shem (FIRST) K (MIDDLE) Blackley Jr (LAST)
⑨ MAILING ADDRESS: 801 Sardis Rd North
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28226
⑬ PHONE: (WORK) ⑭ (HOME) 364-0391

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) ~~To existing Res.~~ Move on - addition

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2+2=4
㉕ Type?
㉓ Maximum occupancy? Family
㉖ Maximum number of employees?
㉔ Basement? ☑ yes ☐ no Partial
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: Shem K Blackley Jr
Date: 2-12-90

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.

Tim Whittaker, 3/21/90
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.

DATE 2/12/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

#213-411-25
PARCEL NUMBER

809 N Sardis Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	_____APPROVED	_____NOT APPROVED
2.	FLOODWAY REGULATIONS	_____APPROVED	_____NOT APPROVED
3.	EROSION CONTROL REGULATIONS	_____APPROVED	_____NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	_____APPROVED	_____NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	_____PRESENT	_____NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	_____YES	_____NO
7.	DRIVEWAY PERMIT REQUIRED	_____YES	_____NO

REMARKS: Move on & addition to existing structure

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

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: _____