SEE INSTRUCTIONS ON BACK

Date Received 5/10/84

ICAR(S) Application No 21040

T C. No. C58-171-82

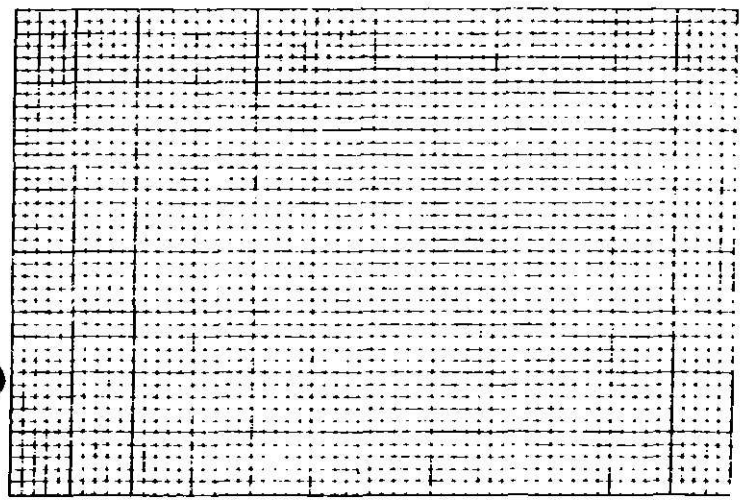
Map Date 1

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 propert, 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



31 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 Supply ✓
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 White (LAST) Eddie (FIRST) Lamar (MIDDLE)

14) ADDRESS OF OWNER [illegible] Fort Mill S.C. 29715

15) PHONE NO. Home 548-1954 Office 547-C962

16) LOCATION OF SYSTEM [illegible] Pavilion Dr Charlotte, N.C. 28214 (STREET OR COUNTY ROAD)

17) SUBDIVISION Woods Edge Acres Lot No. 10 Revised 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.

Eddie L. White

DATE OF APPLICATION — OWNER

EHD-S-76

Sanitarian's Copy

Date Issued 5-14-84

Serial No. 07138

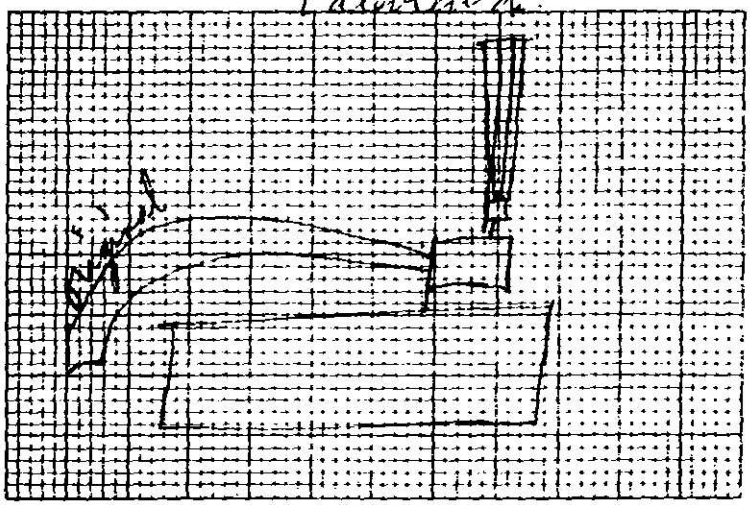
ICAR(S) Permit No. 21040

T C No. 059-171-02

Map Date i

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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 application 21040, dated 5-1-84 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 6-14-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Regular

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 2

Distance from House 5'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Eddie Matlock

LOCATION OF PROPERTY 2300 Television Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

1 bed 6'X2.5'X34" stone, 2 lines, straw cover.

Comments: ___

Division or Section Head

D. K. 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 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.

BHD-5-76

Environmental Health Department

C of A (s) No. 21040

Date Issued 5-14-84 **Serial** 6610 T C. No 059-171-02 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Mallox (LAST) Eddie (FIRST) (MIDDLE)

Location of Property 2800 Falconview Dr.

Application Number 21040 Permit Number 21040

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material —

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 34" Cover Depth 30"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 5-14-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5-14-84 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval 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

K. K. Ferguson
Environmentalist

EHD-5-76

H

Date Issued 5-25-54

Serial No. 07141

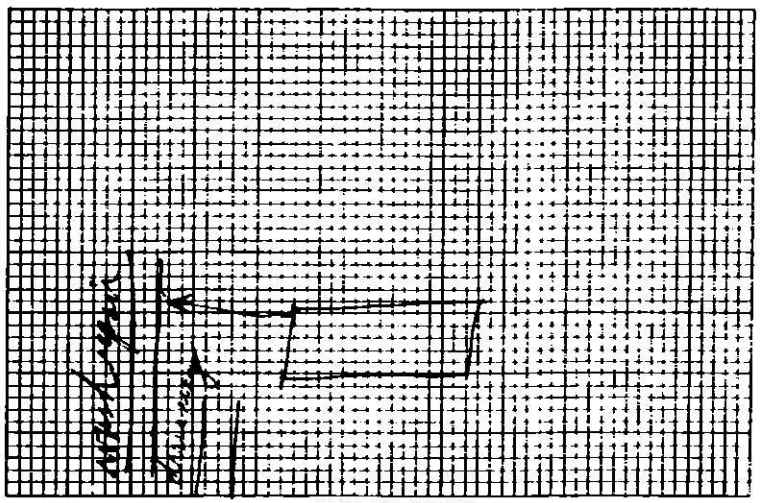
ICAR(S) Permit No. 21040

T C No 059-171-02

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ___ Install or Construct, L 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 application 21040, dated 5-1-54 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 6-1-54, after which date this permit shall be null and void. wash machine



PLOT OF SYSTEM

Permeability Rate repair

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and or Nitrification Lines

Total Line Length 105

Number of Lines 1

Distance from House 5

Distance from Property Line 10

Distance from Well 50+

NAME OF OWNER Eddie Mallot

LOCATION OF PROPERTY 2903 Valleview Ter.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. 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.

1 trench 3 X 35 X 51" stone, straw cover. Wash machine repair.

Comments: ___

Division or Section Head

D. K. 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 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.

EHD-5-76

Department of Health Department's Copy

C of A (s) No. 7-1040

Date Issued 5-25-84 **Serial** 6647 T C No 054-171-01-L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Mattox (LAST) Eddie (FIRST) (MIDDLE)

Location of Property 2300 Valencia Dr.

Application Number 7-1040 Permit Number 7-1040

Inspection Data:

Liquid Capacity of Tank 1250 Gal Wash/Precast Tank Material —

Total Length of Drain Tile 105' Number of Lines 1

Depth of Filter Material 51" Cover Depth 24"

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 5-25-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5-25-84 (DATE)

Washing Machine Line Inspected If Applicable 5-25-84 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption effluent discharge as described above and it has been installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Approval 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 Certificate of Approval is issued subject to those restrictions and conditions shown on the permit as in addition to those listed below under comments. This Certificate of Approval 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

T. K. Ferguson
Environmentalist

EHD-5-76

15K.

$25.00 Paid

U

Applicant HANEY TIMOTHY S Appl.Date 12/16/91 Updated 12/17/91
Mail Addr 2800 DALEVIEW DRIVE Phone 704 394-1632
City CHARLOTTE State NC Zipcode 28214
Prop Ownr HANEY TIMOTHY S
Mail Addr 2800 DALEVIEW DRIVE Phone 704 394-1632
City CHARLOTTE State NC Zipcode 28214 Township 1
Tax Map No. 05917102 Road 2800 DALEVIEW DRIVE Zoning
Sub/Mobil Sec Lot No. Lot Size
Type App X Site Y or Tract Type Bldg H System Classif (NOT REQUIRED) F 1
Resident. Specif: No. Bedrooms 03 No. Occupants 002 Undgrnd. Stor. (Y/N)
Commercial/Industrial/Other Specifications:
Type No. Empl. 0000 No. Empl. per Shift 0000 0000 0000
Industrial or Mfg. Wastes (Y/N) Underground Stor. Tank (Y/N)
Prop. Water Sup. P Proposed Sewage E Construct. Status P Sites 1
Planned Future Additions (Y/N) Fee 0000.00 EHS Assigned 17029
Directions: DETACHED GARAGE MH individual

Date Appl. Recd. 12/17/91 Date Insp. 12/27/91 Insp. Status Approved
Date Letr. Sent Type Letr. Date Eval. Eval. Status
Date Perm. Date Cert.Iss. Disp.Code Followup
Denial Codes:
Repaired (Y/N) Rep. Date Perm. No. 21040 Operat. Permit (Y/N)
12/17/91 14:20:55

Approved System
1 R.S.V.
12/27/91

1 480 sq ft
3 5 bdrm or less 180 up to 3000
3 3000 sq ft or greater

JK

PROPOSED PLOT PLAN

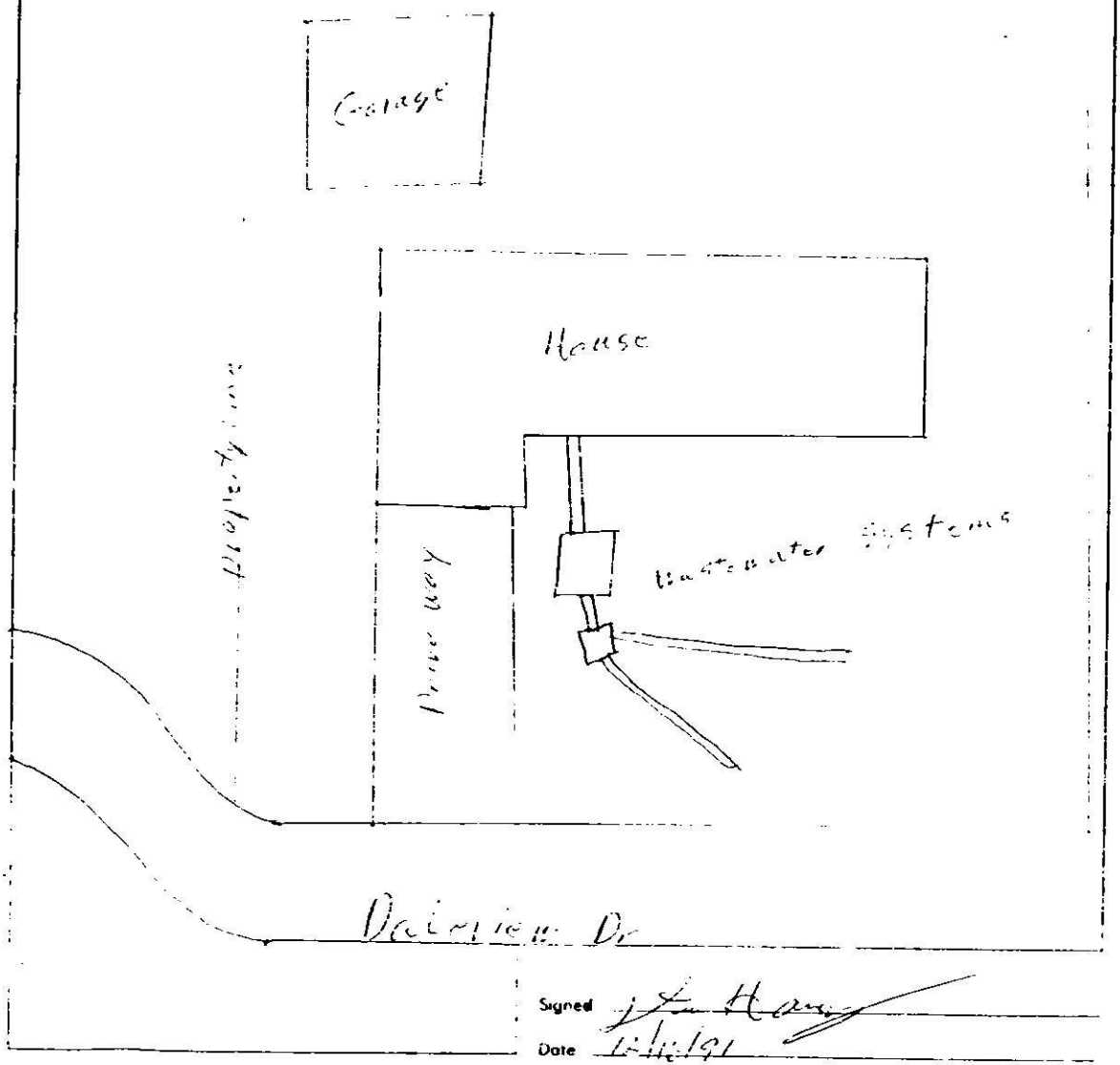
Pd 25.00
Cash
12-16-91
MS

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

FILE: 21040'

TC: 059-171-02

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.



Signed J. Tim Harris

Date 12/16/91

3R

21040 460 ☒

Pd $500 CASH NB 12-16-91

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

CRY

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: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

Date:

PROPERTY OWNER:

NAME: _____ (last) _____ (first) _____ (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

PROPERTY INFORMATION
(FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 059-171-02

STREET ADDRESS: 2800 Dalevicw Dr
Chas NC 28214

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[ ] SOIL TEST - INDIVIDUAL LOT (O)
[ ] 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)
[X] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
[X] 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: _____ Date: _____

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 permit is issued by this Department.

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

...This permit is not transferable.

...Approved Site

Approved Addition

_____ Environmentalist 12/16/91 Date

_____ Director or Authorized Section Head Date

WATER : 112991