21455

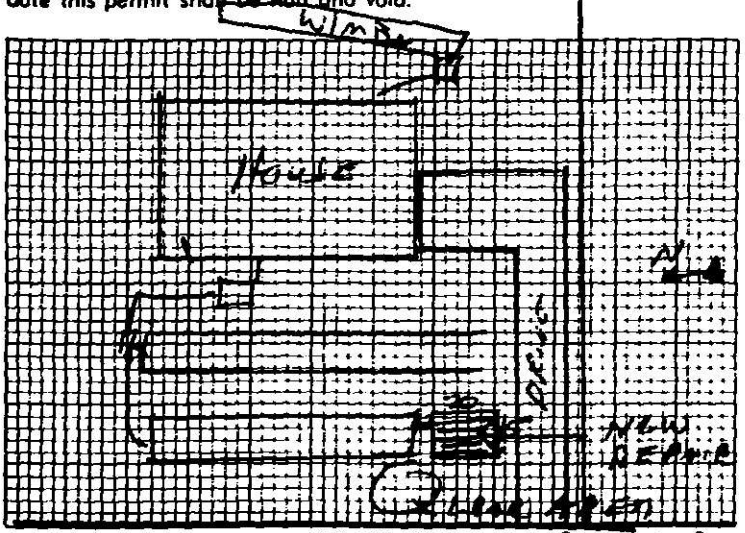
Date Issued Sept 6th 1984 Serial No. 07530 ICAR(S) Permit No. ~~21446~~

T C. No. 035-174-15

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, X 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 ___ dated Aug 31st 1984 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 Sept 21st 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM W. PORTE Rd

Permeability Rate 4 LTB

Liquid Capacity of Tank ___

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length 100 lin ft

Number of Lines Five

Distance from House 30 FT

Distance from Property Line 15 FT.

Distance from Well City Source

NAME OF OWNER JORDAN, FLOYD

LOCATION OF PROPERTY 1930 W. LAPORTE 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.

one bed to be 15 FT x 20 FT x 18 in. Rock bed - buy 2 extra covers.

Comments: (check connects for leakage)

Division or Section Head

Ralph Mills
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

Environmental Health Department's Copy

C of A (s) No. 21455 21446

Date Issued 9-24-84 Serial 7000 T. C. No. 035-174-15 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 JORDAN, FLOYD (LAST, FIRST, MIDDLE)

Location of Property 1840 W. LAPORTE ~~RD~~ Dr

Application Number 21416 Permit Number 21416

Inspection Data:

Liquid Capacity of Tank Repair. Tank Material Repair

Total Length of Drain Tile 100 lin. FT. Number of Lines Five

Depth of Filter Material 18 inches Cover Depth 18 inches

Water Supply Source well Distance from Water Source C.T.

Excavation Inspected 9-24-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (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:

Ralph Miller
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-6-84

21455
ICAR(S) Application No 21446

T.C. No. 035-174-15

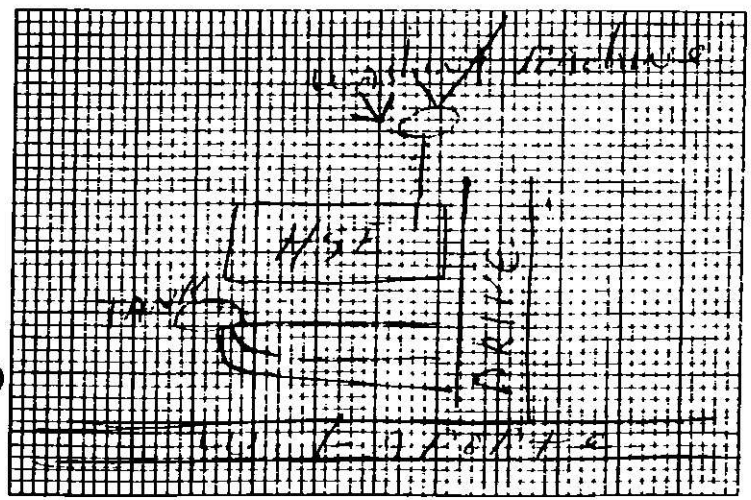
Map Date L

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 Jordan (LAST) Floyd (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 596 Calabash NC 28459

15) PHONE NO. Home 1-842-54 SCS 3443431 Office Gary Parker

16) LOCATION OF SYSTEM 1830 W. Lafayette St, 28216
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. ___ 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 some 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.

X Aug 31 1984
DATE OF APPLICATION

X Floyd L Jordan
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Received 1-10-85

RECEIVED
JAN 10 1985
ENVIRONMENTAL HEALTH

CAR(S) Application No. 21455

T. C. No. 035-174-15

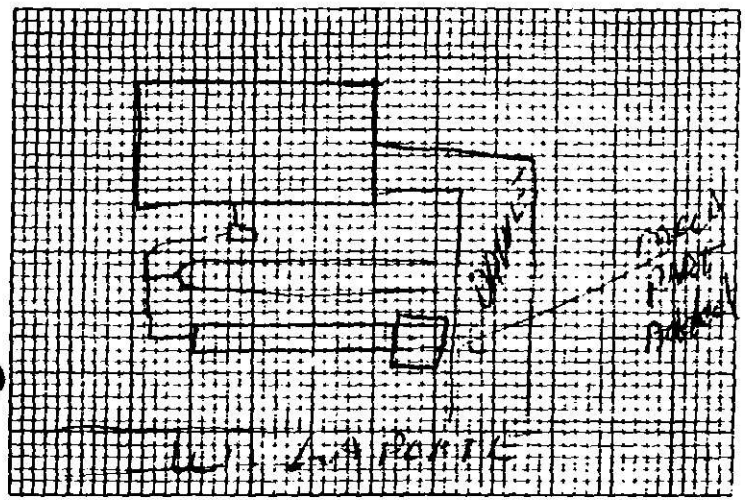
Map Date L

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 JORDAN (LAST) Eric Floyd (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER c/o 1615 Cayuga St. 28208

15) PHONE NO. Home 394-2654 Office 394-2431

16) LOCATION OF SYSTEM 1830 W. Arrowhead Dr. (STREET OR COUNTY ROAD) 28216

17) SUBDIVISION ___ Lot No. ___ 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.

1/10/85
DATE OF APPLICATION

for E. Floyd Jordan
By Tony Jordan
OWNER

EHP-5-76

Environmental Health Department's Copy

Date Issued 2-4-85

Serial No. 07889

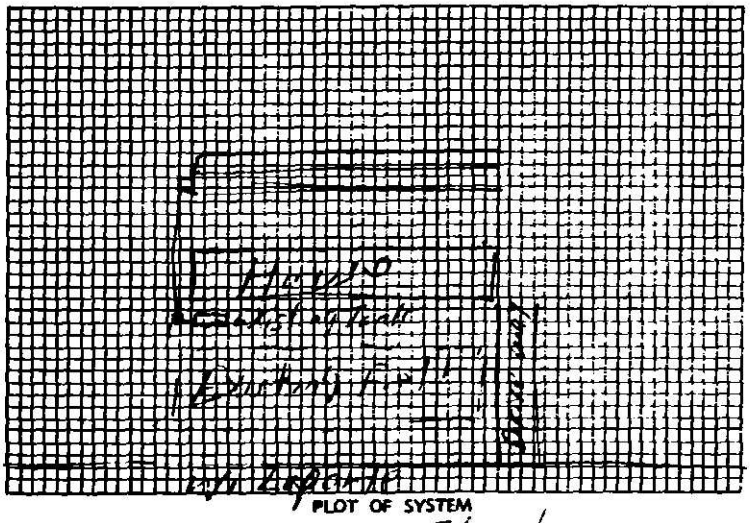
ICAR (S) Permit No. 21455

T C. No. 085-174-15

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 ~~H~~ Install or Construct, V 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 21455, dated 1-8-85 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 2-20-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate V+Fair

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 300'

Number of Lines Three

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Jordan, Floyd

LOCATION OF PROPERTY 1830 W. Laporte 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.

Three Trenches 100'X3'X17' Stone, 6" Sand, Tie into existing

Comments: Septic with diversion valve

B. Handsaker Jr.
Division or Section Head

Jim Ervin
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

Environmental Health Department's Copy

C of A (s) No. 21455

Date Issued 3-6-85 **Serial** 7301 T C. No. 035-174-15 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
OPERATION PERMIT

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

Name of Owner Jurdan (LAST) Floyd (FIRST) (MIDDLE)

Location of Property 1830 W. Layte Dr

Application Number 21455 Permit Number 21455

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PCC

Total Length of Drain Tile 300' Number of Lines Three

Depth of Filter Material 12" Stone 6" Sand Cover Depth 18"

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 3-6-85 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3-6-85 (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

Jim Ellison
Environmentalist

EHD-5-76

Environmental Health Department's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: _____
TC: _____
SERIAL: Nº 15593 ☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 1840 W Laposte (STREET NO / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: Coulwood ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Gary (FIRST) Van (MIDDLE) Gordan (LAST)
⑨ MAILING ADDRESS: 1615 Gambia Street
⑩ CITY: Charlotte ⑪ STATE: N C ⑫ ZIP: 28208
⑬ PHONE: (WORK) 553-7300 ⑭ (HOME) 394-2684

REQUEST

This request is for a(n):

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

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? 5 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 E.B Septic Tank
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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Gary Gordan
Date: 3/18/88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 Environmental Health or an authorized section head in order to be valid.