# APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

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

(OFFICE USE ONLY)
FILE: 21834
TC:
SERIAL: № 19949 ☐ L ☐ CRT

## JOB LOCATION

① ADDRESS: 8932 Mc ILWAINE Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 015-121-20
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

## OWNER

⑧ NAME: JANELLE Jeffrey HOFFETT BOYER (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 8932 Mc ILWAINE Rd.
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 373 4939 ⑭ (HOME) 875 0305

## REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Addition 2 STORY Exercise Rm.

## DESIGN CRITERIA

System will serve:

⑲ ■ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Type?
㉔ Maximum occupancy? 2
㉕ Maximum number of employees?
㉖ 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: Donald Bloslaw
DBS's Home Improvement
Date: 7-5-90

## 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.

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.

# MECKLENBURG COUNTY HEALTH DEPARTMENT
# ENVIRONMENTAL HEALTH DIVISION

## CHARGE SLIP

Date: 7/5/90

Name/Company: Doris Home Improvement

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Addition

8432 McAlpine Rd.

_____

_____

ENVIRONMENTAL HEALTH DIVISION

PAID

JUL 5 1990

File # 21834

Fee: $ 25.00

**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

# 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: 91-54
TC:
SERIAL: 10249 ☐L ☐CRT

**JOB LOCATION**

① ADDRESS: 8932 Mc ILWAINE Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 015-121-2
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: JANELLE (FIRST) Jeffrey (MIDDLE) McFEETT BUYER (LAST) 392-4149
⑨ MAILING ADDRESS: 8932 Mc ILWAINE Rd. 892-1762
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 373-4939 ⑭ (HOME) 875-0305

**REQUEST**

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Addition to Structure

**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 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: Janelle Jeffrey McFeett
Does Home Improvement
Date: 7-5-90

## 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.

Environmentalist — Date: 7/10/90

Director or Authorized Section Head — Date: 7-10-90

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

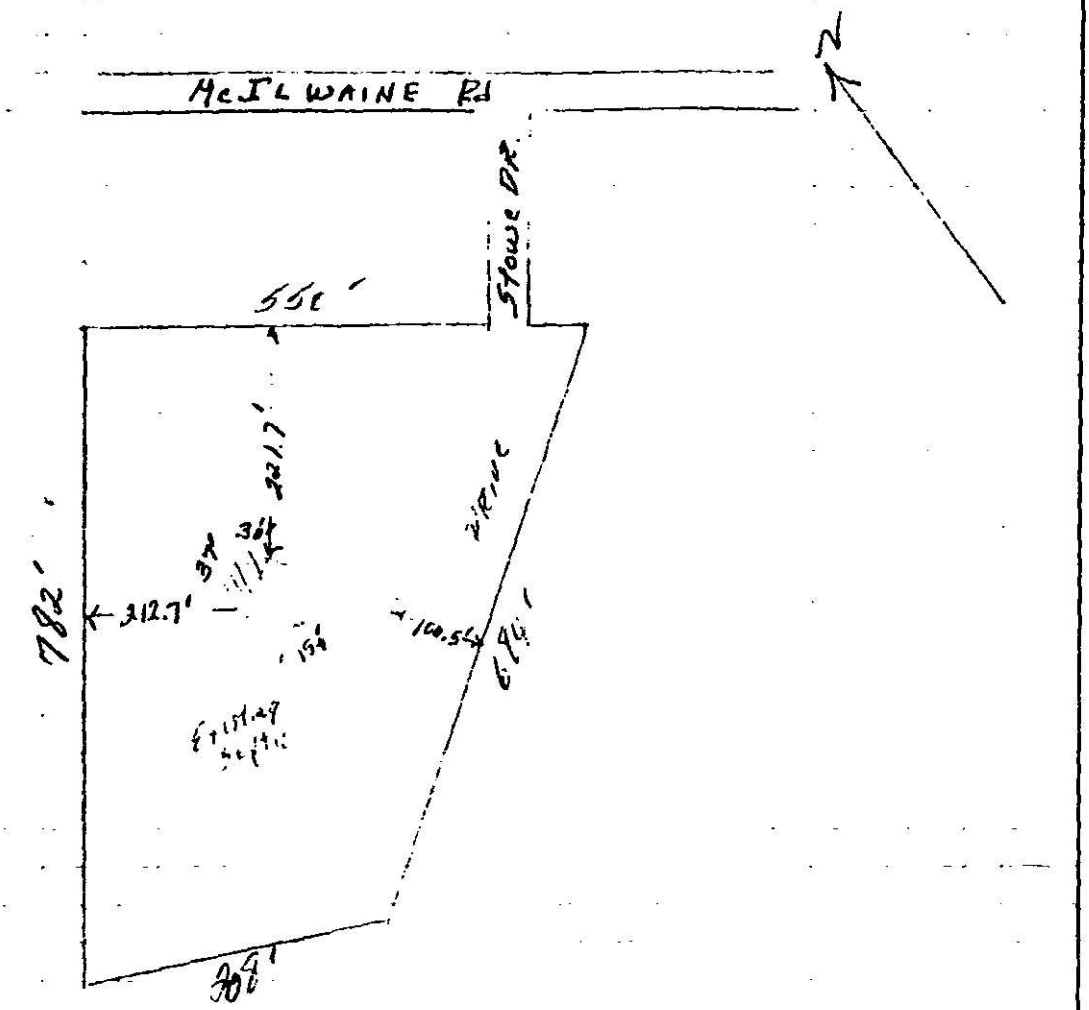
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 378-4603

FILE: 21834

TC: 015-121-20

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: 7/13/10

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

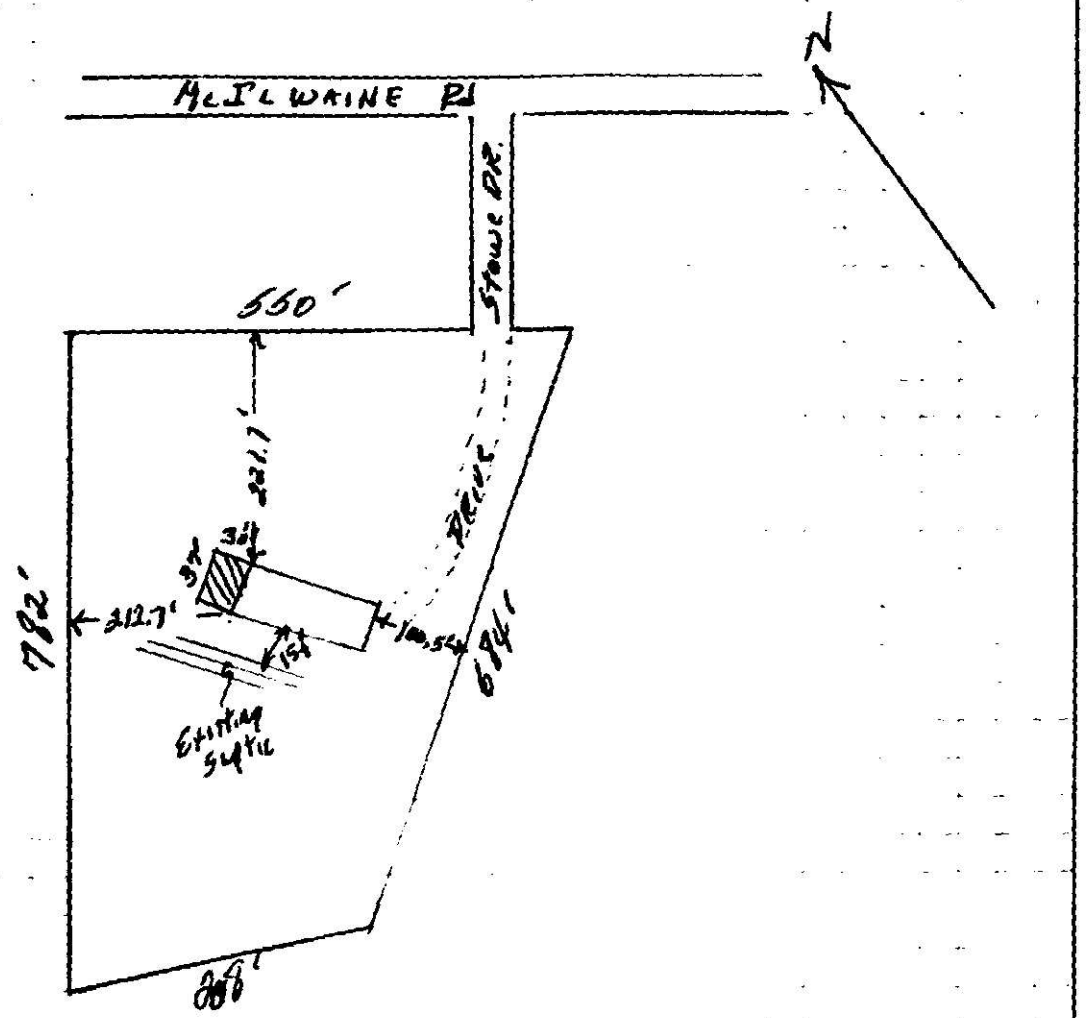
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 21834

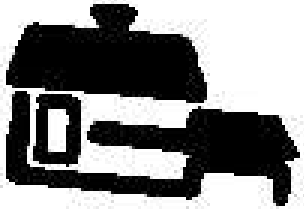
TC: 015-121-20

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 [illegible] 7/10/90

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



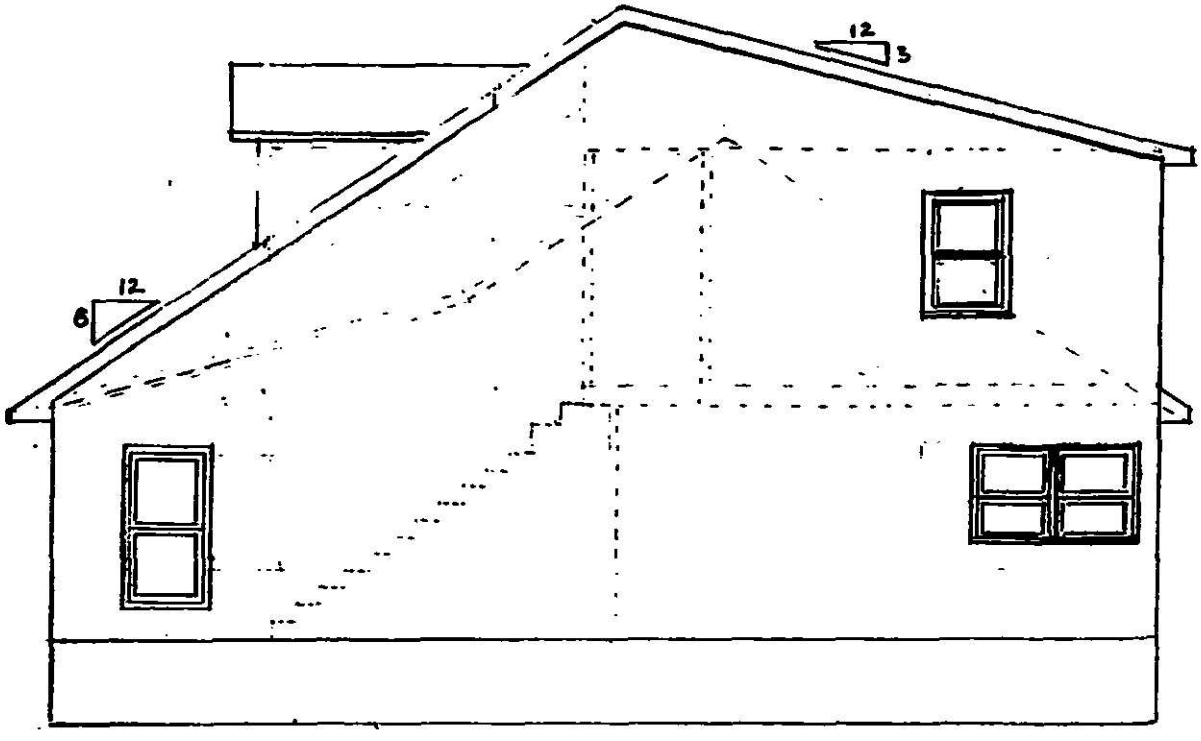
# DON'S HOME IMPROVEMENT

Licensed General Contractor
Remodeling Additions
Custom Building

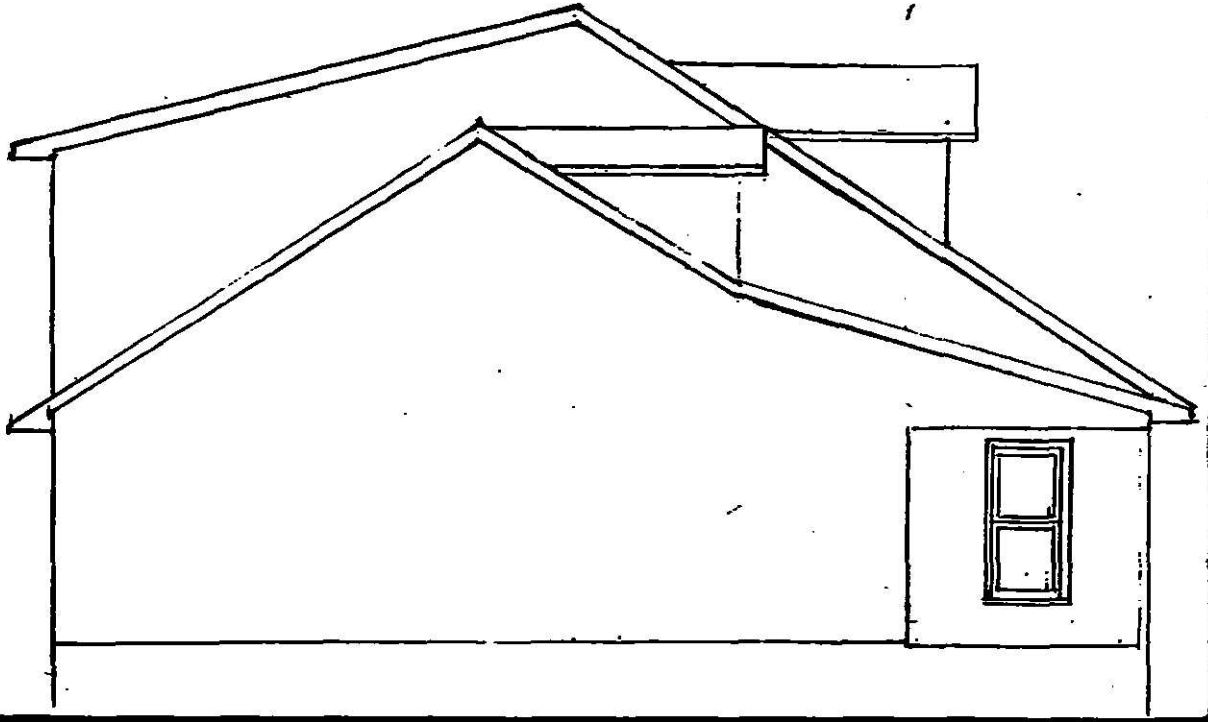
Phone (704) 892-1762
P.O. Box 1043
Cornelius, N.C. 28031

DON BLASHAW
Owner

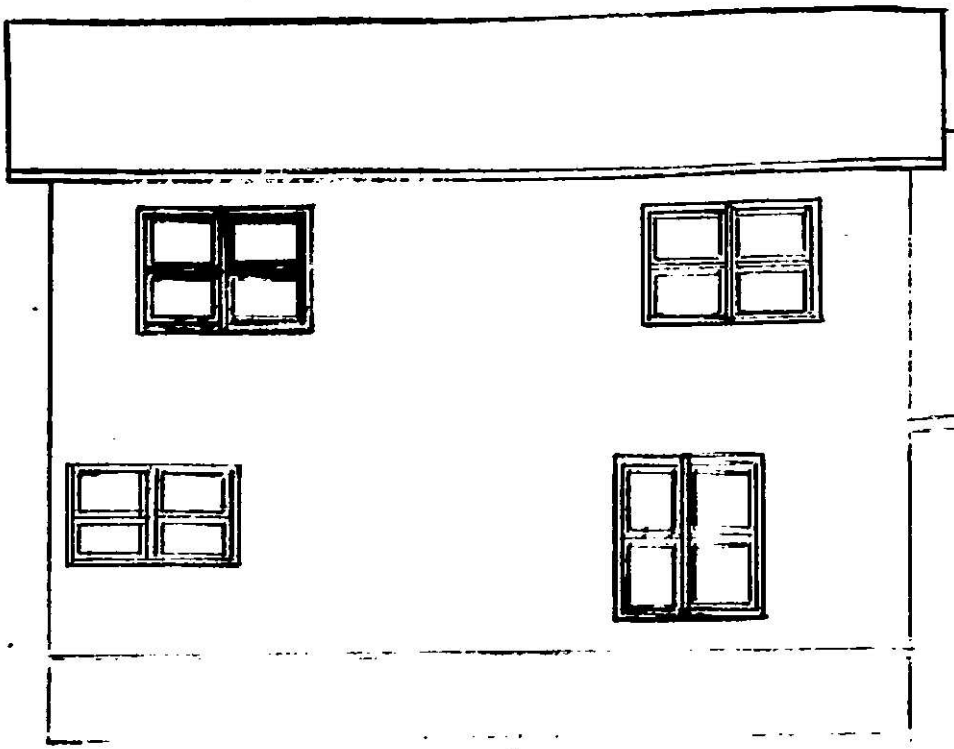
Janelle Moffett - Jeff Boyer
6-9-90
Don Bleakley



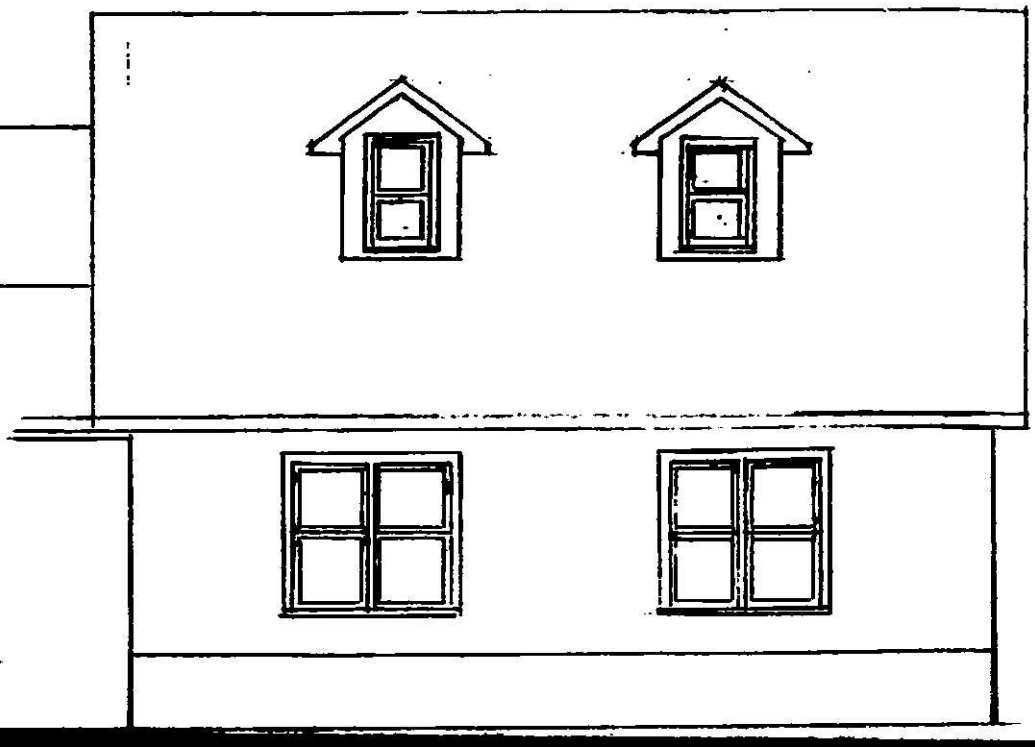

Right Side Elevation

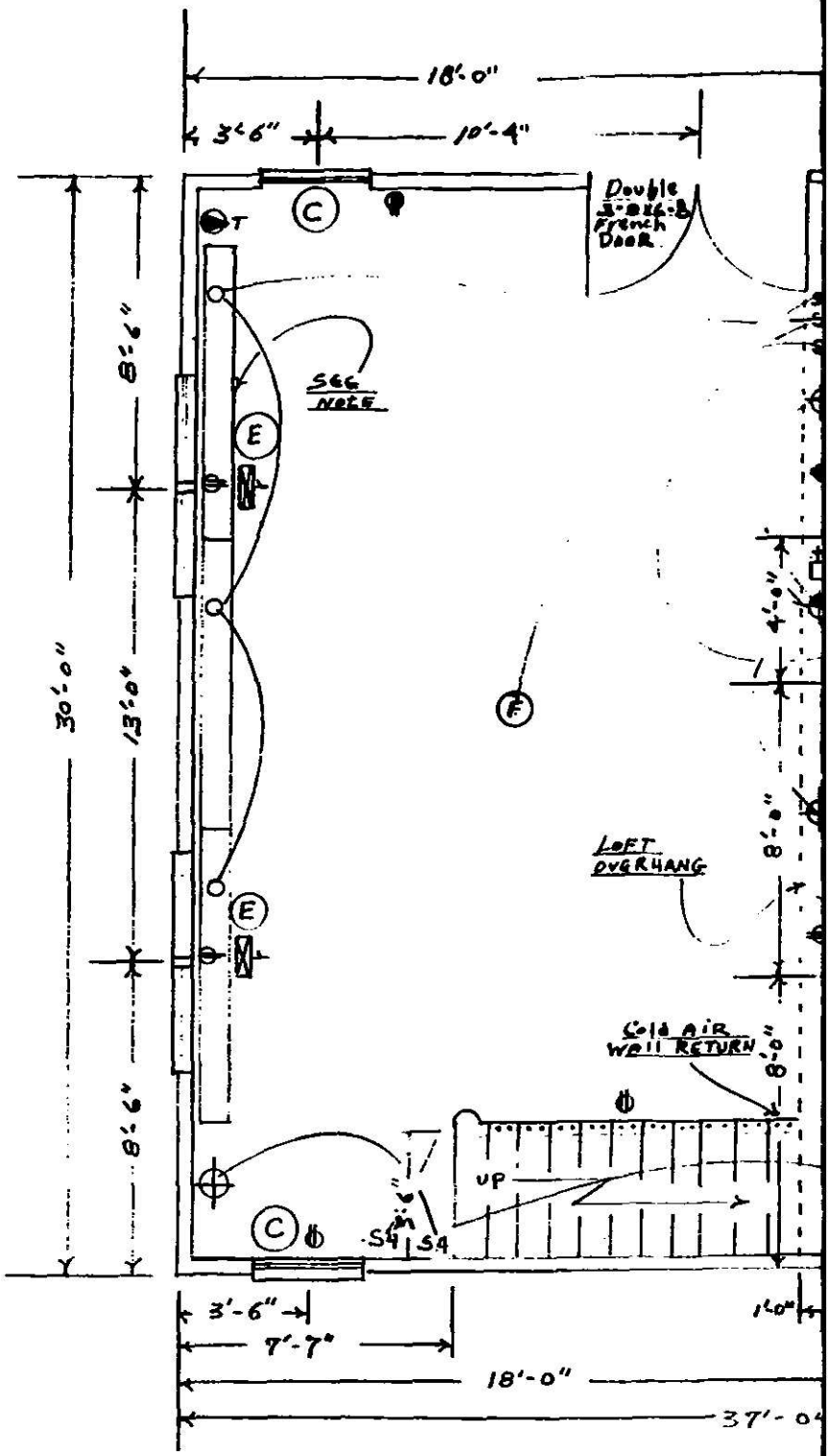


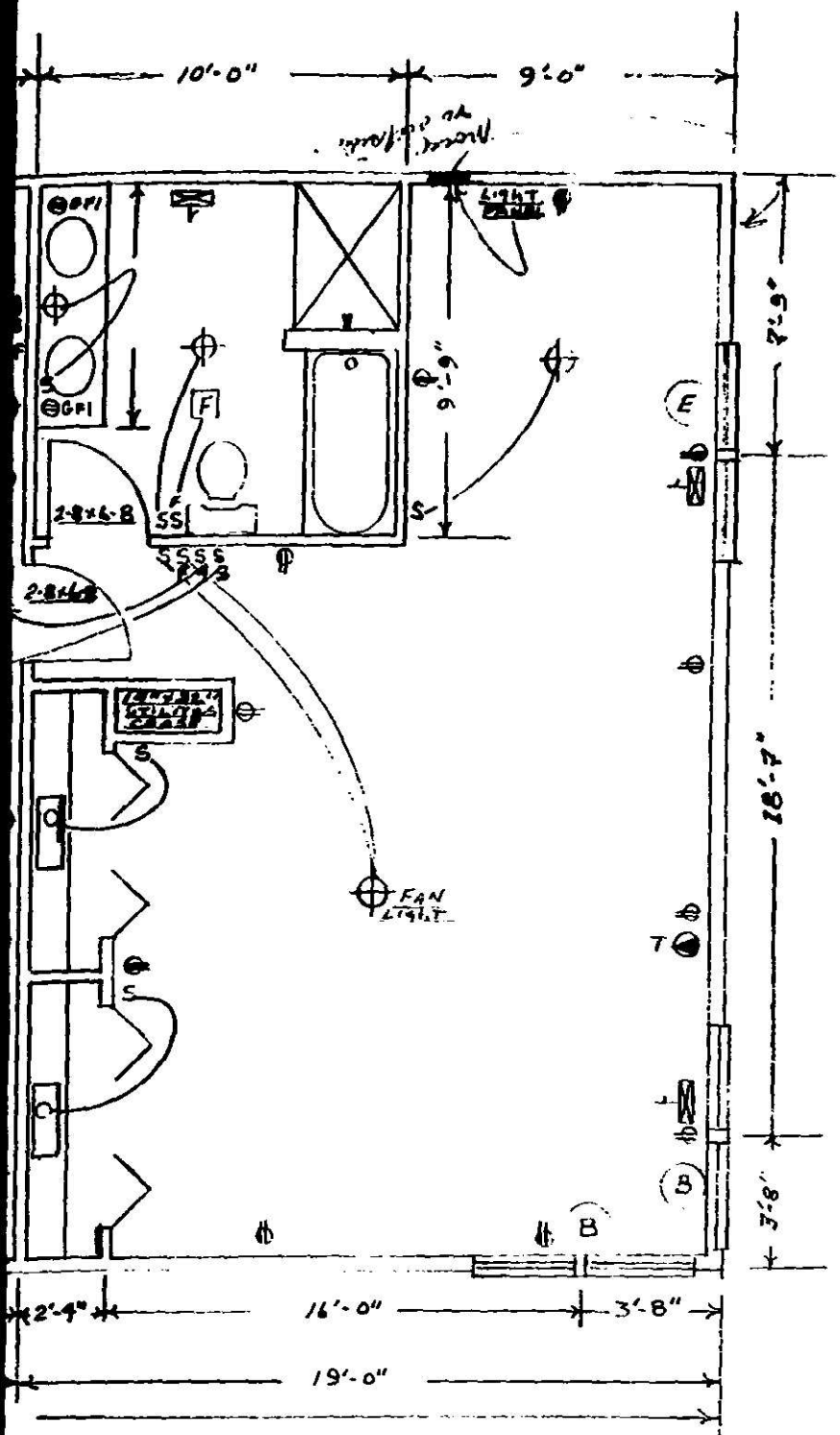
Jamie Moffatt - Jeff Boyer 01-5-121-20
69-90
Don Blake



REAR ELEVATION




18'-0"
3'-6"
10'-4"
Double 3-0x6-8 French Door
T
C
SEE NOTE
E
E
F
8'-6"
13'-0"
30'-0"
8'-6"
4'-0"
8'-0"
LOFT OVERHANG
Cold AIR WALL RETURN
8'-0"
UP
S4
S4
C
3'-6"
7'-7"
18'-0"
1'-0"




FIRST FLOOR PLAN
Jenelle Moffett
Jeff Boyer
8932 McILWAINE R.
HUNTERSVILLE, N.C.
June 9, 1990
SCALE 1/4" = 1'-0"

| Double Hung Windows | Q |
|---|---|
| A 3'-0" x 3'-10" | |
| B 3'-0" x 3'-0" TWIN | 2 |
| C 3'-0" x 5'-6" | 2 |
| D 3'-0" x 3'-10" TWIN | |
| E 3'-0" x 5'-6" TWIN | 3 |

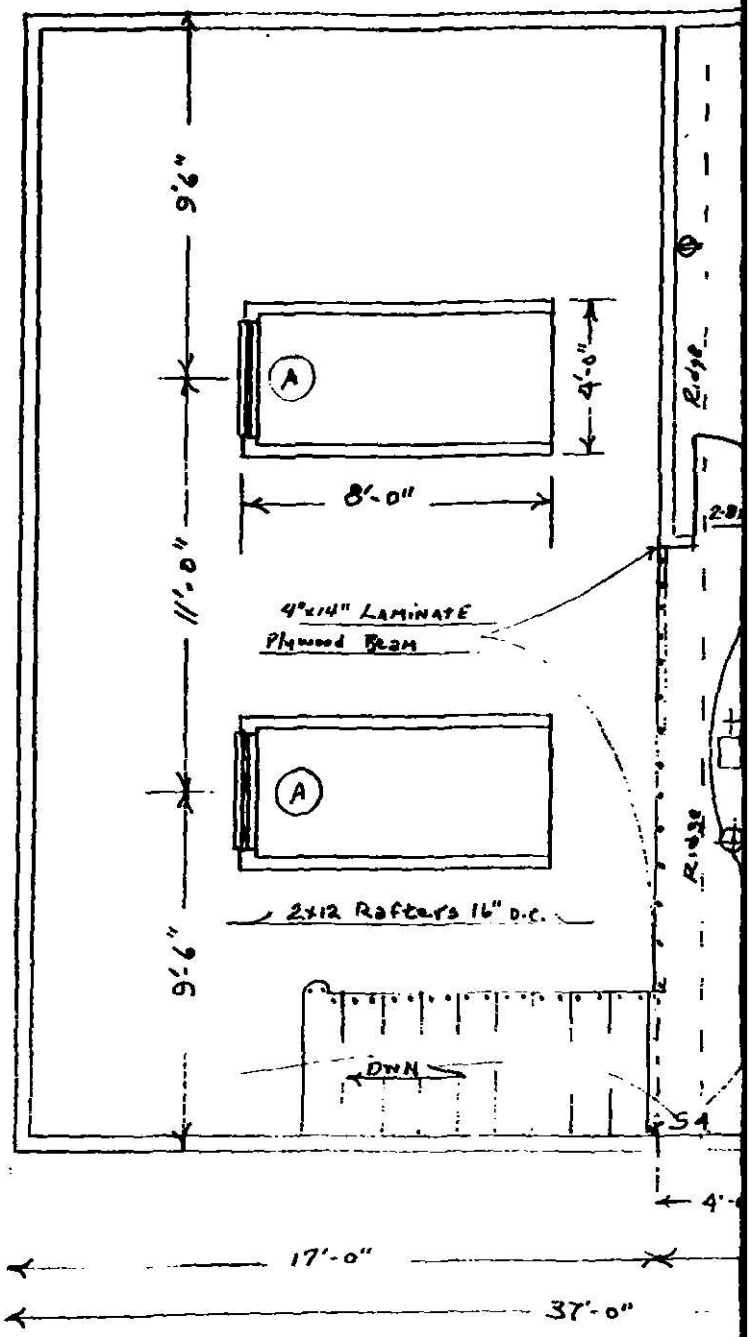
DON'S HOME IMPROVEME
P.O. BOX 1043
CORNELIUS, N.C. 28031
DON BLACKAW

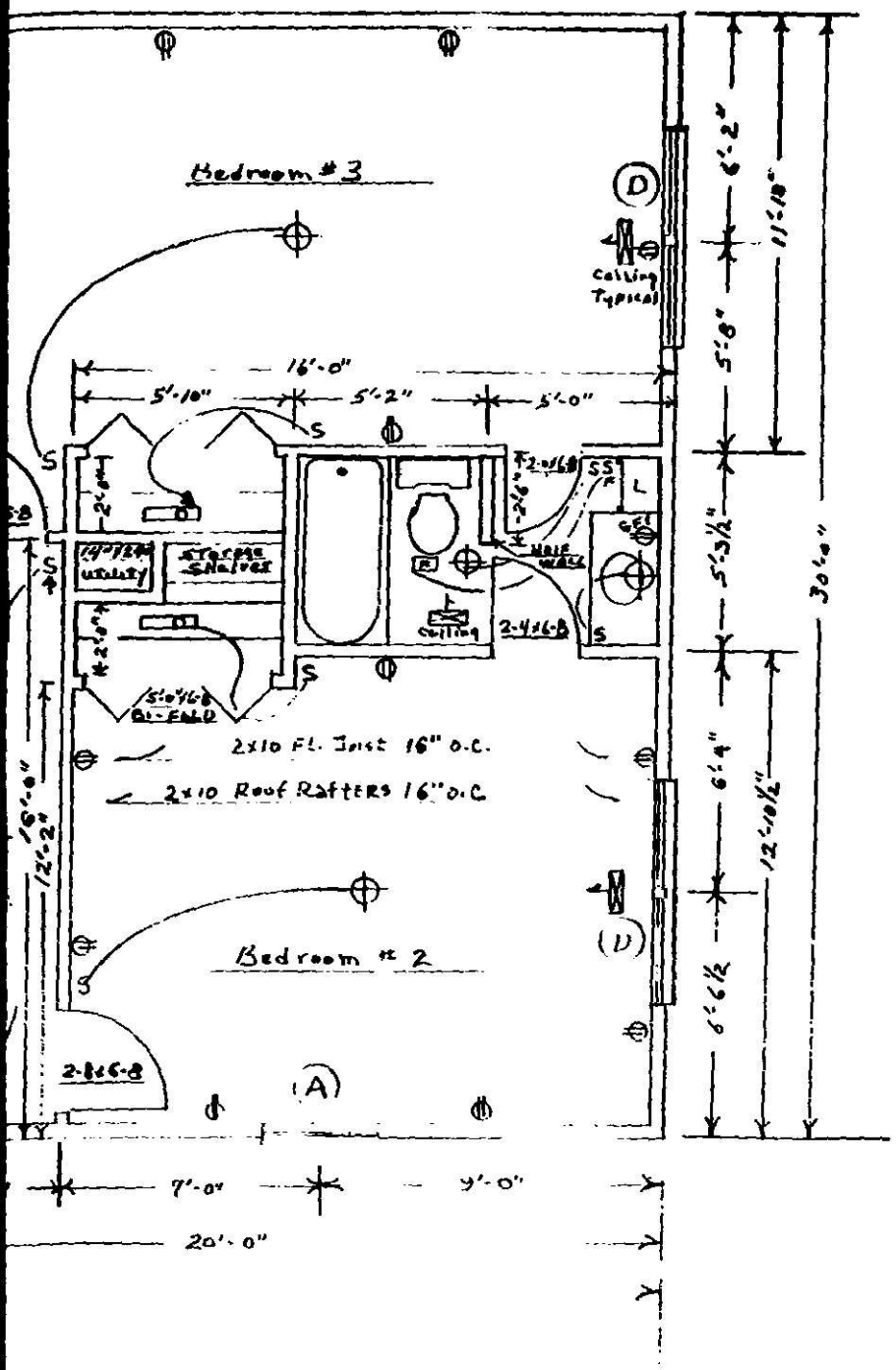
A SERIES OF 3 - 8', 2 bulb FLORESCENT FIXTURES behin Ceiling VALENCE

Second Floor Plan
Jansilu Moffatt
Jeff Boyer
8232 McILWAINE Rd
Huntersville, N.C.
June 9, 1990
Scale 1/4" = 1'-0"

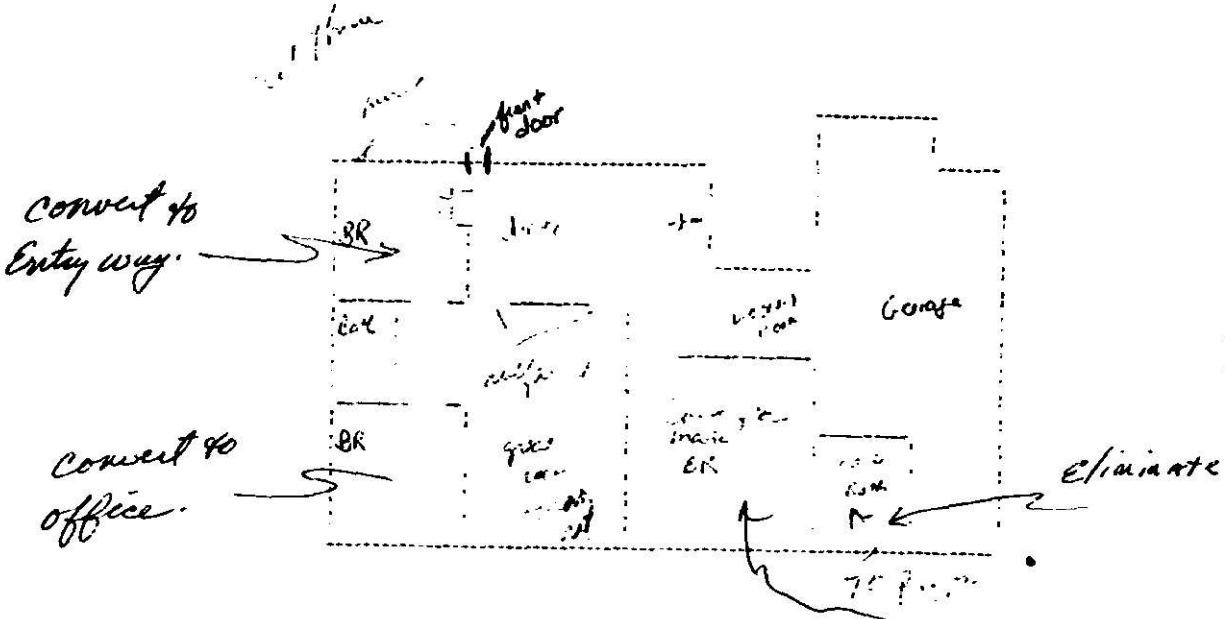
| DBL. Hung Windows | Qty. |
|---|---|
| A 3'-0" x 3'-10" | 3 |
| B 3'-0" x 3'-0" Twin | |
| C 3'-0" x 5'-6" | |
| D 3'-0" x 3'-10" Twin | 2 |
| E 3'-0" x 5'-6" Twin | |

Don's Home Improvement
P.O. Box 1043
Cornelius N.C. 28031
Don Blashaw




Bedroom # 3
Ceiling Typical
16'-0"
5'-10"
5'-2"
5'-0"
2x10 Fl. Joist 16" o.c.
2x10 Roof Rafters 16" o.c.
Bedroom # 2
2-8x6-8
7'-0"
9'-0"
20'-0"
6'-2"
11'-10"
5'-0"
5'-3½"
30'-0"
6'-4"
12'-10½"
6'-6½"
16'-0"
12'-2"

# Existing House.




① Turn master BR into dining room
② Turn master bath into door
③ Open up the wall between the great room + the new dining room
④ Build a new wall between the great room + kitchen/dining area
⑤ new front door to new addition
⑥ New floor

C of A (s) No. 21834

Date Issued 7-5-85 **Serial** 7655 T. C. No. 015-121-20

L CET

# 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 SHARP (LAST) DAVID (FIRST) (MIDDLE)

Location of Property 8932 McILWAINE RD

Application Number 21834 Permit Number 21834

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PCC

Total Length of Drain Tile 400' Number of Lines 4

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source 50'+ Distance from Water Source 50'+

Excavation Inspected 7-5-85 (DATE) Tank Inspected 7-5-85 (DATE)

Nitrification Field Inspected 7-5-85 (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 ~~1500 ST, CON, 1200 SFT, 12G, CSEC~~

1500ST, CON, 1200 SFT, 12G, Ceil

Kelly Randall
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Issued 6-19-85

Serial No. 08208

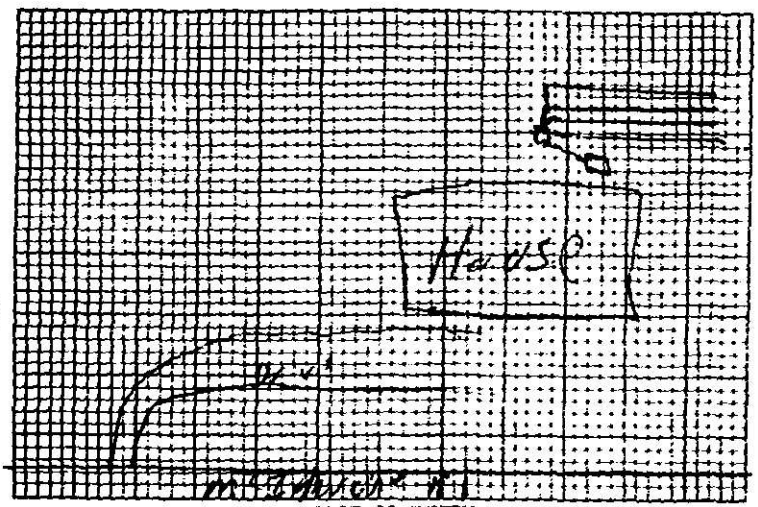
ICAR (S) Permit No. 21834

T. C. No. 015-121-20

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, ___ 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 21834 dated 1-17-85 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 7-19-85, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate IIIa

Liquid Capacity of Tank 1500 Gal.

Tank Construction P.V.C.

Absorption and/or Nitrification Lines

Total Line Length 400'

Number of Lines Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 250'

NAME OF OWNER Sharpe, David

LOCATION OF PROPERTY 8932 McAlwaine Rd

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.

Four Trenches 100' X 5' X 12" Stone

Comments:

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 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

Date Issued 1-28-85 **Serial No. 8144**

SIR No. 21834

T. C. No. PO 015-121-20

Map Date L CPT

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Sharp, (LAST) David (FIRST) L. (MIDDLE)

ADDRESS OF OWNER Rt. 3, Box 53, Huntersville, NC ZIP 28078

LOCATION OF LOT ~~8906~~ 8932 McIlwaine Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 21834 This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

William H. Kennedy
Environmentalist

Eric P. Hartsell Jr.
Environmental Health Director, or Authorized Section Head

END-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 1-17-85

ICAR(S) Application No. 21834

P.O. T. C. No. 015-121-20

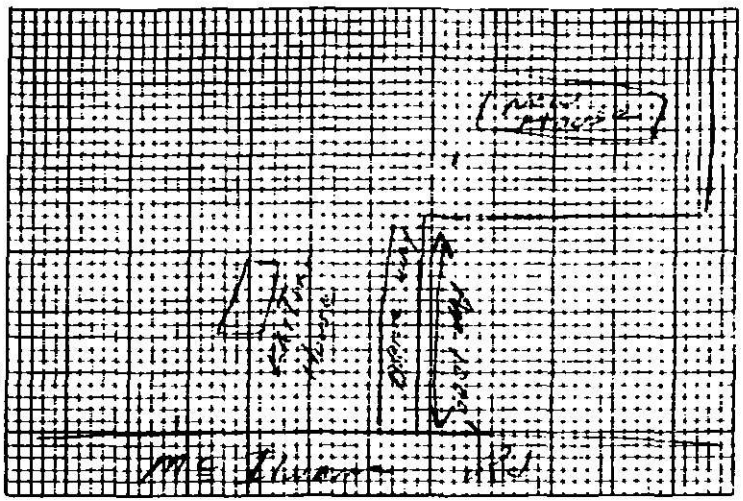
Map Date L

# 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)

4) 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 yes
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 Shaw (LAST) David (FIRST) Below (MIDDLE)

14) ADDRESS OF OWNER [illegible] 353 28078

15) PHONE NO. Home [illegible] Office _____

16) LOCATION OF SYSTEM 8-132 ~~Hwy~~ ~~Hwy~~ McIlwaine Rd (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 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.

1-17-85
DATE OF APPLICATION

David L Shaw
OWNER

EHO-5-76

Environmental Health Department's Copy

Serial No. 6042

SIR No. 21834

T. C. No. PO 015-121-20

Date Issued 1-29-85

Map Date L

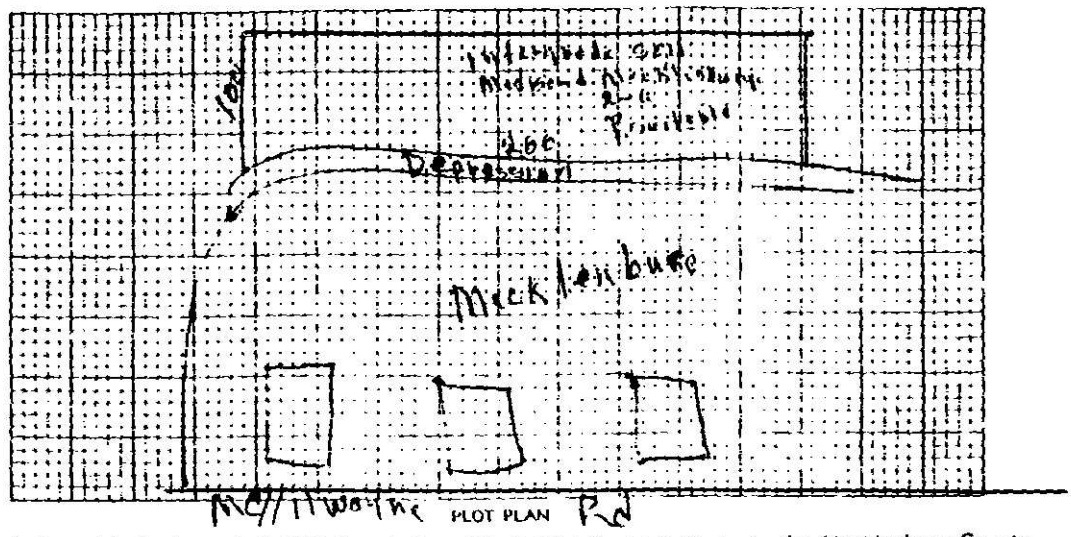
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## SOIL INVESTIGATION REPORT

NAME OF OWNER Sharp, (LAST) David (FIRST) L. (MIDDLE)

ADDRESS OF OWNER Rt. 3, Box 53, Huntersville, NC ZIP 28078

LOCATION OF PROPERTY 8932 McIlwayne Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____




PLOT PLAN

This is to certify that a soil investigation [illegible] by the Mecklenburg County Department of Environmental Health on the [illegible]. The said investigation was conducted on that portion of the lot as indicated on the above plot **PROVISIONALLY SUITABLE**

The permeability rate determined by the investigation was _____. The said lot is approved for the installation of an individual septic tank with a treatment system and subsurface soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install conventional [illegible] approved plans submitted to the Mecklenburg County Department of Environmental Health [illegible] the wastewater treatment system on the said lot.
2. The size of the septic tank and the [illegible] determined by the Mecklenburg County Department [illegible] obtained above and on the size and type of [illegible].
3. This approval is [illegible] suitable for system installation on the above [illegible].
4. The approval is [illegible] performed on the [illegible] indicated as acceptance for [illegible] system.

This approval is granted based [illegible] rules and regulations of the North Carolina Department of Human [illegible] and the Mecklenburg County Health Commission which were in effect on the date of issuance and is void if at any time in the future, prior to completion of the system, these laws, rules and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

W. B. Ramsey
Soil Scientist

Eric D. Hardister
Environmental Health Director or Authorized Section Head

EHO-S-76

Environmental Health Department's Co...

DEPARTMENT OF ENVIRONMENTAL HEALTH
MECKLENBURG COUNTY, NORTH CAROLINA

SITE EVALUATION

S.I.R. NO. 21834

T.C. NO. P01 015-121-20

(Ground Absorption Sewage Disposal)

OWNER: DAVID SHARP
ADDRESS: R-3 Box 53 Huntersville 28078
PLAT NO:
LOT SIZE: 1 AT
LOCATION OF SITE: ~~Mock~~ McGill Wayne Rd 8432

| FACTORS | AREA 1 | AREA 2 | AREA 3 | AREA 4 |
|---|---|---|---|---|
| 1. SLOPE (%) | S (PS) 2-6 U | S PS U | S PS U | S PS U |
| 2. SOIL TEXTURE (12-36 inches) Sandy, Loamy, Clayey (Note 2-1 Clay) | S (PS) Clayey U | S PS U | S PS U | S PS U |
| 3. SOIL STRUCTURE (12-36 inches) | S (PS) Blocky U | S PS U | S PS U | S PS U |
| 4. SOIL DEPTH (inches) | S (PS) 36-45 U | S PS U | S PS U | S PS U |
| 5. RESTRICTIVE HORIZONS (Inches) (Impervious strata, Rock) | S (PS) None U | S PS U | S PS U | S PS U |
| 6. SOIL DRAINAGE/GROUNDWATER (external and internal) | S (PS) Adequate U | S PS U | S PS U | S PS U |
| 7. OTHER (Specify) | S PS U | S PS U | S PS U | S PS U |

8. SOIL GROUP: IIa

9. SITE CLASSIFICATION: P. Suitable

10. SOIL SERIES: Intergrade of Madison & Mecklenburg

S - Suitable PS - Provisionally Suitable U - Unsuitable

**See Diagram on Back (includes: soil areas, property lines, roads, streams, gullies, wet areas, fill areas, wells, water bodies, slopes)

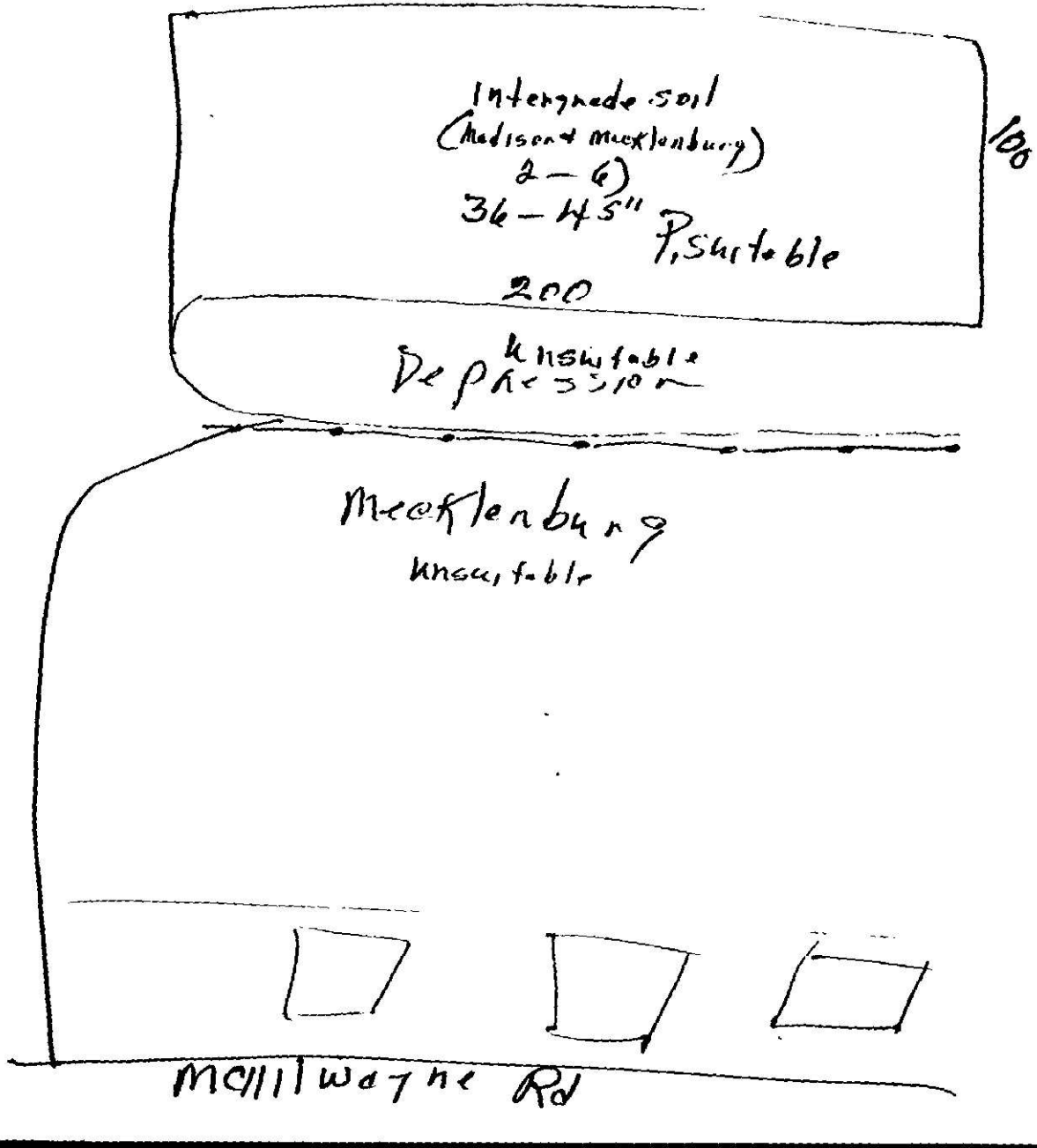
Recommendations/Comments:

Described by: W. B. Ragsdale
Title: Soil Scientist

Date: 1-28-85

4

DEPARTMENT OF
ENVIRONMENTAL
ECKLES



Date Received 1-17-85

RECEIVED
JAN 17 1985
ENVIRONMENTAL HEALTH

SIR No. 21834
P.O No. 015-121-20
Map Date L

Call 1st

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Sharp (LAST) David (FIRST) Lelon (MIDDLE)

2) ADDRESS OF OWNER Rt 3 Box 63 Huntersville ZIP 28078

3) PHONE NO. Home 875-1031 Office _____

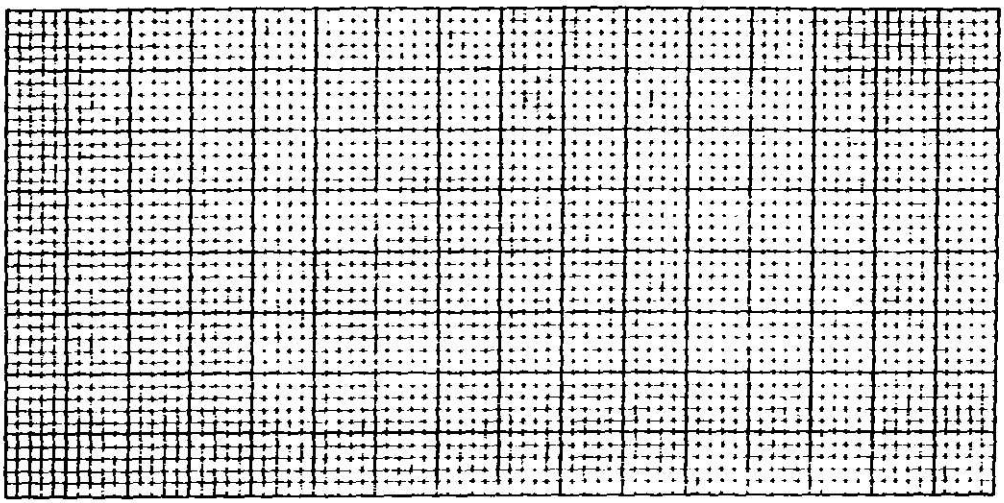
4) LOCATION OF PROPERTY 8906 Mallard Lane (STREET OR COUNTY ROAD) RJ

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

David L Sharp
OWNER

END-5-76

Environmental Health Department's Copy