MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
JUL 11 1984
ENVIRONMENTAL HEALTH

Date Received 7-11-84

ICAR(S) Application No. 21227

T. P. No. 037-112-03

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)

To install individual sewage system for developed lot.
Replacement bedroom to be 14X52-14X60 maximum.
For rental to couple--three people maximum.

4) Mobile Home X Yes ___ No
Residence ___ Yes ___ No

4) No. of Bedrooms 2

5) Business Use Max. No. Employees ___

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
A. Individual Use ___
B. Governmental System X
C. Community System
1. Well source X
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 Dancy Homes, Inc. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 1443 South Boulevard, Charlotte, N. C.

15) PHONE NO. Home ___ Office 332-6310

16) LOCATION OF SYSTEM Henderson Circle North--off Highway 115 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. #6 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.

DANCY HOMES INC.

July 9, 1984
DATE OF APPLICATION

OWNER A. J. Dancy, Pres

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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: 2227
TC: _____
SERIAL: № 20474 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5[illegible] Henderson Cir (STREET NO / STREET) Lot #35 ② FILE: _____
③ JURISDICTION: Mecklenburg North MH ④ TAX PARCEL NO.: 037-211-03
⑤ SUBDIVISION: Linden Heights ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Liberty Builders Inc (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 144 E Liberty Rd
⑩ CITY: Gastonia ⑪ STATE: NC ⑫ ZIP: _____
⑬ PHONE: (WORK) 335-6510 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
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? 4 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 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: [signature]
Date: 4/26/93

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.