

4021 MARLETTE DR

1/29/08

thomatc

Groundwater and Wastewater Services File Imaging Project
May 2007
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Date Received 2-17-84

SEE INSTRUCTIONS ON BACK
RECEIVED
FEB 17 1984
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 20623

T. C. No. 113-171-0920

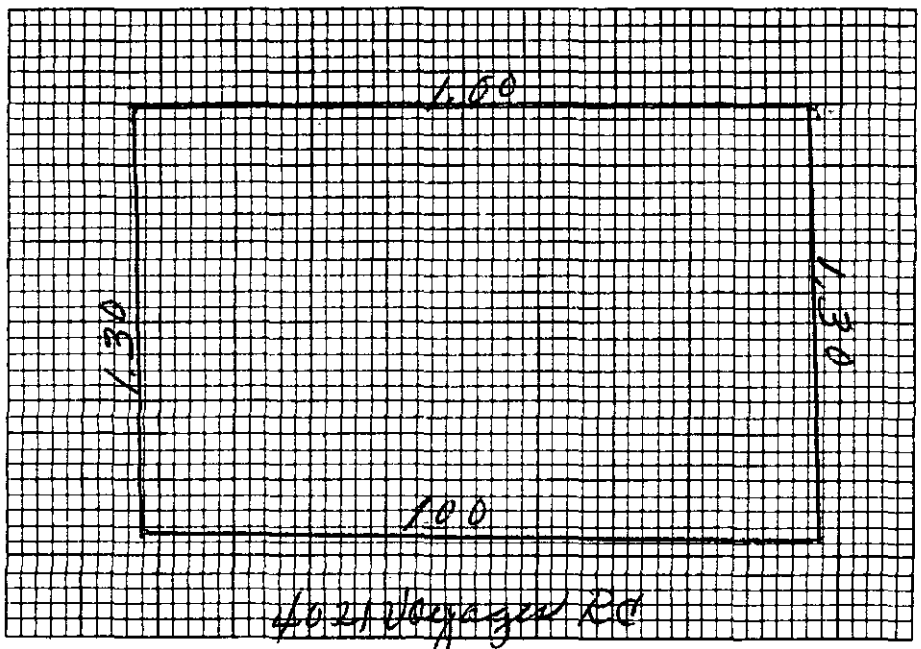
Map Date

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)

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 Muney Jr (LAST) W. (FIRST) K. (MIDDLE)
14) ADDRESS OF OWNER P.O. Box 1042 K
15) PHONE NO. Home 399-3181 Office 399-3181
16) LOCATION OF SYSTEM 4021 Voyager Rd. Charlotte, NC. 28214 (STREET OR COUNTY ROAD)
17) SUBDIVISION Berryhill Mo. No. pk Lot No. H 20A Block No. ___
Map Book No. 349 Page No. 14
18) DEED REFERENCE — DEED BOOK 3852569 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.

02/17/84
DATE OF APPLICATION

W.K. Muney, Jr
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6962

Date Issued 22 Feb 84

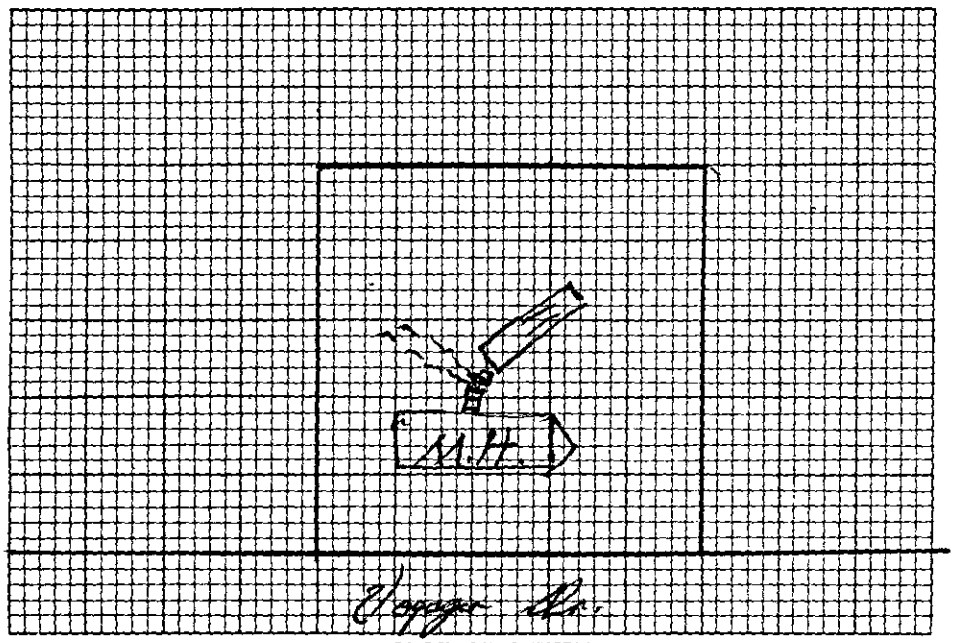
ICAR (S) Permit No. 20623

T. C. No. 113-171-20

Map Date _____

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 20623, dated 17 Feb 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 22 Mar 84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 2

Distance from House ≥10'

Distance from Property Line ≥10'

Distance from Well —

NAME OF OWNER Mawney, W. H.

LOCATION OF PROPERTY 4021 Eagan Manor Rd. (Lot 20-A)

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 Leach 6'x20'x43"

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

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: 20623
TC:
SERIAL: № 20344

RECEIVED MECKLENBURG COUNTY HEALTH DEPT. MAR 2 1990 ENVIRONMENTAL HEALTH DIVISION

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5152 Marlette Dr Char NC 28214 (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 113-171-20
⑤ SUBDIVISION: Mobil Haven ⑥ LOT: #20 ⑦ BLOCK:

OWNER

⑧ NAME: Teresa (FIRST) D. (MIDDLE) Daniell (LAST)
⑨ MAILING ADDRESS: 5152 Marlette Dr
⑩ CITY: Char ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 355-2034 ⑭ (HOME) 392-3370

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorizati
⑱ ☐ Other (spec

Bill Ferguson returned due to property line

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home
㉑ ☐ Business or
㉒ Number of bedrooms? 4
㉕ Type?
㉓ Maximum occupancy?
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: Teresa Daniell
Date: 2/28/90

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.