SEE INSTRUCTIONS ON BACK

Date Received 9-23-82

Cash 1.00 ICAR(S) Application No. 18969

T. C. No 037-242-19,20

Map Date 7

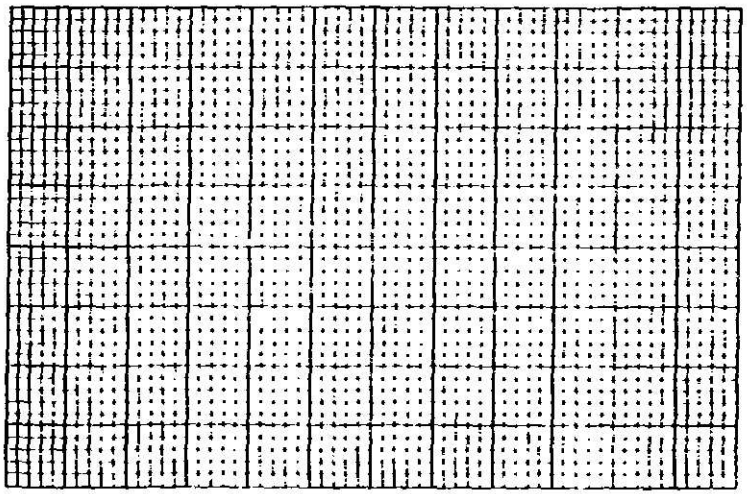
MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 23 1982
ENVIRONMENTAL HEALTH

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) Repair Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home X Yes / No
Residence ___ Yes ___ No

4) No. of Bedrooms Three
5) Business Use — Max No Employees ___
6) Washing Machine X 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 X No
House located within 200 feet of community sewer ___ Yes X No
11) FHA Case No ___
12) VA Case No. ___

13) NAME OF OWNER ___ (LAST) ___ (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER Williams Martha Bass

15) PHONE NO. Home 596-5395 Office ___

16) LOCATION OF SYSTEM 55-17 Skyforest DR (STREET OR COUNTY ROAD) 28213.

17) SUBDIVISION ___ Lot No. 26 & 21 Block No. B

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.

August 20, 1982
DATE OF APPLICATION

Martha Bass Williams
OWNER

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 3-9-83 MAR - 9 1983 SEE INSTRUCTIONS ON BACK

ENVIRONMENTAL HEALTH

ICAR(S) Application No. 18969

T. C. No 037-242-19

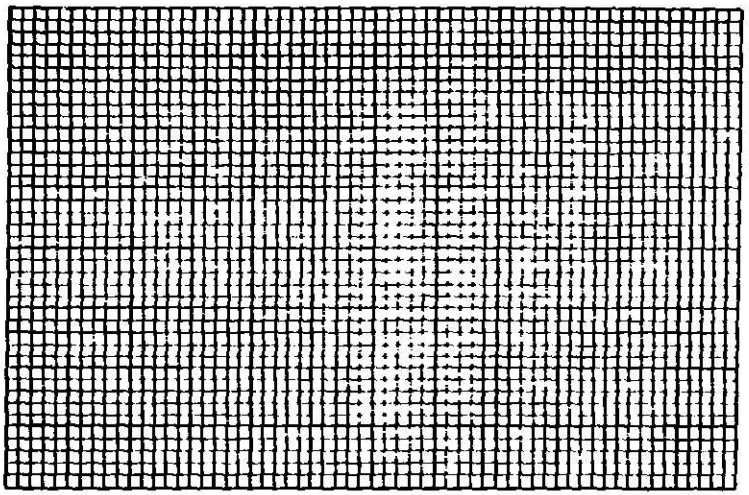
Map Date

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 D. Snell (LAST) Hubert (FIRST) Lindsey (MIDDLE)

14) ADDRESS OF OWNER 5001 Skycrest Dr. 28213

15) PHONE NO. Home 537-1195 Office ___

16) LOCATION OF SYSTEM Skycrest Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 20 Block No. B.

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.

3-7-83
DATE OF APPLICATION

Hubert Lindsey Snell
OWNER

EHD-S-76

Date Received 12-17-84

RECEIVED
DEC 17 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 18969

T. C. No 057-242-20

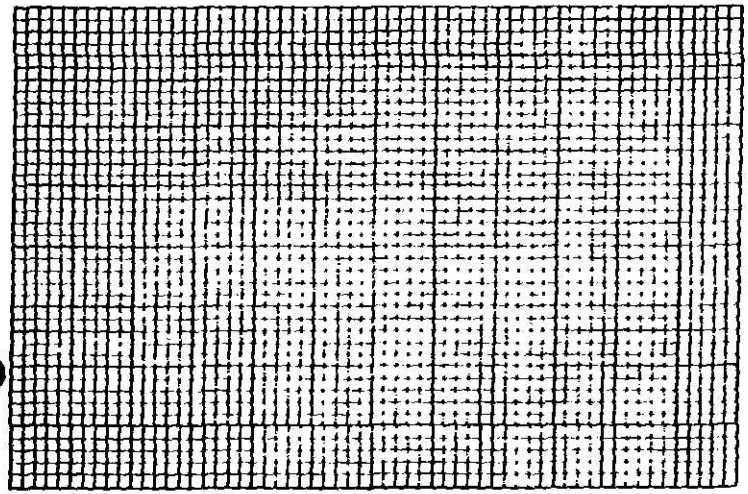
Map Date L

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: use existing system

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 Williams (LAST) Jimmy (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 5517 Skycrest Dr.

15) PHONE NO. Home 596-5395 Office ___

16) LOCATION OF SYSTEM 5517 Skycrest Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 20 & 21 Block No. B

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.

12-17-84
DATE OF APPLICATION

X Jimmie Williams
OWNER

SHD-S-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: 18969
TC:
SERIAL: № 11378

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 28 1986
ENVIRONMENTAL HEALTH

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 5517 Skycrest Dr. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 037-242-19, 20
⑤ SUBDIVISION: ⑥ LOT: 20-21 ⑦ BLOCK:

OWNER

⑧ NAME: Martha (FIRST) Bass (MIDDLE) Williams (LAST)
⑨ MAILING ADDRESS: 5517 Skycrest Dr.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) ⑭ (HOME) 596-2180

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Martha Bass Williams

Date: 8-28-1986

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.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

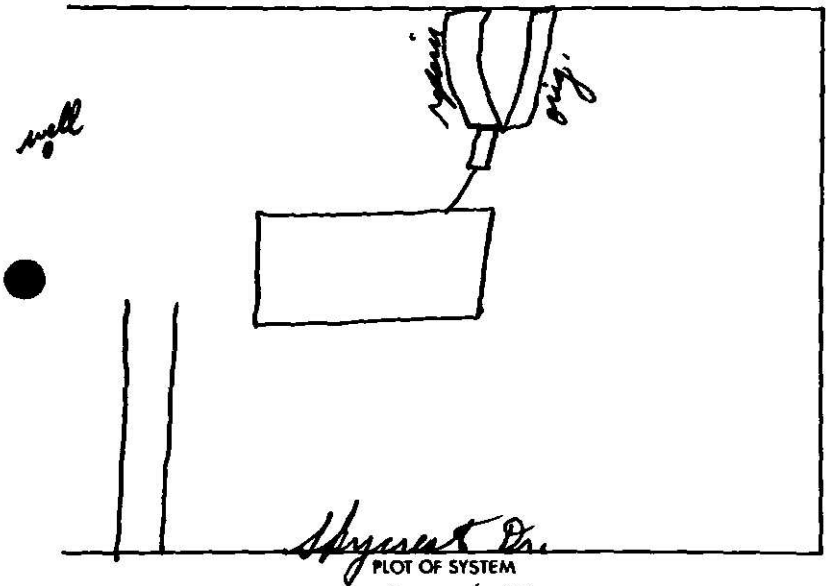
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 18969 DATE: 9-12-86

TC: 037-242-19,20 ☐ L

SERIAL № 10344

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 the application dated 8-28-86. All work shall be completed on or before 10-12-86, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank repair/septic gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and/or Nitrification Lines:

Trench Width 12 feet

Total Line Length 300 feet

Number of Lines 4

Depth of Stone 6 and 12 stone inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 150 feet

NAME OF OWNER Martha Williams

LOCATION OF PROPERTY 5517 Sycamore Dr.

Comments: 1 bed 12'X75'X 6" and 12" stone, install D-box if necessary.

John R Atkisson
Division or Section Head

B. R. 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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

C of A (s) No. 18969

Date Issued 10-27-86 **Serial** 9004 T. C. No. 037-242-19,20

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Williams (LAST) Martha (FIRST) (MIDDLE)

Location of Property 5517 Hycrest Dr.

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank alter/repair Tank Material —

Total Length of Drain Tile 300 Number of Lines 4

Depth of Filter Material 6" and 12" stone Cover Depth 15"

Water Supply Source well Distance from Water Source > 50'

Excavation Inspected 10-27-86 (DATE) Tank Inspected existing (DATE)

Nitrification Field Inspected 10-27-86 (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: 1986 septic repair

B. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy