SEE INSTRUCTIONS ON BACK

Date Received 3-28-94 ICAR(S) Application No. 20857

T C. No. 039-242-19

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.



1sq = 2ft

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 [illegible] [illegible] [illegible]
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible]
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. [illegible] Block No. ___

Map Book No. [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

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.

3-25-94
DATE OF APPLICATION

[illegible]
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued 4-4 1984

Serial No. 07101

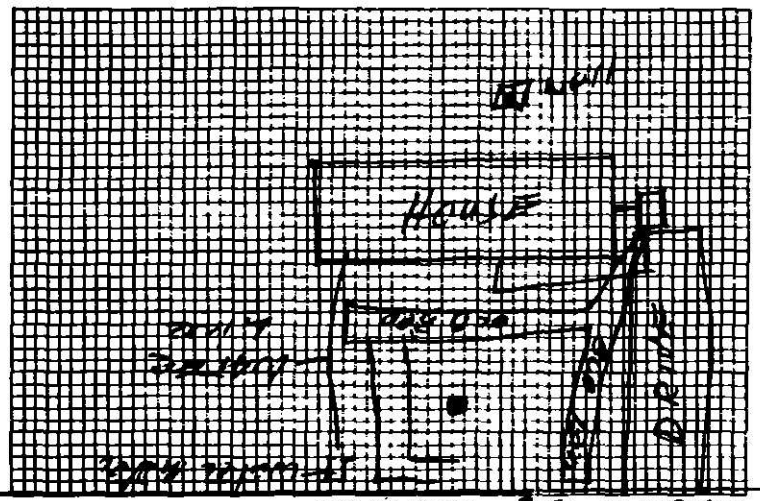
ICAR(S) Permit No. 20857

T. C. No. 034-242-19

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, 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 20857, dated 3-25-84 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 MAY 4TH 1984 after which date this permit shall be null and void.



PLOT OF SYSTEM PEACH TREE RD

Permeability Rate PS IVA

Liquid Capacity of Tank

Tank Construction Refab

Absorption and/or Nitrification Lines:

Total Line Length 100 LIN FT

Number of Lines TWO

Distance from House 25 FT

Distance from Property Line 30 FT

Distance from Well 85 FT

NAME OF OWNER McGRAW, CHARLES

LOCATION OF PROPERTY 750 PEACHTREE ROAD

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.

Two Trenches To be 50FT x 3FT x 18 inches Stone - Hay or straw Cover -

Comments:

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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 20857

Date Issued 4-19-84 **Serial** 6543 T. C. No. 634-242-19 L.

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner MCGRAW, CHARLES (LAST, FIRST, MIDDLE)

Location of Property 750 PEACH TREE ROAD

Application Number 20857 Permit Number 20857

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 100 LIN FT. Number of Lines TWO

Depth of Filter Material 18 INCHES Cover Depth 2 FT

Water Supply Source WELL Distance from Water Source 85 FT

Excavation Inspected 4-19-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 4-19-84 (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 ~~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-5-76

ENVIRONMENTAL HEALTH OPERATION COPY

APPLICATION FOR SOIL INVESTIGATION

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

OFFICE USE ONLY

FILE: 20857

TC:

RECEIVED
MAY 7 1986
ENVIRONMENTAL HEALTH

JOB LOCATION

① ADDRESS: 750 Pea Tree Rd

② SUBDIVISION: Oakdale ③ LOT: ④ BLOCK:

⑤ PARCEL REFERENCE: BOOK NO.: 39 PAGE NO.: 24 PARCEL NO.: 19

⑥ DEED REFERENCE: BOOK NO.: PAGE NO.:

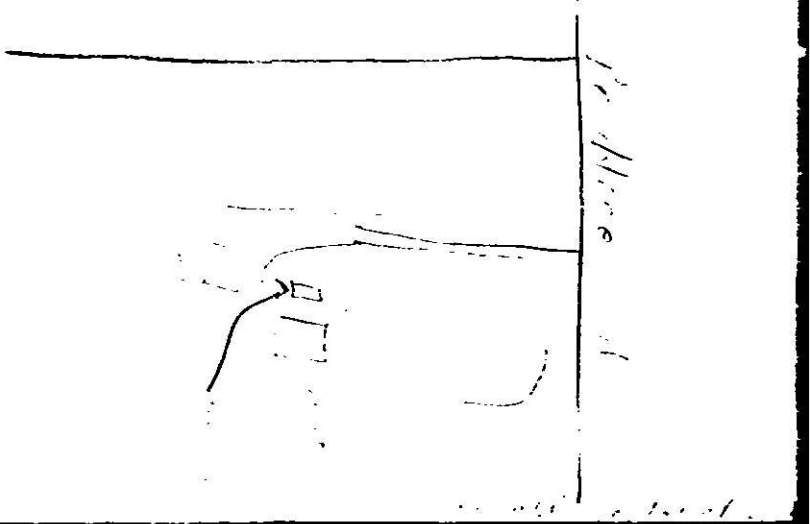
⑦ NAME: Charles Terry McCraw
FIRST MIDDLE LAST

⑧ MAILING ADDRESS: 750 Peachtree Rd

⑨ CITY: Clover ⑩ STATE: N C ⑪ ZIP: 2821

⑫ PHONE: (WORK) 3934525 HOME) 3936199

⑬ Accurately diagram and dimension lot.



⑭ 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: Charles T. McCraw

Date: 5-6-86

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

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

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Mecklenburg County services are available with- out regard to ethnic origin, sex, or disability.

RECEIVED
MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
MAY 7 1986

(OFFICE USE ONLY)
FILE: 20857
TC: _____
SERIAL: № 10194

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 750 Peachtree Rd (STREET NO / STREET) ② FILE: 20857
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 0392421 9
⑤ SUBDIVISION: Oakdale ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Charles (FIRST) Terry (MIDDLE) McCraw (LAST)
⑨ MAILING ADDRESS: 750 Peachtree Rd
⑩ CITY: Charlotte ⑪ STATE: N C ⑫ ZIP: 28216
⑬ PHONE: (WORK) 393 4525 ⑭ (HOME) 393 0189

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: Charles T. McCraw
Date: 5-6-86

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.

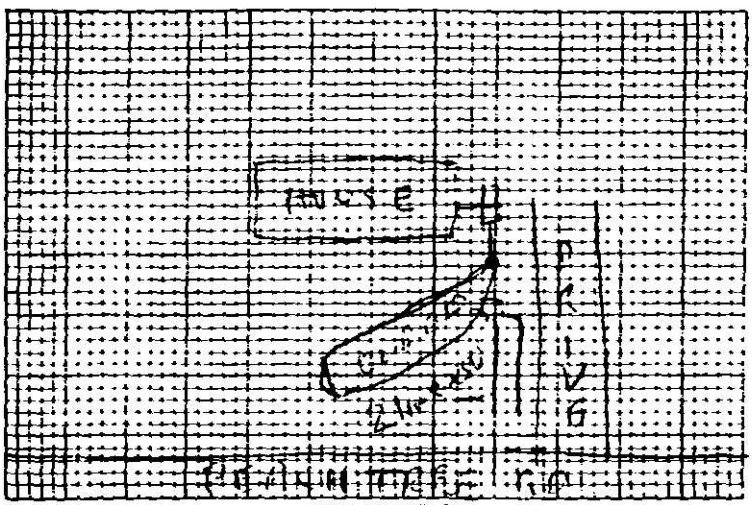
Date Issued 5-12-86 **Serial No.** 09268 ICAR(S) Permit No. 20857

T. C. No. 039-242-14

Map Date C

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 20857, dated 5-6-86 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 6-12-86, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate [illegible]

Liquid Capacity of Tank —

Tank Construction —

Absorption and or Notification Lines

Total Line Length [illegible]

Number of Lines 2 x 52

Distance from House 5'+

Distance from Property Line 6'+

Distance from Well 50'+

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 751 [illegible]

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.

[illegible]

Comments: P-1

[signature] Division or Section Head

Kelly Caudell Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or c 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 Isl No. 20957

Date Issued 5-29-86 **Serial** 8591 T C No 039-292-19

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 MCCRAW (LAST) CHARLES (FIRST) (MIDDLE)

Location of Property 750 PEACHTREE RD

Application Number 20957 Permit Number 20957

Inspection Date: REPAIR

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 Number of Lines 2 x 50

Depth of Filter Material 2' Cover Depth 2'

Water Supply Source well Distance from Water Source 52'

Excavation Inspected 5-29-86 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5-29-86 (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 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, REPAIR

Kelly Ell
Environmentalist

EHD-5-76

Date Received

MECK COUNTY DEPARTMENT OF
RECEIVED
APR 1994
ENVIRONMENTAL HEALTH

SIR No._____

T. C. No._____

Map Date_____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER _____
LAST FIRST MIDDLE

2) ADDRESS OF OWNER _____ ZIP _____

3) PHONE NO. Home_____ Office _____

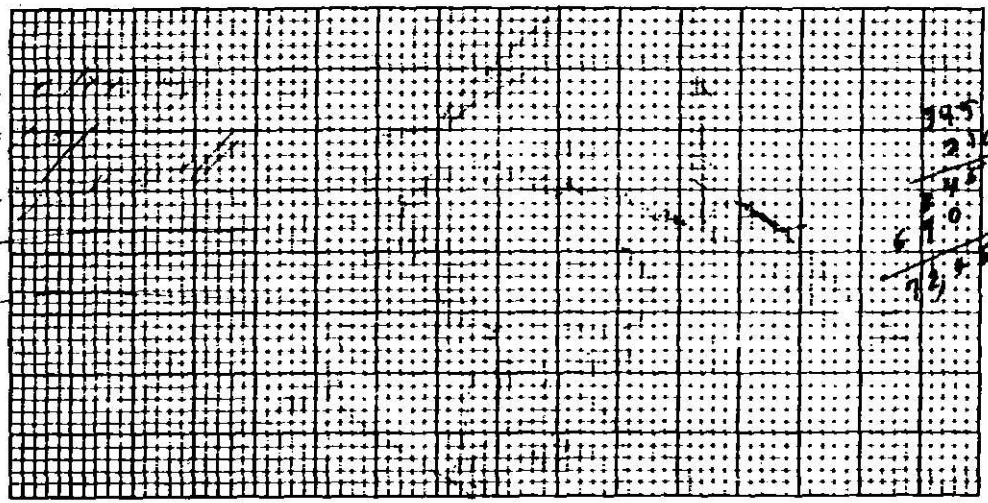
4) LOCATION OF PROPERTY_____
STREET OR COUNTY ROAD

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 on 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

_____
OWNER

EHD-5-76

ENVIRONMENTALIST'S COPY