

20820 BALLEY CASTLE ROAD

12/18/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

SP. DAT

8343A (471B)

11/09/94 $200.00 CK#5194 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Cruse (last) Sidney (first) Lee Jr. (mi)
ADDRESS: 8906 Dogwood Dr PHONE: (704) 536-2269
CITY: Charlotte STATE: NC ZIPCODE: 28215

Date: 11-8-94

PROPERTY OWNER:
NAME: Palmer (last) Charles (first) Keith (mi)
ADDRESS: 6529 Trenton Pl PHONE: 704) 362-4323
CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-394-04
STREET ADDRESS: 10820 Bally Cashel Rd
ZONING: Neck-Neck Residential

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Mattheus [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M) BEDROOM / BATH
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: Mobile Home

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the 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: Sid Cruse Date: 11-8-94

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

... alteration plan submitted and approved for large diameter pipe system. House to stay a two-bedroom home only. Agreement form on file. S Bateman 12-28-94

Environmentalist: Tom Bunney for S Daniel Date

Director or Authorized Section Head: _____ Date 1/10/95

WATER : 12279

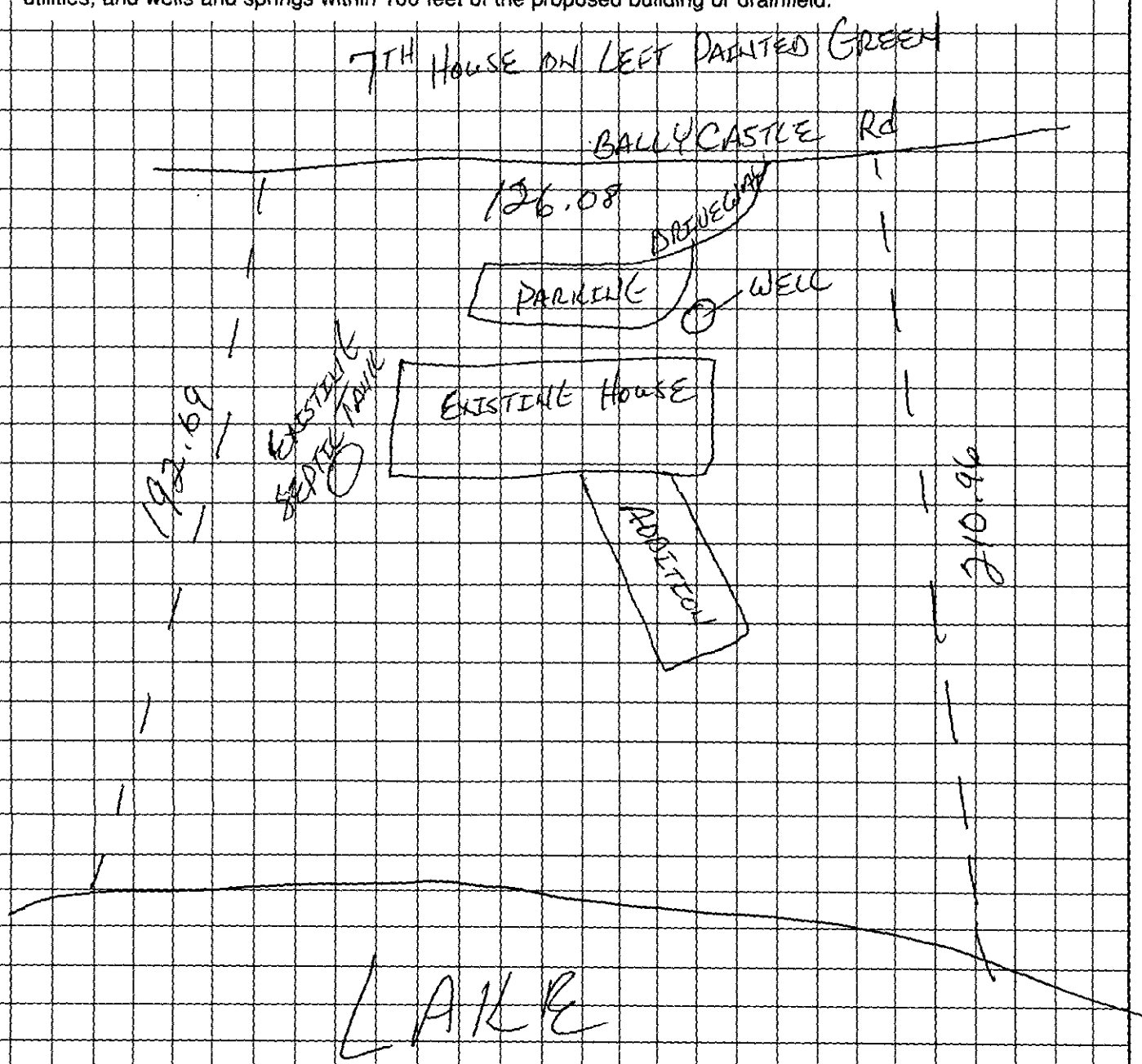
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8343A

TC: _____

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.



Sid Ekuse
OWNER/AGENT SIGNATURE

DATE 11-9-94

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

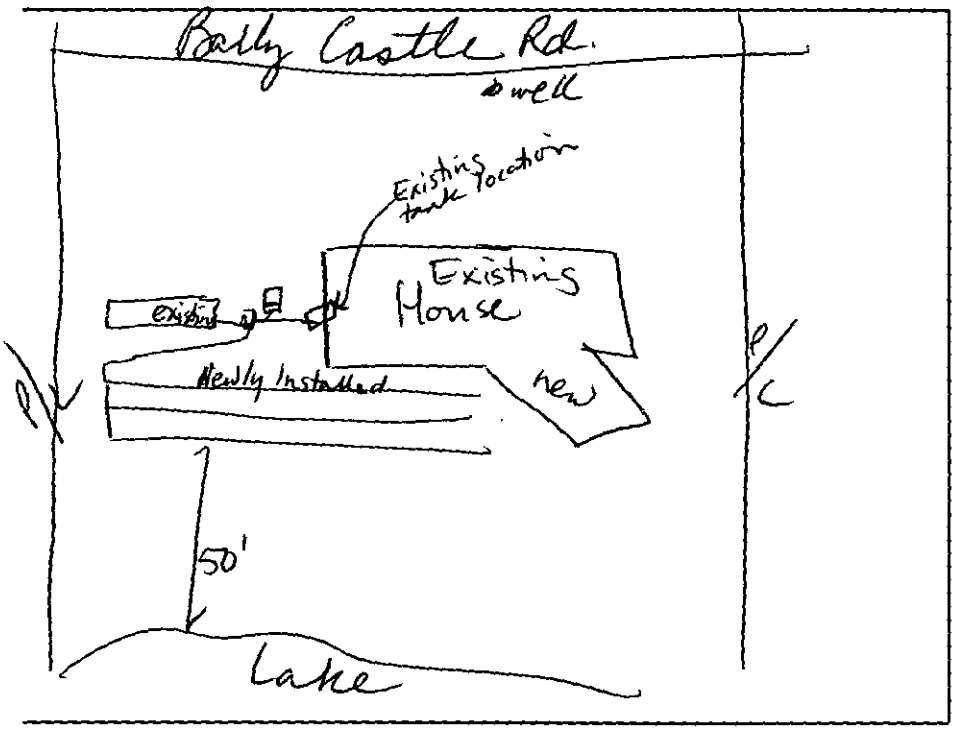
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4716/8343A DATE: 3-20-95

TC: 001-394-04 ☐ L

SERIAL Nº 16206

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 11-8-94. All work shall be completed on or before 4-20-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 Health Department 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 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Trench Depth —

Absorption and/or Nitrification Lines:

Trench Width — feet

Trench Walls Scored and Porous —

Total Line Length — feet

Number of Lines —

Depth of Stone — inches

Distance from House 5' Bldg foundation and/or 8' Basement foundation feet

Distance from Property Line min 5' feet

Distance from Well 50' min feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Charles Keith Palmer

LOCATION OF PROPERTY 20820 Bally Castle Rd.

Comments: Strongly recommend changing septic tank location due to existing septic tank being located partly under building structure.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 471 B/8343A DATE: 1-5-95

TC: 001-394-04 ☐ L

SERIAL Nº 16169

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 11-8-94. All work shall be completed on or before 2-5-95, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 Health Department 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.

see plan on file

PLOT OF SYSTEM

Liquid Capacity of
Septic Tank Exist unless gallons
in bad repair then replace with 1 500 g tank
Liquid Capacity of
Dosing Tank _____ gallons

Tank Construction rcc

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 18" feet

Trench Walls Scored and Porous yes

Total Line Length 225' added feet

Number of Lines 3 @ 75' each

Depth of Stone ~~sand~~ 14" inches

Distance from House 5' min feet

Distance from Property Line 5' min feet

Distance from Well 50' min preferably 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Charles Keith Calhoun

LOCATION OF PROPERTY 2082C Billy Costle Rd.

Comments: Install according to plan on file. Sanitary tee in tanks. Do not expose filter mat to sunlight except as necessary.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

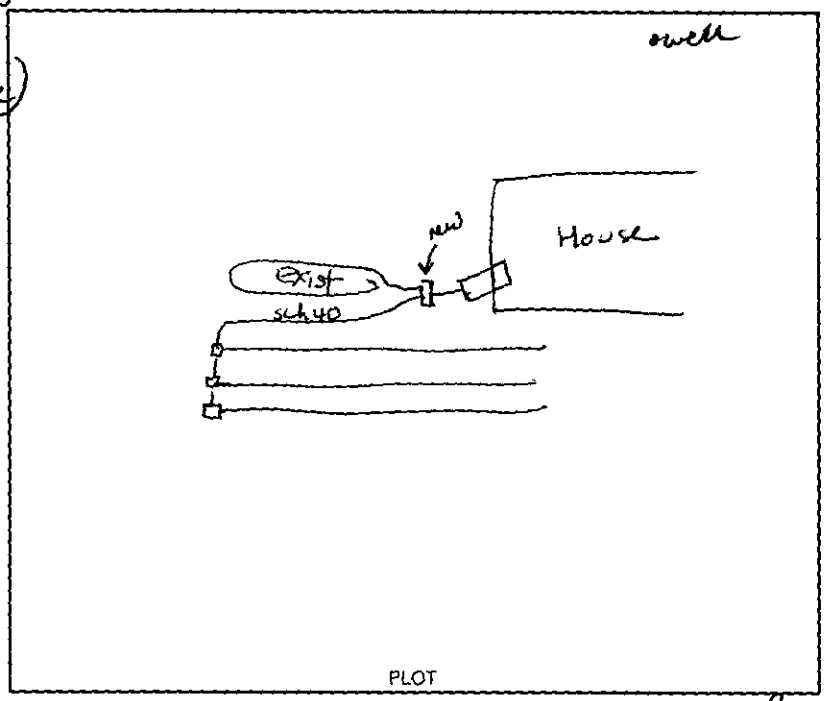
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 471B/843A DATE: 3-20-95
TC: 001-394-04 ☐ L ☐ CRT
SERIAL Nº 16133

Name of Owner Charles Keith Palmer Juris.:
Address of Property 20820 Bally Castle Rd

Inspection Data:

Tank Material Existing (tee in tank)
Total Length of Drainfield 219
Number of Lines 3 @ 73'
Cover Depth 6"-12" most places
Water Supply Source well
Distance to Water Source ≈78'
Excavation Inspected 3-17 & 3-20-95
Tank(s) Inspected ———
Wash Line Inspected ———
High Water Alarm Inspected ———



PLOT

Design 1995 Alt, large diameter pipe System, 18" wide trench, 14-16" sand, drop boxes used. CTR# Julian Bowles // cecil like

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired
☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☒ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Strongly I Recommend relocating septic tank since it due to existing septic tank being located partly under existing building structure

Two Bedroom only!

Susan Patterson
Environmental Health Specialist

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

22 Dec 94

Ms Susan Bateman
Mecklenburg County Health Dept
700 North Tryon St
Charlotte NC 28202

Dear Mrs Bateman

Enclosed are the papers sent me properly signed and notarized.

I would like to obtain a building permit as soon as possible so my addition can begin. I will get the septic work done by 15 Feb 95 and will not occupy the home until then.

Thank you for your help

C Keith Palmer
6529 Tarton Pl
Charlotte NC 28226
704 362 4323

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8343A

TC: 001-394-04

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.

See plan on file for Large Diameter Pipe System.
Two bedroom house.

10" corrugated polythylene tubing encased in a nylon, polyster, or nylon/polyester blend filter wrap
Filter wrap to meet current regulations.
Keep min 5' off any part of sewage treatment and disposal system with any building foundation

Additional Specifications for improvement permit:
- Maximum fall on trench bottom 1" per 100' of trench (1 inch per 100 feet)
- Minimum 6" soil cover needed over trenches.
- Pipe between distribution box and offset adaptor must be sch 40 pipe
- Must be min 50' from mean high water mark off lake
* - Corrugated tubing and filter wrap must be as approved by 5A NCAC 18A Laws and Rules for Sewage Treatment and Disposal Systems Rule .1956(3)(a)
- Snap end caps at end of each pipe.

Charles Kent Palm
OWNER/AGENT SIGNATURE

DATE 22 Dec 94

APPROVAL DATE 12-29-94

2 additional pages

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 8343A

TC: 001-394-04

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- Snap end caps at end of each pipe.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 12-19-94

2 additional pages

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

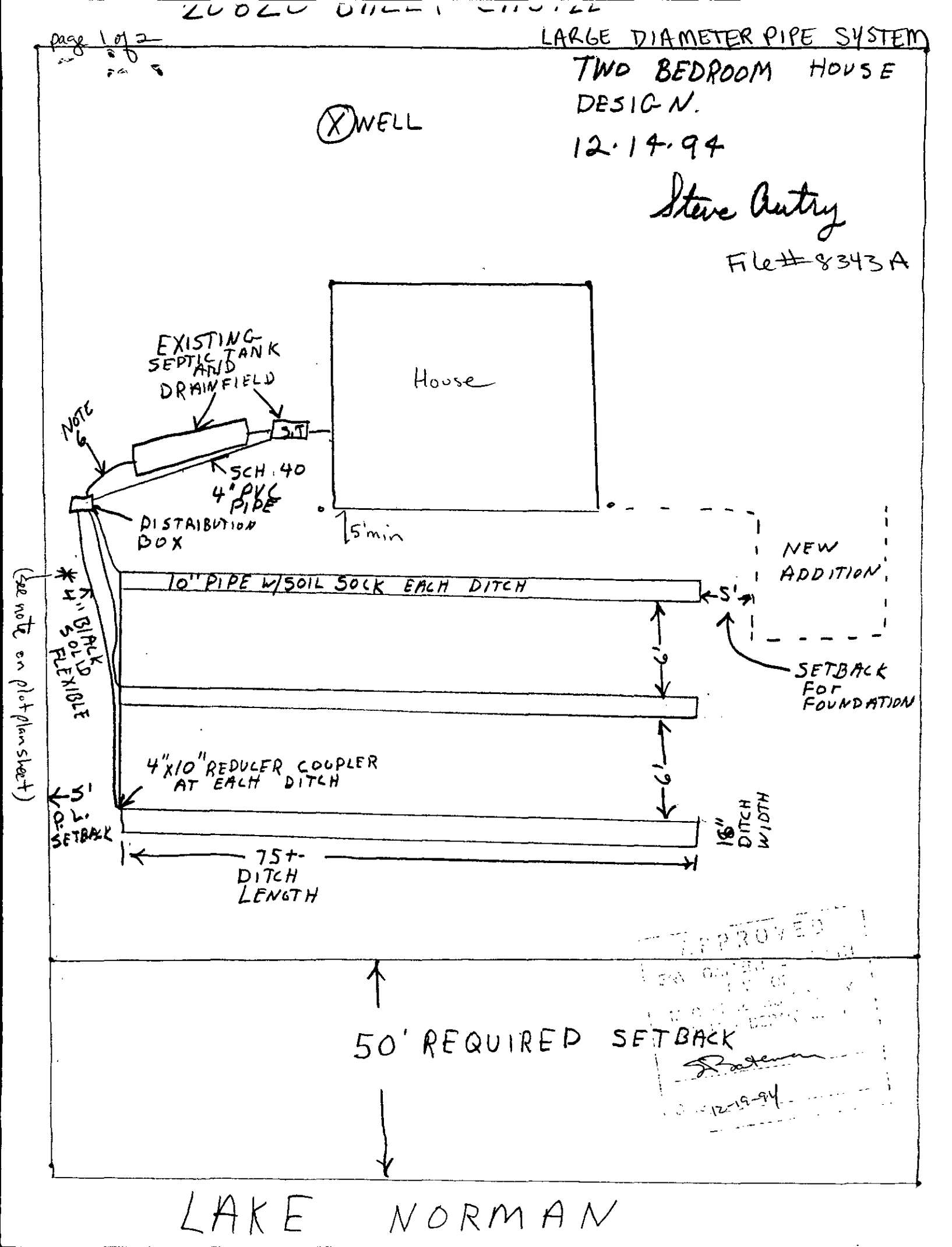
LARGE DIAMETER PIPE SYSTEM

TWO BEDROOM HOUSE DESIGN.

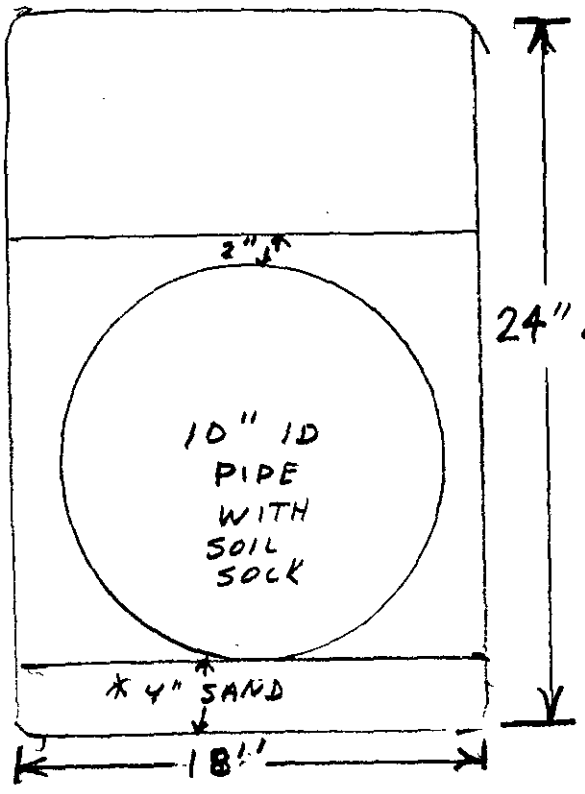
12.14.94

Steve Autry

File #8343A



END VIEW



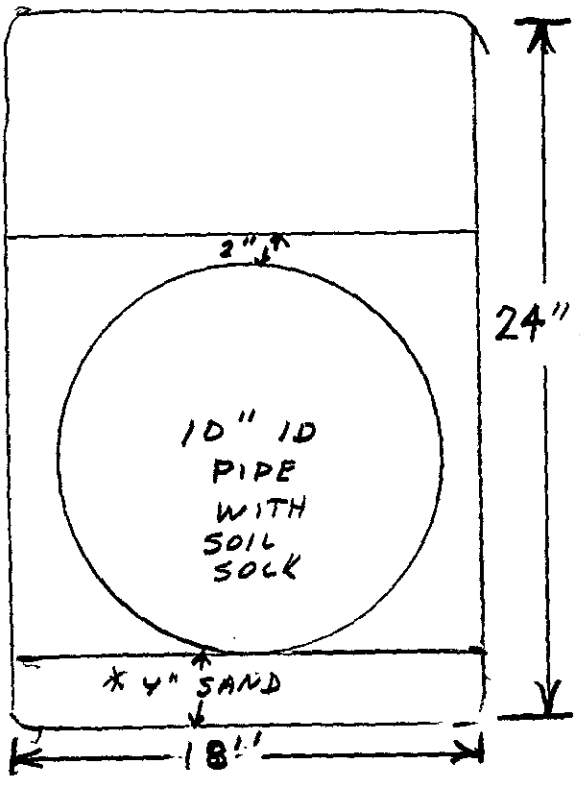
APPROVED
ENVIRONMENTAL HEALTH DIVISION
MECKLENBURG COUNTY HEALTH DEPARTMENT
Date 12-19-94

* sand beneath pipe to be 1½-2" in depth instead of 4".

ADDITIONAL NOTES

1. UNCOVER EACH END OF EXISTING SEPTIC TANK
2. INSTALL 4" PVC SANITARY TEE AND SUPPLY LINE FROM SEPTIC TANK TO NEW DISTRIBUTION BOX
3. EACH DITCH IS TO BE DUG ON LEVEL GRADE
4. SAND FILL TO BE FOUR INCHES UNDER, AROUND, AND TWO INCHES ABOVE THE TEN INCH PIPE.
5. IMMEDIATELY FILL SAND AROUND EACH TEN INCH WHEN INSTALLED TO PREVENT DAMAGE
6. FEED OLD BED ONE FOUR INCH SOLID FLEXIBLE LINE
7. IF SEPTIC TANK IS IN POOR CONDITION INSTAL. NEW 1500 GALLON SEPTIC TANK
8. TEN INCH PIPE IS EQUIVALENT TO A TWO AND ONE HALF CONVENTIONAL TRENCH. THREE SEVENTY-FIVE FOOT TRENCH TO BE INSTALLED.

END VIEW



* sand beneath pipe to be 1½-2" in depth instead of 4".

ADDITIONAL NOTES

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8. TEN INCH PIPE IS EQUIVALENT TO A TWO AND ONE HALF CONVENTIONAL TRENCH. THREE SEVENTY-FIVE FOOT TRENCHES TO BE INSTALLED.

20820 BALLY CASTLE

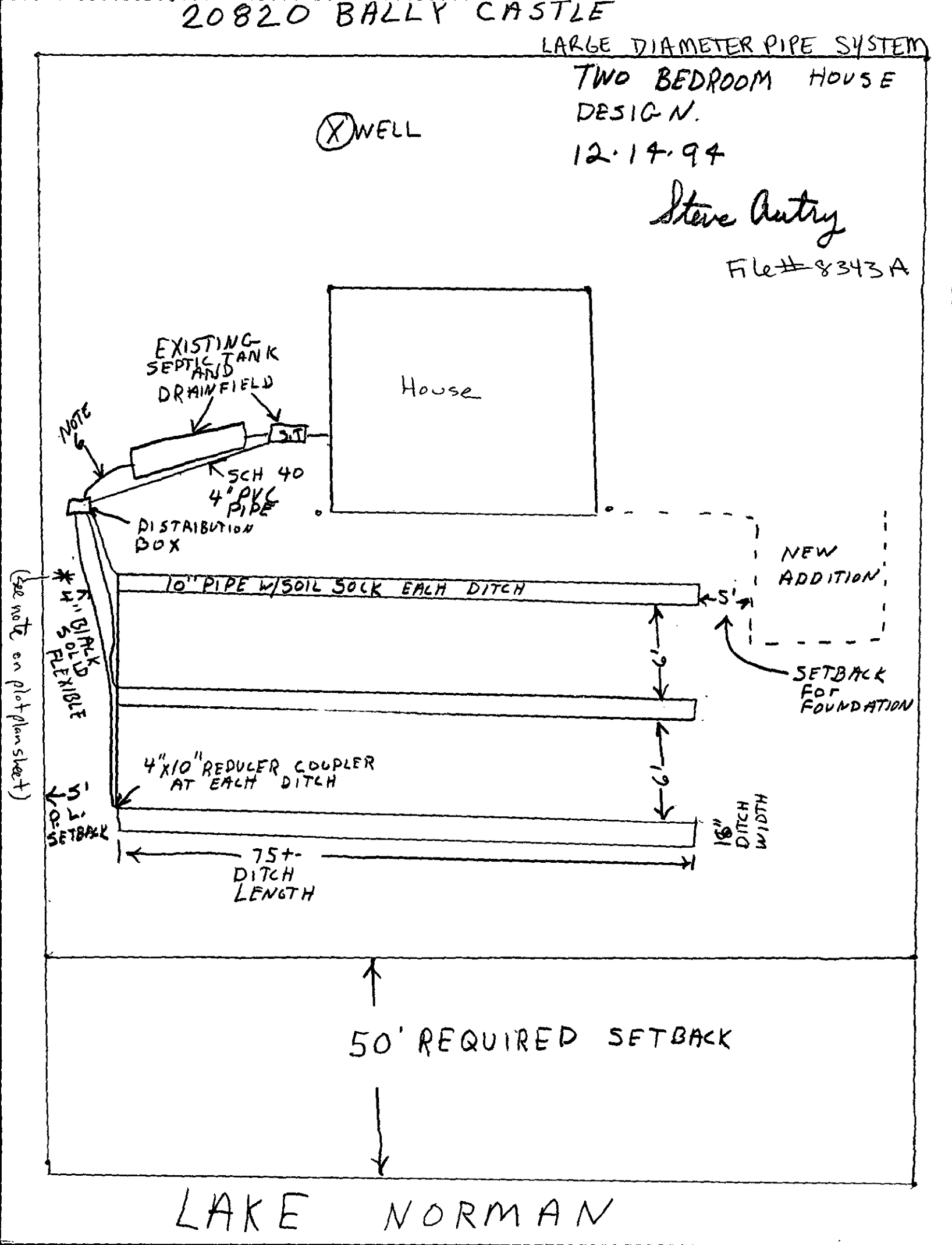
LARGE DIAMETER PIPE SYSTEM

TWO BEDROOM HOUSE DESIGN.

12.14.94

Steve Autry

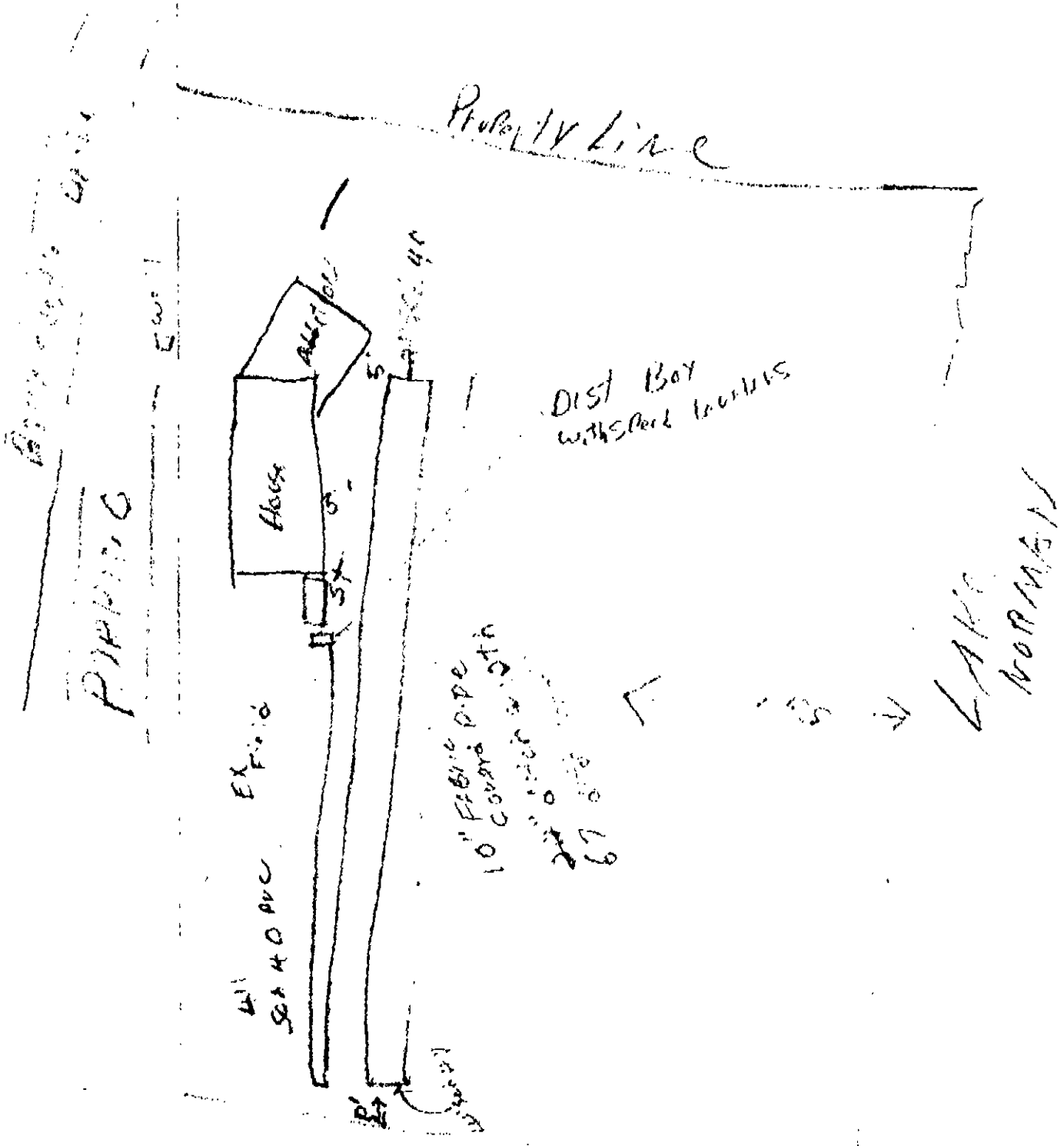
File #8343A



Mecklenburg Health Dept

Attn Susan Bauman

Proposed septic drain for
Keith Palmer 20820 Ballycastle Drive



STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 8343A
PARCEL # 001-394-04

The undersigned, Charles Keith Palmer, owner of property located at 20820 Ballycastle Rd, (the "site") and described in an instrument recorded in Book 4574 at Page 332, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Charles Keith Palmer
Mail after recording to: Charles Keith Palmer 6529 Trenton Pl Charlotte NC 28226

BK: 08009 PG: 0546/0548 #:0172 12.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 12/22/94 12:10

_____ Charles Keith Palmer (SEAL)
(Corporate Name)

_____ (SEAL)

By: _____ _____ (SEAL)

_____ President _____ (SEAL)

ATTEST:

_____

_____ Secretary

(Corporate Seal)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Mary N. Eddie, a Notary Public for said County and State, do hereby certify that Charles Keith Palmer personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 22 day of December, 1994.

Mary N. Eddie
Notary Public

My Commission Expires:
11-21-96

MARY N. EDDIE NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

RBCWM:2662_1/3-14-94

471B (8343A)

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

"REPAIR" [] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date: June 18, 92

PERSON FILING APPLICATION:
NAME: PALMER (last) CHARLES (first) KEITH (mi)
ADDRESS: 3410 Mill Pond PHONE: (704) 554-9416
CITY: CT STATE: NC ZIPCODE: 28226

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-394 04
STREET ADDRESS: 20820 Ballycastle
Mooresville NC
ZONING:

PROPERTY OWNER:
NAME: PALMER (last) CHARLES (first) KEITH (mi)
ADDRESS: 20820 Ballycastle PHONE: (704) 554-9416
CITY: Mooresville STATE: NC ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the 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: Charles K Palmer Date: 18 June 92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

... Met Julian Boles (contractor) & homeowners on site. NO effluent in bed after probed. Will check for broken line to drainfield JSW 6/23/92

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

APPLICATION FOR AN IMPROVEMENT PERMIT

MECK COUNTY DEPARTMENT OF RECEIVED JUL 14 1987 ENVIRONMENTAL HEALTH

MECK COUNTY DEPARTMENT OF RECEIVED APR 08 1987 ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4693

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

(OFFICE USE ONLY)
FILE: 3717A
TC: _____
SERIAL: № 12855
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 20820 BALLYCASTLE RD. ~~1160 Eat 376~~
(STREET NO.) (STREET)
② FILE: _____
③ JURISDICTION: Section 6
④ TAX PARCEL NO.: 001-391-74
⑤ SUBDIVISION: Mock County
⑥ LOT: _____
⑦ BLOCK: _____

OWNER

⑧ NAME: CHARLES (FIRST) KEITH (MIDDLE) PALMER (LAST)
⑨ MAILING ADDRESS: 3410 MILL POND RD
⑩ CITY: CHARLOTTE
⑪ STATE: NC
⑫ ZIP: 28226
⑬ PHONE: (WORK) 554-9416
⑭ (HOME) 554-1035

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? 2
㉕ Type? _____
㉓ Maximum occupancy? 5
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: Keith Palmer

Date: 7 April 87

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.