

1400 REID HARKEY RD

19347108

7/29/08

marliwr

Groundwater and Wastewater Services File Imaging Project

May 2007

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AC

[X] 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

16349

PERSON FILING APPLICATION:
NAME: Krall (last) Jennifer (first) L (mi)
ADDRESS: 1400 Reid-Harkey Rd PHONE: (704) 849-6863
CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: Krall (last) Jennifer (first) L (mi)
ADDRESS: 1400 Reid-Harkey Rd PHONE: (704) 849-6863
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 193.471.08
STREET ADDRESS:
ZONING:

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

1984

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4 LOT SIZE (in acres): .615

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

Front porch and deck addition
Enclose garage extend 10ft for master bathand closet

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: 3

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: Jennifer L Krall Date: 12 Apr 02

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.

... OK to Use Existing Systems

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

Joshua R. Allen R.S. 04-23-02
Environmentalist Date

WATER : 122791

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

COPY

LOCATION

STREET # (N,S,E,W) | STREET NAME | (AV,RD,ST, etc.)

1400 | Reiz Harkey | Rz

SUITE/UNIT(S):

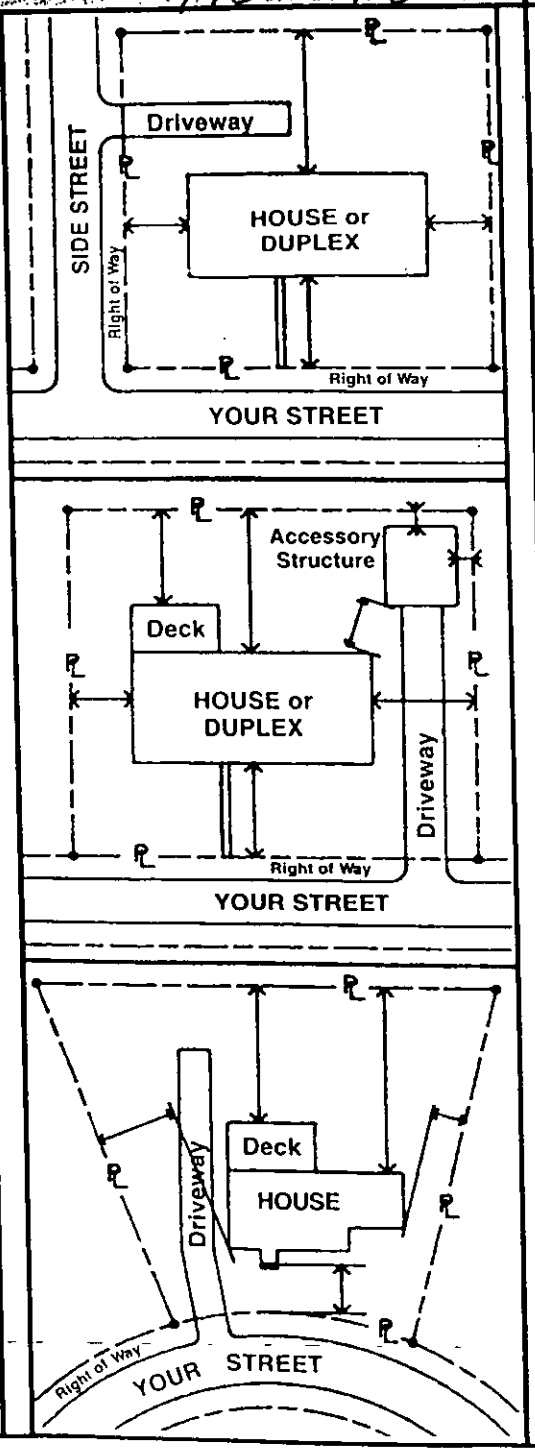
PERMIT #

TAX JURISDICTION: *(Check One)*

☒ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL # 193-47-08 JOB #

EXAMPLES/PLOT PLAN



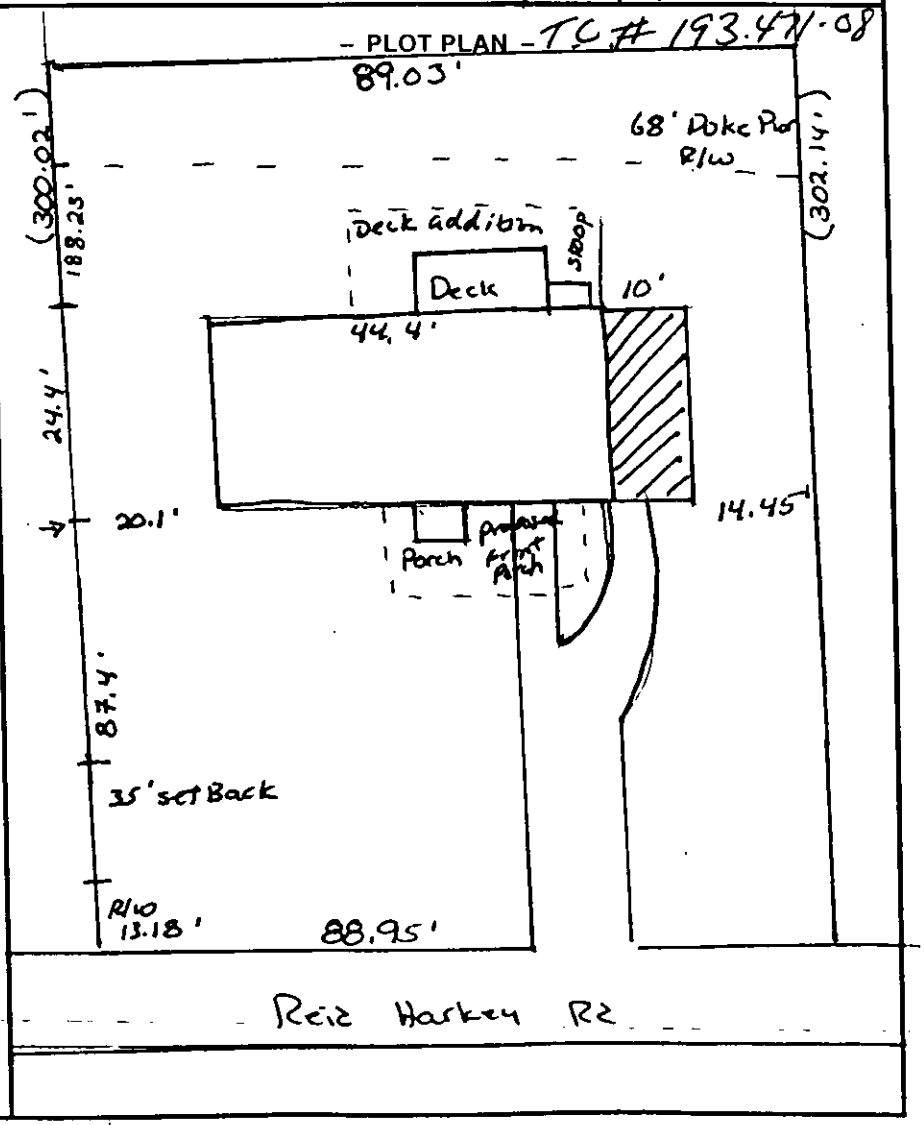
– INSTRUCTIONS –

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

File # 16349

– PLOT PLAN – TC # 193.47.08



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Michael L Conger — APPLICANT'S SIGNATURE

4.1.02 — DATE

Michael L. Conger — PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-81

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 16349 DATE: 5-26-98

TC: 1934/1108 ☑ L ☐ CRT

SERIAL Nº 17492

Name of Owner DAVE CONKLIN Juris.: _____

Address of Property 1400 REID - HARKEY ROAD

Inspection Data:

Tank Material ~~1500~~ EXISTING

Total Length of Drainfield 200' REPAIR

Number of Lines 2 @ 6'x50'

Cover Depth 18" SOIL

Water Supply Source EXISTING WELL

Distance to Water Source 110'

Excavation Inspected 5-26-98

Tank(s) Inspected NA

Wash Line Inspected NA

High Water Alarm Inspected NA

* SEE INSTALLATION PERMIT

PLOT

Design REPAIR 2 LINES 6'x50' CTR# RCS

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 I5A 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 I5A 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: _____

J Andrew Walk RS

Environmental Health Specialist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

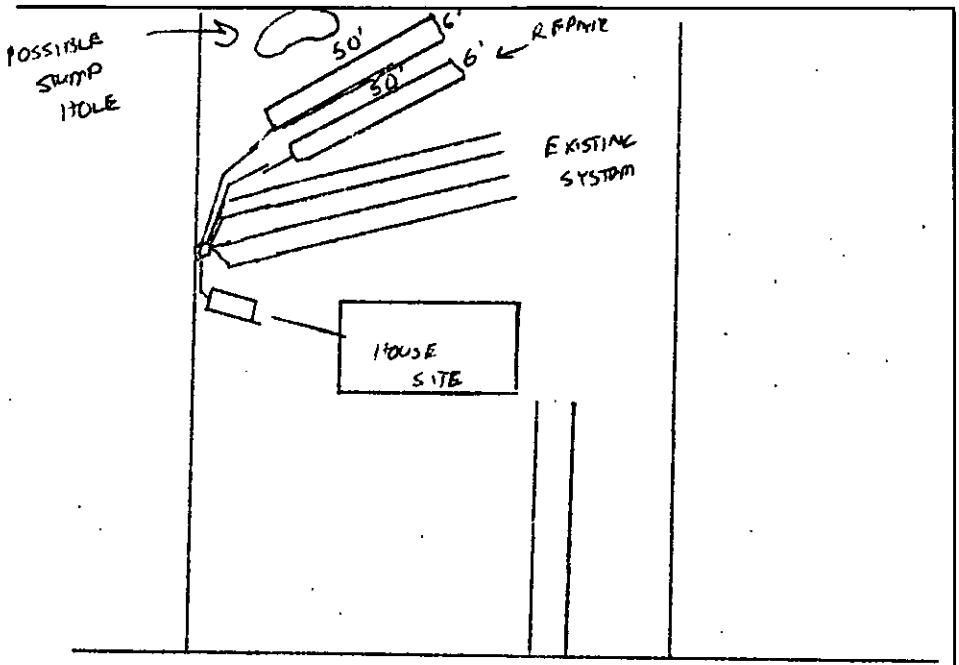
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 16349 DATE: 4-9-98

TC: 19~~8~~/7838/01 ☐ L

SERIAL Nº 17687

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 5-9-98. All work shall be completed on or before 5-9-98, 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 EXISTING 100 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous YES

Total Line Length 50 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House _____ feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER DAVE CONKLIN

LOCATION OF PROPERTY 1400 REID-HARKEY ROAD

Comments: 1) SEPTIC TANK AND D-BOX (EXISTING) COULD BE TOO CLOSE TO DRAINAGE CULVERT (STORM WATER) WHICH WAS STATED TO BE ON PROPERTY LINE.

2) IT MAY BE NECESSARY TO INSTALL A NEW D-BOX.

J Chadwick Clark RS
Environmental Health Specialist

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

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: CATHY HUDSON, RCS TELECOPIER # ~~336 6847~~ 284-5560

FROM: DREW WALKER DATE 4-7-98
MECK. CO. HEALTH DEPT.

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS:
HI JOE !!

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[ ] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

FEE: NA

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 16349

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193-471--08

STREET ADDRESS: 1400 Reid Harkey Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 4 Built 1984

TOWNSHIP (CHECK ONE): CB Septic 1982

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
__ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: | NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT
__ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE): __ COMMUNITY (C) __ MUNICIPAL (M) __ PRIVATE WELL (P) __ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES __ NO	WELL, SPRINGS OR WATERLINES	__ YES __ NO
EXISTING WASTEWATER SYSTEMS	__ YES __ NO	DESIGNATED WETLANDS	__ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES __ NO		

PROPERTY OWNER:

NAME: Conklin David D
(LAST) (FIRST) (MI)

ADDRESS: 1400 Reid Harkey Rd.

CITY: Matthews STATE: NC ZIP:

DAYTIME PHONE: 704 372-7700 or 847-5618

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) –

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Patricia A. Conklin DATE: 4-9-98

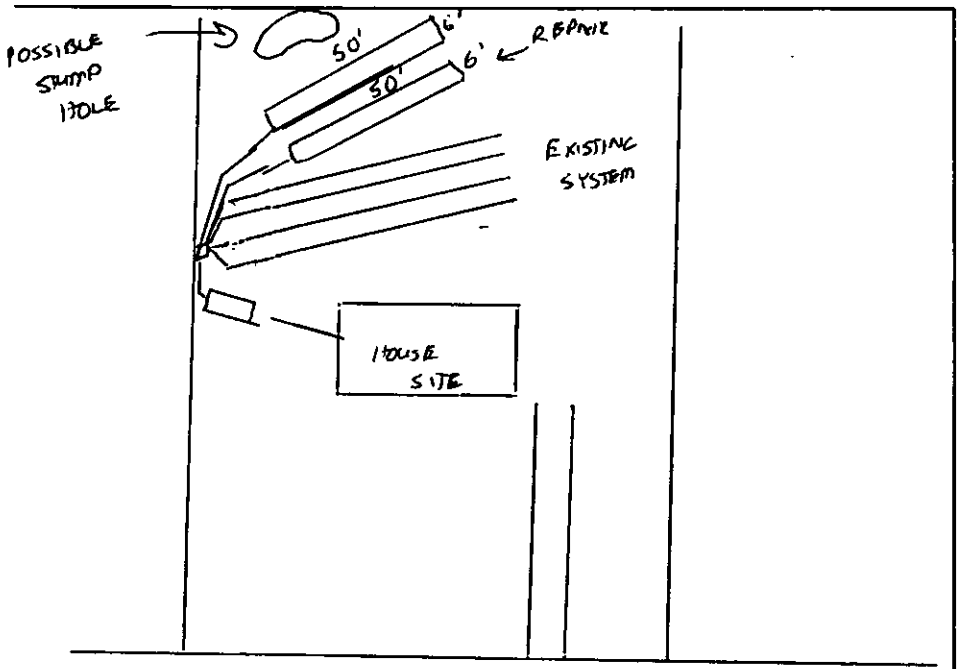
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

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: 16349 DATE: 4-9-98
193-47-08
TC: ~~193-335-01~~ X L
SERIAL Nº 17687

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 ~~5-9-98~~ . All work shall be completed on or before 5-9-98 , after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A 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 EXISTING 1000 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 6' feet

Trench Walls Scored and Porous YES

Total Line Length 50 feet

Number of Lines 2

Depth of Stone 12 inches

Distance from House _____ feet

Distance from Property Line 10' feet

Distance from Well 100' feet

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

NAME OF OWNER DAVE CONKLIN

LOCATION OF PROPERTY 1400 REID-HARKEY ROAD

Comments: 1) SEPTIC TANK AND D-BOX (EXISTING) COULD BE RITOO CLOSE TO DRAINAGE CULVERT (STORMWATER) WHICH WAS STATED TO BE ON PROPERTY LINE.
2) IT MAY BE NECESSARY TO INSTALL A NEW D-BOX.

Environmental Health Specialist

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

GWEN,

THIS FELLOW APPLIED FOR REPAIR - THE TAX CODE ON EXISTING FILE # 16349 IS 193-335-01 - THE COMPUTER GAVE ~~[illegible]~~ 1 - DIFFERENT.

SEE INSTRUCTIONS ON BACK

Date Received 10-12-82

MECK COUNTY DEPARTMENT OF. RECEIVED ENVIRONMENTAL HEALTH

ICAR (S) Application No. 16349

T. C Rd 193-335-01

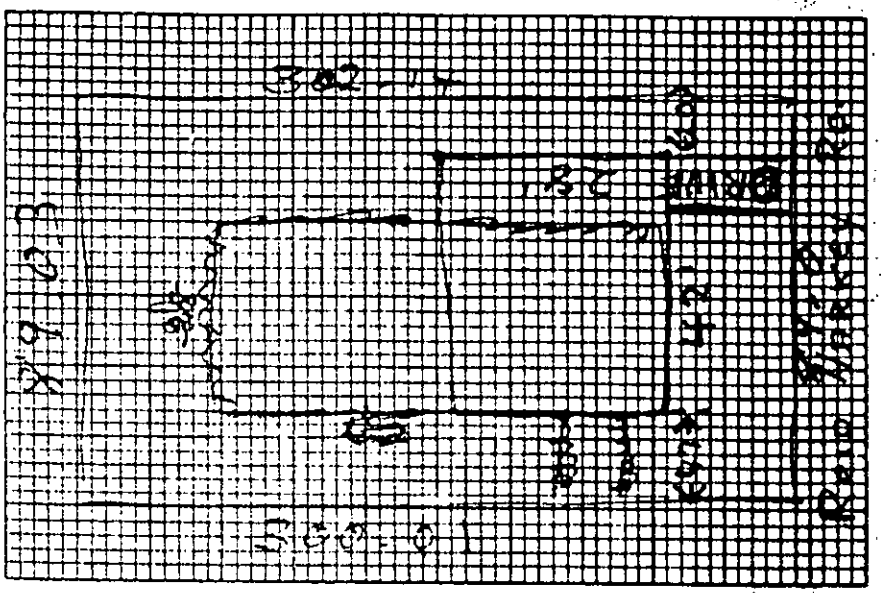
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
Evaluation, 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 GLADDEN (LAST), WILLIAM (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 6725 Huntley Rd. Charlotte N 28212

15) PHONE NO. Home 545-5039 Office 537-8106

16) LOCATION OF SYSTEM 1400 Reid Harkey Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Dove Hollow Lot No. 4 Block No. _____

Map Book No. 19 Page No. 163

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.

10-8-82
DATE OF APPLICATION

W. L. Gladden
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-12-82

MECK COUNTY DEPARTMENT OF
RECEIVED
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 16349

T.C. R0 193-335-01

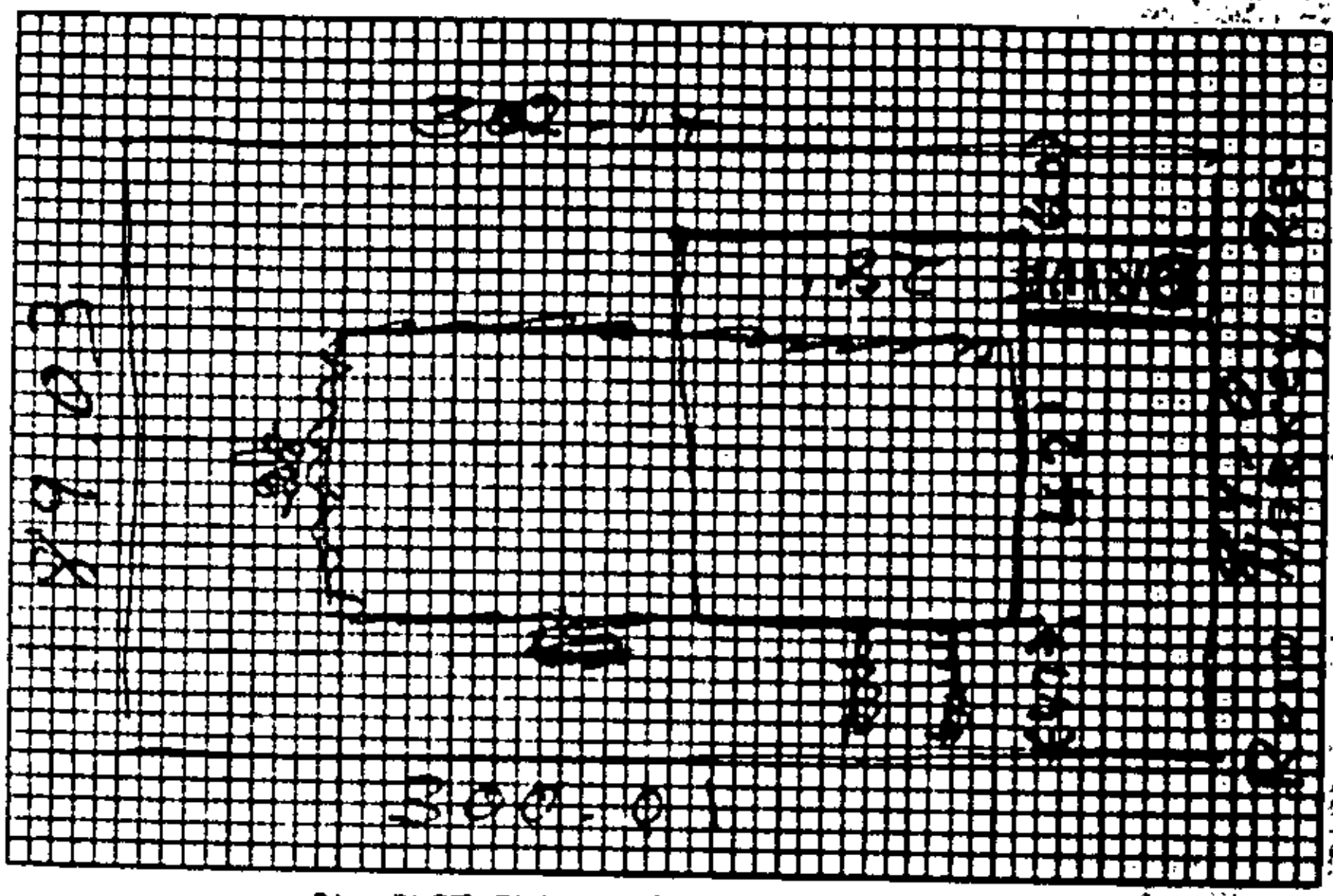
Map Date ______

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 GLADDEN, WILLIAM L.
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 6725 HUNTLEY RD. CHARLOTTE N.C. 28212

15) PHONE NO. Home 545-5039 Office 537-8106

16) LOCATION OF SYSTEM 1400 Reid Harkey Rd.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Dove Hollow Lot No. 4 Block No. ______

Map Book No. 19 Page No. 163

18) DEED REFERENCE — DEED BOOK ______ AT PAGE ______

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10-8-82
DATE OF APPLICATION

W. L. Gladden
OWNER

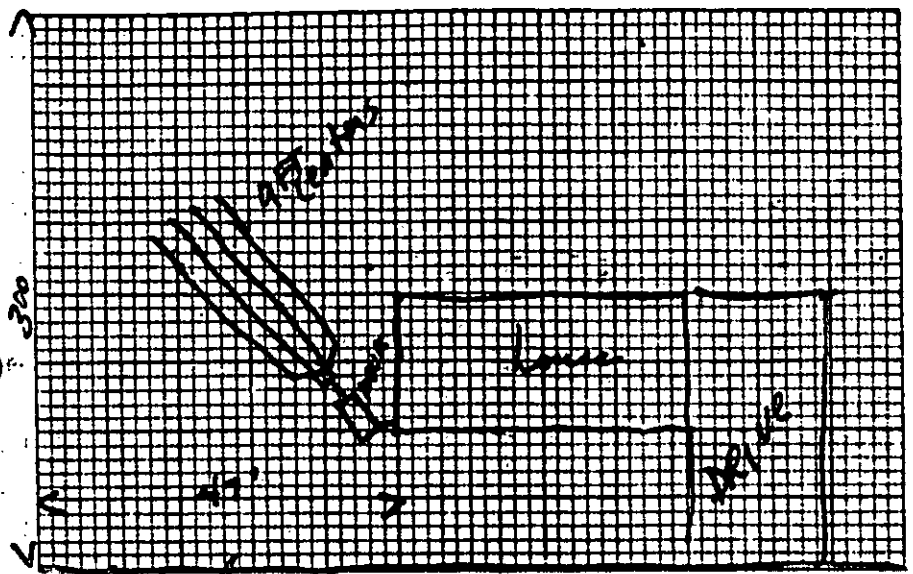
EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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 water treatment system with subsurface, soil absorption, effluent discharge as specified herein scribed location. This permit is granted based upon the information supplied in application 16 dated 10-8-82 and this permit shall be void and of no effect if the information provided plication is not true or is erroneous. All work shall be completed on or before 12-20-82 date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.

Liquid Capacity of Tank 1500

Tank Construction R/C C

Absorption and/or Nitrification

Total Line Length 2

Number of Lines 4

Distance from House 7/6

Distance from Property Line 7/

Distance from Well 75

NAME OF OWNER William L. Glasden

LOCATION OF PROPERTY 1400 Reid Harkey Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the M County Health Commission which are in effect on the date of the granting of this permit. A certif proval must be issued by the Environmental Health Director before any system can be covered up rendered uninspectable or can be used. The issuance of this permit does not in any way guarant system anticipated to be constructed will operate properly, or relieve any person now or hereafter c trolling or using such system from any liability resulting from the failure of the system to operate

@ 4-50' x 3' wide x 12" Stone w/ 1-2½' c

Comments: _____

Division or Section Head

Environmentalist R. Phelps

*If this permit is for the installation or construction of a new system, it must be signed by the section head of the Department of Environmental Health in order to be valid. Only the signatur vironmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 10/10/'81 (CAR(S) Application No. 162371

T. C. No. AO 193-335

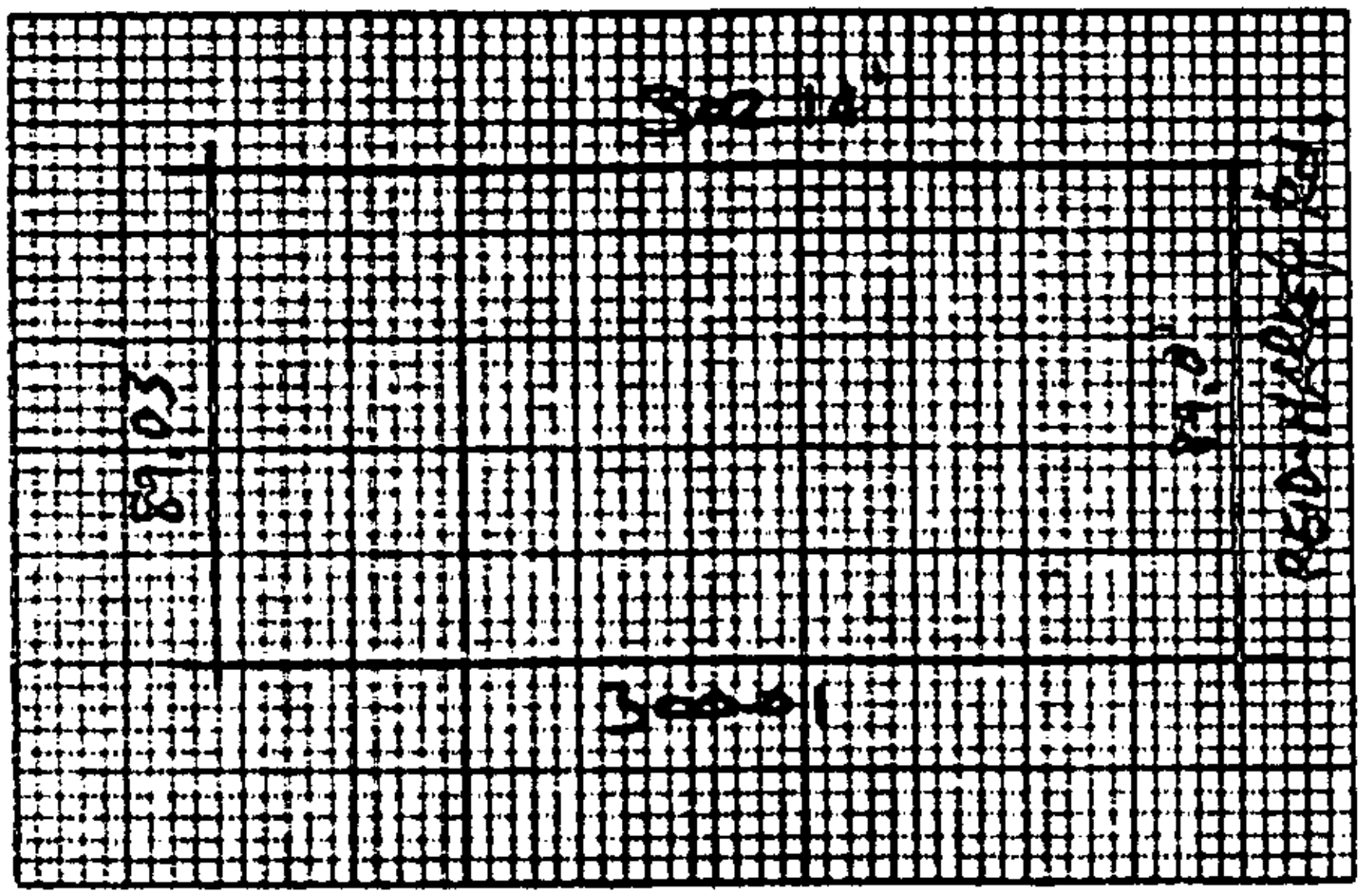
Map Date ______

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)

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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 LANE & ASSOC., INC.
(LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 5439 FIVE KNOLLS DR. MATTHEWS N.C 28105

15) PHONE NO. Home 542 3206 Office ______

16) LOCATION OF SYSTEM 1400 REID HARKEY RD.
(STREET OR COUNTY ROAD)

17) SUBDIVISION DOVE HOLLOW Lot No. 4 Block No. ______

Map Book No. 19 Page No. 163

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.

11-27-79
DATE OF APPLICATION

David H. Lane
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY