

6101 PROSPERITY CHURCH RD 41

02756108

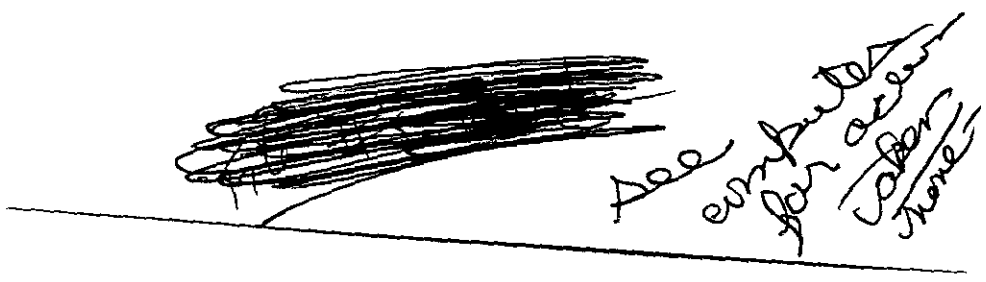
1/2/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Lorraine –

I never got anything more on this so If you don't have anything Then I guess The Thing to do is Throw it away.



m x2

3056B/1427A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] 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

PERSON FILING APPLICATION:

NAME: TUCKER (last) MICHEAL (first) A. (mi)

ADDRESS: 620 Honeysuckle Ln PHONE: (704) 788-4237

CITY: Midland STATE: N.C. ZIPCODE: 28107

Date: 4-19-94

PROPERTY OWNER:

NAME: Tisbet (last) E. (first) P. (mi)

ADDRESS: 1818 Baxter St PHONE: (704) 332-7755

CITY: Charlotte STATE: N.C. ZIPCODE: 28205

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 027-072-08

STREET ADDRESS: 6101-56 Prosperity Ch. Charlotte, N.C. 28269

ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Forest Park Mobile Homes

LOT NUMBER: 56 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[x] 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)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

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):
[x] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [x] 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: James J. White Date:

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.

...

[] 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

Appt. for Tuesday, April 19th MADE ON FRIDAY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

APPROVAL

$200.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

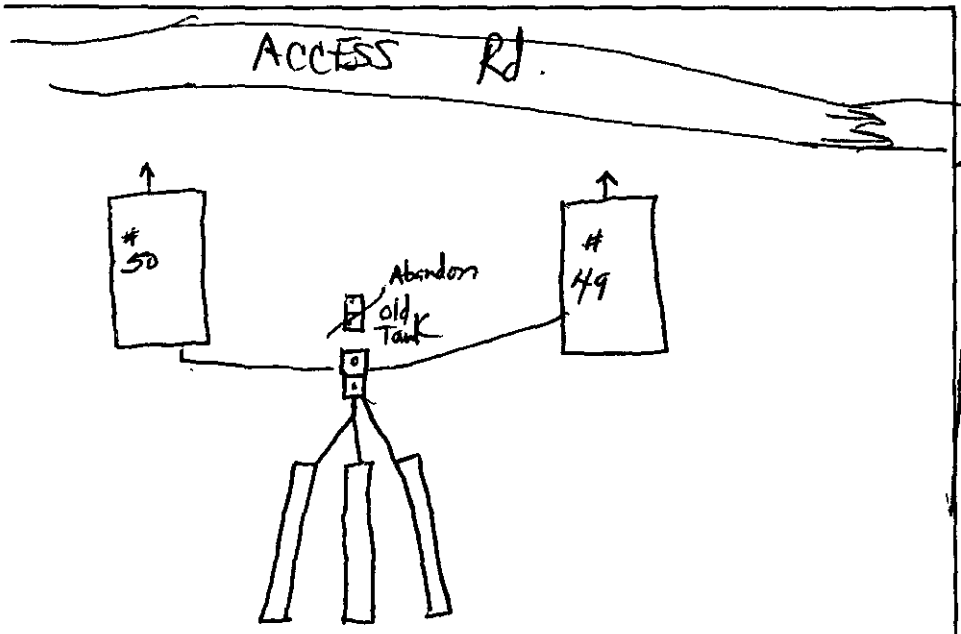
3056 BI 94 2nd
3458 / 19486A

FILE: [redacted] DATE: 4-19-94

TC: 027-072-08 ☐ L

SERIAL Nº 15901

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 [redacted] 4-19-94. All work shall be completed on or before 5-19-94 after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~15~~ NCAC ~~10~~ 15A .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

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NAME OF OWNER [redacted] (E.P. Nisbet Co.)

LOCATION OF PROPERTY 6101 Prosperity Church Rd (Lot #50)

Comments: 1994 Repair, Installation of 1500 gal Septic tank, [redacted]; Install D-Box if necessary. Old tank to be Pumped & properly abandoned. Keep min. 5' from mobile home foundation.

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3056B/1427A

[] 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

COPY

PERSON FILING APPLICATION:
NAME: TUCKER (last) MICHEAL (first) A. (mi)
ADDRESS: 620 Honeysuckle Dr PHONE: (704) 788-4237
CITY: Midland STATE: N.C. ZIPCODE: 28107

Date: 4-19-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 027-07228
STREET ADDRESS: 6101-56 Prosperity Ch. Charlotte, N.C. 28269
ZONING:

PROPERTY OWNER:
NAME: Tisbet (last) E. (first) P. (mi)
ADDRESS: 1818 Baxter St. PHONE: (704) 332-7755
CITY: Charlotte STATE: N.C. ZIPCODE: 28205

SUBDIVISION OR MOBILE HOME PARK NAME: Forest Park Mobile Homes

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

TYPE APPLICATION (check one):

LOT NUMBER: 56 LOT SIZE (in acres):

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

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[X] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 1

SYSTEM CLASSIFICATION:

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

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

FUTURE ADDITIONS - ALL PLANN
[] Swimming Pool [
[] Garage [

k all that apply):
[] Workshop [X] None
[] Bedrooms [] Other

The undersigned, owner, or
foregoing application, acknowl
DEPARTMENT to enter onto the p

Signed: James J.

property described above as the "JOB LOCATION" has read the
e true, and authorizes agents of the MECKLENBURG COUNTY HEALTH
ing this request.

NOTICE:

The undersigned, an authorized a
the Request for the Job Location
And Rules For Sanitary Sewage Co
to the following provisions:

...No work shall be conducted or
an installation, Construction
approval is granted by this D

...This permit is not transferabl

...

5/19/94

LTH DEPARTMENT, certifies that the Department has approved the
approval is granted in accordance with the provisions of Laws
in effect at the time of issuance of the permit and is subject

] 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

WATER : 122791

MH lot 50 + ~~53~~

3056B/1942TA

3456B/1986A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 214
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Same (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: _____ STATE: _____ ZIPCODE: _____

Date: 4-19-94

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 027-07208

STREET ADDRESS: 6101-50 Prosperity Ch.

ZONING: _____

PROPERTY OWNER:

NAME: Tusket (last) E. (first) P. (mi)

ADDRESS: 1818 Baxter St. PHONE: (704) 332-9755

CITY: Charlotte STATE: N.C. ZIPCODE: 28205

SUBDIVISION OR MOBILE HOME PARK NAME: Forest Park Mobile Home

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

LOT NUMBER: 50 & ~~53~~ LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
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[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

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

WATER SUPPLY (check one):
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[] Municipal (M) [] Other 'spring' (O)
[] 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: [signature] Date: 4-19-94

4-21-94

NOTICE:

The undersigned
the Request for
And Rules For S
to the followir

...No work sha
an installa
approval is

...This permit

... Repa

Repair s

LTH DEPARTMENT, certifies that the Department has approved the
approval is granted in accordance with the provisions of Laws
in effect at the time of issuance of the permit and is subject

Attached you'll find a file w/ applic. for M.H. Exchange now pending a repair of malfunctioning system at lots # 50 & 53. See attached applic. for this repair. May need different file# for this repair.

S. Hardesty

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

[signature] 4-26-94 completed
vironmentalist Date

rector or Authorized Section Head Date

WWATER : 122791

12400 3115B

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

3056 P 9427 A

FILE: ~~3056/9427~~ A DATE: 4-26-94

TC: 027-072-08 ☐ L ☐ CRT

SERIAL Nº 15951

Name of Owner E.P. Nisbet Co, Juris.:

Address of Property 6101 Prosperity Ch Rd Lot 50 + 49 Mobile Home Park Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield —

Number of Lines — @ —

Cover Depth —

Water Supply Source Comm well

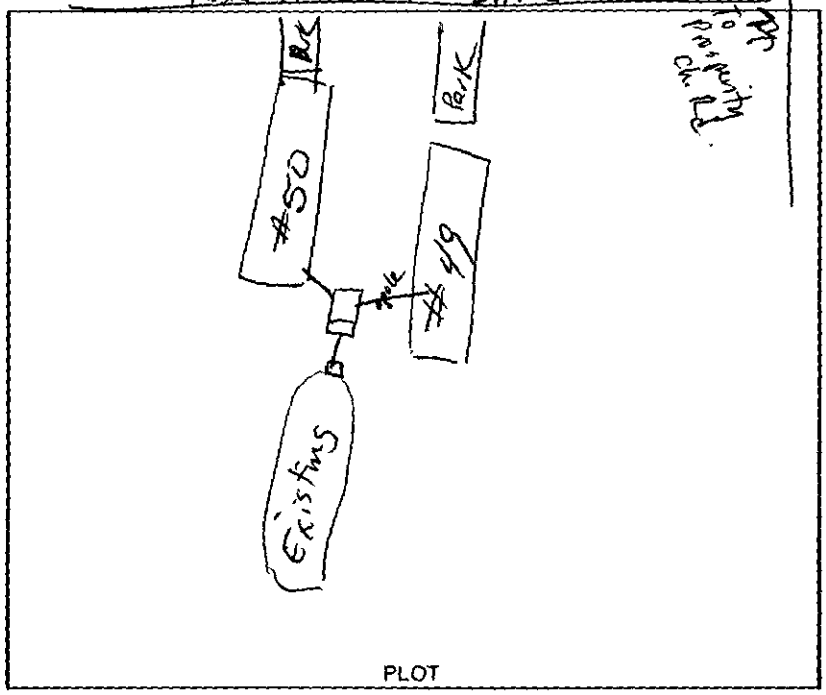
Distance to Water Source 100' +

Excavation Inspected —

Tank(s) Inspected 4-26-94

Wash Line Inspected —

High Water Alarm Inspected —



PLOT

Design: 1994 Repair, 1500 gst CTR# Autry

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 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The 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 10 NCAC 10A .1900 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.

COMMENTS: 2 bedroom homes only

>15 yrs old.

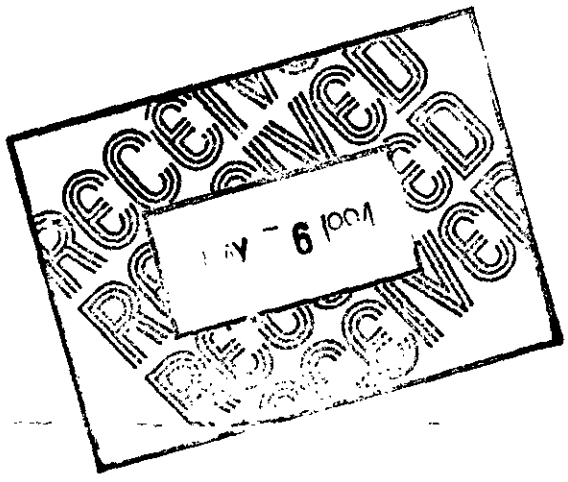
Susan Saterwhite
Environmentalist

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

Autry Concrete Products Company
Autry Septic Tank Company

PHONE: 357-1249
357-1250

8918 BYRUM DR.
CHARLOTTE, N.C. 28217



May 2, 1994

Susan Bateman
Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Center, Suite 211
700 N. Tryon Street
Charlotte, N. C. 28202

Dear Sue:

I, Steve Autry, certify that the septic tank installed at 6101 Prosperity Church Road, Lot 50, Charlotte, N. C. is made of 3,000 lb. concrete and that the date on the tank of February 7, 1994 is correct.

Sincerely,

AUTRY CONCRETE PRODUCTS COMPANY
AUTRY SEPTIC TANK COMPANY

Steve Autry
Owner

SA:wa