SEE INSTRUCTIONS ON BACK

Date Received 4-27-84

ICAR (S) Application No. 209671

T. C. No 037-JJ-03

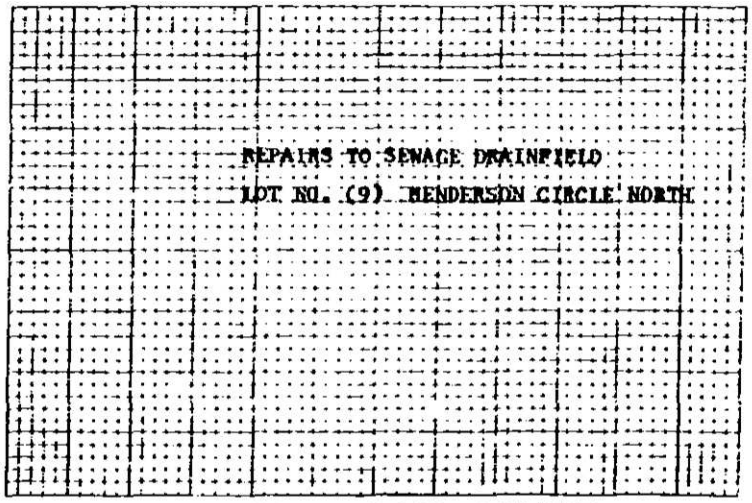
Map Date 1

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 propert, described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1) Install or Construct 2) X 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 2
5) Business Use - Max No Employees
6) Washing Machine Yes X No
7) Garbage Disposal Yes X No
8) Dishwasher Yes X No
9) Water Supply
A) Individual Well
B) Governmental System
C) Community System
1 Well source YES
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 DANCY HOMES, INC. (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 1443 South Boulevard, Charlotte, N.C.

15) PHONE NO. Home Office 332-6310

16) LOCATION OF SYSTEM Henderson Circle North - off highway 115 (STREET OR COUNTY ROAD)

17) SUBDIVISION Wilhelmina Hts Lot No 9 Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE

19) HAS A SOIL INVESTIGATION BEEN RUN? x 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.

4/26/84
DATE OF APPLICATION

DANCY HOMES INC
A. F. Dancy
OWNER A. F. Dancy Sr., Pres.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

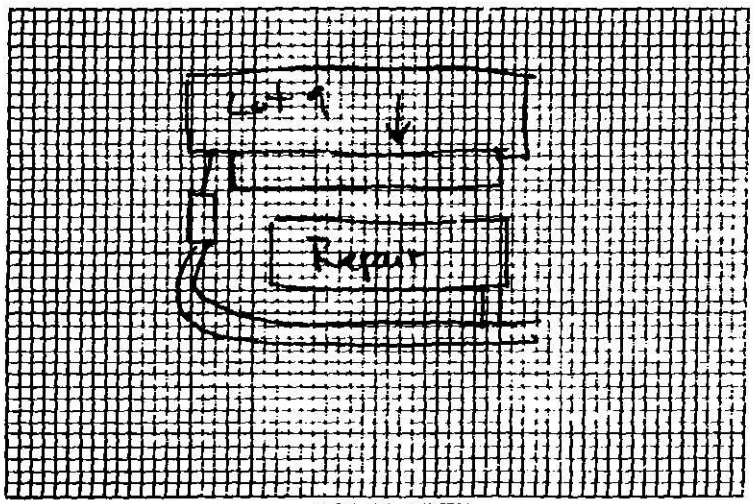
Date Issued 5-3-84 Serial No. 07195 ICAR(S) Permit No. 20967

T C. No. 037-212-03

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 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 _____, dated 4-27-84 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 5-27-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank Repair

Tank Construction Repair

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 3

Distance from House 12'

Distance from Property Line 10'+

Distance from Well 100'+

NAME OF OWNER Davis Homes Inc.

LOCATION OF PROPERTY ~~1443~~ 5200 Henderson Circle Lot 9

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.

Comments: 9'x33'x17" Stone 4' from old system. Raise 4" line approx. 4" to overflow into repair

Ben D. Hankins Jr.
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 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 (s) No. 20967 N/A

Date Issued 5-5-94 **Serial** 6600 T. C. No 037-212-03

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 DANCY HOMES, INC. (LAST / FIRST / MIDDLE)

Location of Property 5200 HENDERSON CIRCLE Lot # 9

Application Number N/A TC 037-212-03 Permit Number N/A - TC 037-212-03

Inspection Data:

Liquid Capacity of Tank Regular Tank Material Concrete

Total Length of Drain Tile 1100 LIN FT Number of Lines Three

Depth of Filter Material 17 Stone Cover Depth Two feet

Water Supply Source Well Distance from Water Source 1700 FT

Excavation Inspected 5-4-94 (DATE) Tank Inspected Regular (DATE)

Nitrification Field Inspected 5-5-94 (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, X 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 Rollins
Environmentalist

EHD-5-76

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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: 3-767
TC: _____
SERIAL. No 21194
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 7200 Henderson Cr (STREET NO / STREET) ② FILE: _____
③ JURISDICTION: Matthews North M.H.P. ④ TAX PARCEL NO.: 037-212-03
⑤ SUBDIVISION: Lexington Heights ⑥ LOT: 9 ⑦ BLOCK: _____

OWNER

⑧ NAME: Dancy Homes Inc (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 1443 South Blvd
⑩ CITY: Charlotte ⑪ STATE: N.C ⑫ ZIP: 28203
⑬ PHONE: (WORK) 332-6310 ⑭ (HOME) _____

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? 3
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 HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Ms Mary Beach
Date: 9/12/90

IMPROVEMENT PERMIT

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 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 Mecklenburg County Health Department or an authorized section head in order to be valid.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

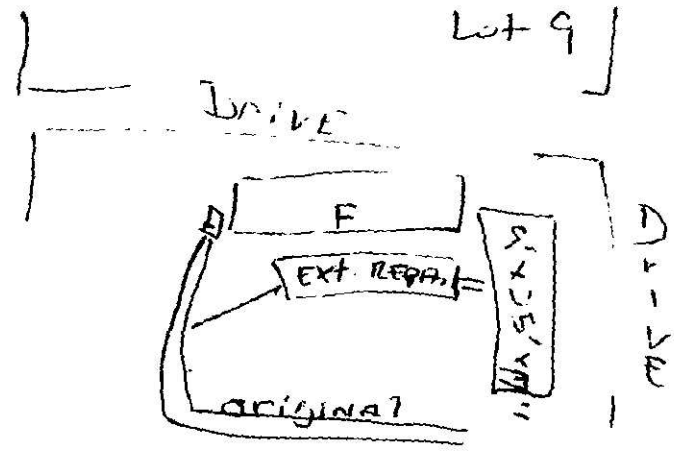
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20967 DATE: 9/27/90

TC: 037 212 03 D L

SERIAL № 14830

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 on the application dated 9/12/90. All work shall be completed on or before 10/27/90, 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 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 ✓ gallons

Liquid Capacity of Dosing Tank ✓ gallons

Tank Construction Check

Absorption and or Nitrification Lines

Trench Width 9' feet

Total Line Length 100' feet

Number of Lines (1) 9'x25'

Depth of Stone 17" inches

Distance from House 10 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Macy Beach

LOCATION OF PROPERTY 5220 Henderson Rd Lot 9

Comments: Metrolina North MHP, (1) 9'x25'x17"s Straw.

Division or Section Head

Tim Whitacre, R.S.
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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 26967 DATE: 12/1/10

TC: 037 2.12 63 ☐ L ☐ CRT

SERIAL № 13604

Name of Owner [illegible] Juris.:

Address of Property [illegible]

Inspection Data:

Tank Material —

Total Length of Drainfield 150'

Number of Lines 3 @ 33'

Cover Depth 12" +

Water Supply Source Well

Distance to Water Source 25'

Excavation Inspected Y

Tank(s) Inspected —

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: Repair 1-90 CTR# [illegible]

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

☐ installed or constructed ☑ altered of 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: Repair, Overflow inl. (1) 3'x33'x17" gs. Lot 9

Tim Whittaker R.S.
Environmentalist

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