Date Received 5-18-83

RECEIVED
MAY 18 1983
ENVIRONMENTAL HEALTH

Application No. 19694

T. C. No. 137-134

Map Date

ELLIOTE'S REST HOME

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. GREASE PIT

3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ____Yes ____No
Residence ____Yes ____No

4) No. of Bedrooms ____
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 [redacted] ELLIOTE (LAST) WILLIAM (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER 9809 BUTLER RD. 28212

15) PHONE NO. Home 392-3187 Office 545-5833

16) LOCATION OF SYSTEM 9809 BUTLER RD. CHARLOTTE, N.C. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

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.

5/14/83
DATE OF APPLICATION

William M. Elliotte
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6285

ICAR(S) Permit No. 1969 4

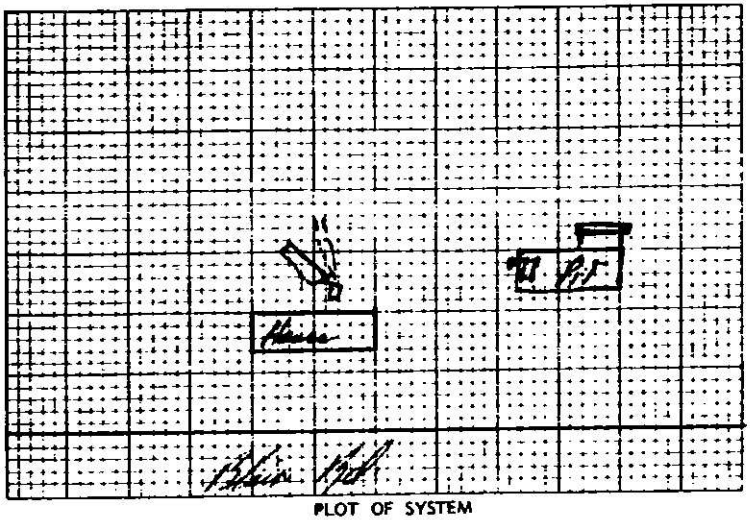
Date Issued 17 May 83

T. C. No. 137-131-11

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 16 May 83 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 16 Jan 84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 3

Distance from House >10'

Distance from Property Line >10'

Distance from Well >100'

NAME OF OWNER Elliott's Rent Home

LOCATION OF PROPERTY 9509 Blair Rd.

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: Install Sanitary T & open any clogged line
This repair is for the Grease pit only.

Division or Section Head

Environmentalist W. L. Tilley

* 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-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19694

Date Issued 17 May 83 Serial 5839 T. C. No. 137-131-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Elliott's First Name
LAST FIRST MIDDLE

Location of Property 9809 Blair Rd.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank — Tank Material _____

Total Length of Drain Tile 100' Number of Lines 3

Depth of Filter Material 48" Cover Depth 12-15"

Water Supply Source Well Distance from Water Source >75'

Excavation Inspected 17 May 83 DATE Tank Inspected — DATE

Nitrification Field Inspected 17 May 83 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(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: This repair is for Susan pit only; Accutanq Tank was installed and an inspection riser was installed.

M. A. Kelly
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECK. COUNTY DEPT. OF ENVIRONMENTAL HEALTH
RECEIVED
FEB 10 1984

Date Received 2-10-84

See Instructions on Back of Card(S) Application No. 19694

T. C. No 137-131-11

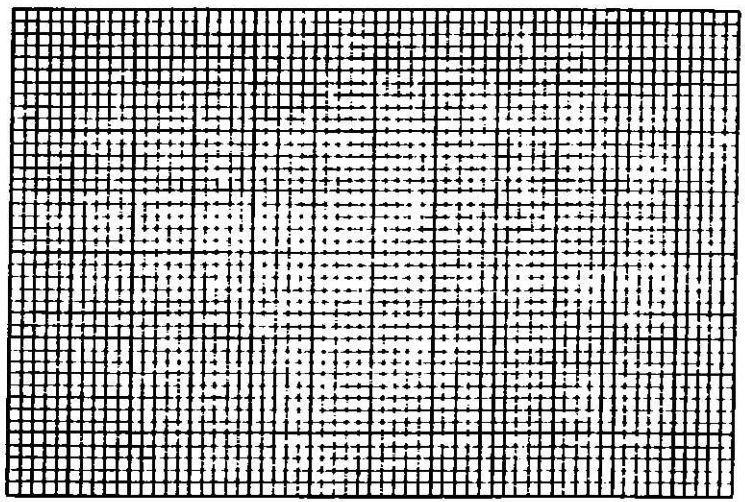
Map Date _____

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 _____

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 Elliotte (LAST) William (FIRST) M (MIDDLE)

14) ADDRESS OF OWNER 10132 Blair Rd. Charlotte, N.C. 28212

15) PHONE NO. Home 545-8505 Office 545-8505

16) LOCATION OF SYSTEM 9809 Blair Rd. Charlotte, N.C. (STREET OR COUNTY ROAD)
Elliotte's Rest Home

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

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.

2/21/84
DATE OF APPLICATION

William M. Elliotte
OWNER

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 2-14-84

Serial No. 6979

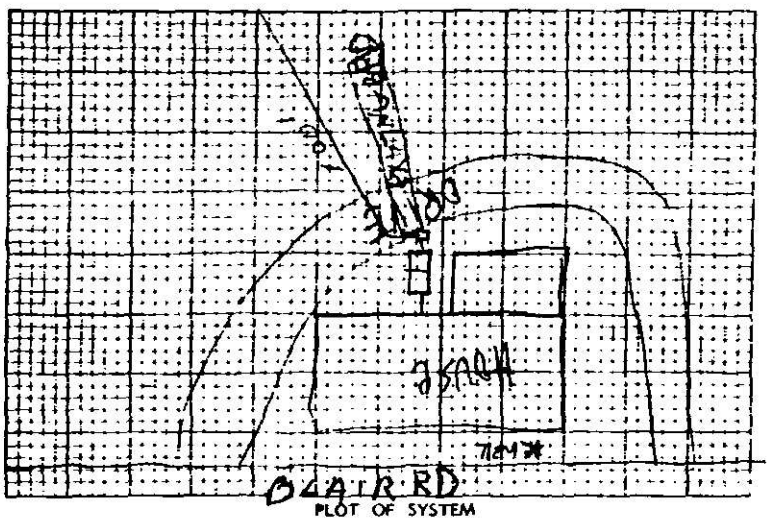
ICAR(S) Permit No. 19694

T. C. No. 137-131-11

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 19694, dated 2-10-84 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 2-25-84, after which date this permit shall be null and void.



Permeability Rate PS

Liquid Capacity of Tank 1500

Tank Construction PC Concrete

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 1

Distance from House 5+

Distance from Property Line 10+

Distance from Well 50+

NAME OF OWNER ELLIOT, WILLIAM M.

LOCATION OF PROPERTY ~~10134~~ 3809 BLAIR RD

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.

From d-box - 1 line x 100' x 3' wide w/ 18" stone w/ grade board w/

Comments straw or hay over

B. Hendricks
Division or Section Head

Kelly Randall
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-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19694

Date Issued 2-16-84 Serial 6410 T. C. No. 137-131-11

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 ELLIOT (LAST) WILLIAM (FIRST) M (MIDDLE)

Location of Property 9809 BLAIR RD

Application Number 19694 Permit Number 19694

Inspection Data:

Liquid Capacity of Tank 1500g. Tank Material P.C.CON.

Total Length of Drain Tile 100' REPAIR Number of Lines 1 x 100'

Depth of Filter Material 18" Cover Depth 2'

Water Supply Source WELL Distance from Water Source 50+

Excavation Inspected 2-16-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 2-16-84 (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 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(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: JAMES STEWART JOB

Kelly H. Ramsdell
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

4/11/88 Paid $80 Comp Rec'd Eh
Com 138

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 19694
TC: 137-131-11
SERIAL: Nº 15947
☒ SL ☐ CRT

JOB LOCATION

① ADDRESS: 9809 (STREET NO.) Blvd Rd (STREET) Hwy 47 Charlotte 28212 ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: W. A. Elliott Jr (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 9809 Belden Rd Hwy 51
⑩ CITY: Charlotte NC ⑪ STATE: ⑫ ZIP: 28212
⑬ PHONE: (WORK) Home 545-0502 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) Garage

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? two
㉔ Basement? ☐ yes ☑ no
㉕ Type?
㉖ Maximum number of employees?
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: W. A. Elliott Jr
Date: 4-11-88

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. Use existing system

B R Ferguson, Environmental Health, 4-12-88 Date
Jim Kerr, Director or Authorized Section Head, 4-13-88 Date

This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

PROPOSED PLOT PLAN

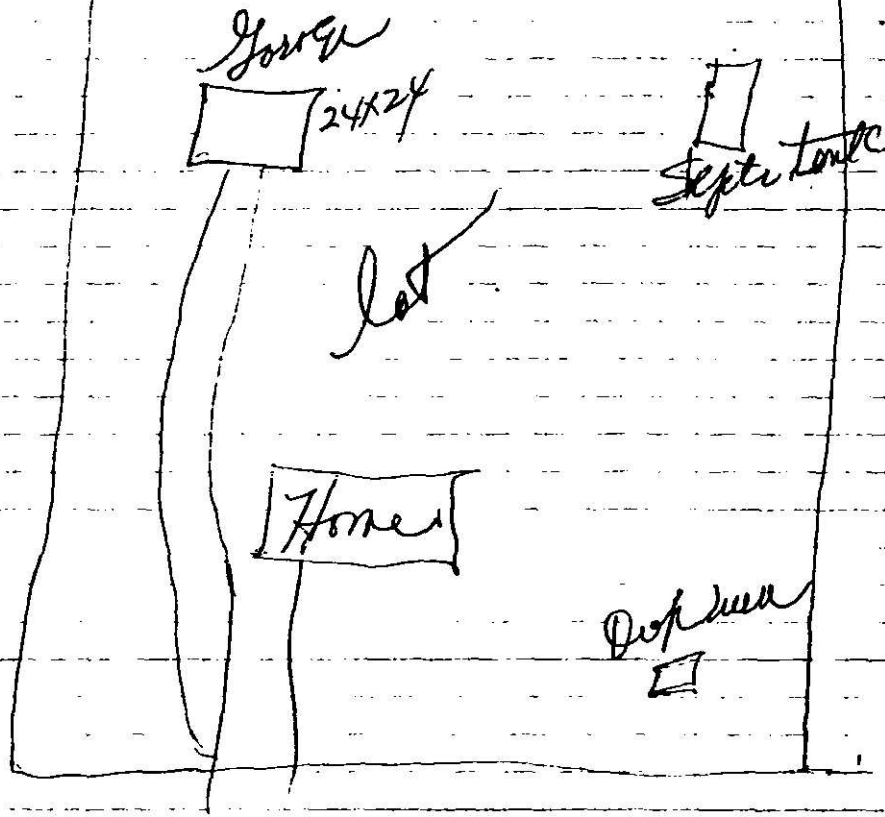
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

FILE: 19694

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.



Signed: D. R. Elliott Jr

Date: 4-11-88

5701

DATE 4-11-88

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

131-13D-11
PARCEL NUMBER

9809 Plaza Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN MAPPED CONCERNING:

1.	FLOOD PLAIN REGULATIONS	APPROVED	NOT APPROVED
2.	FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3.	EROSION CONTROL REGULATIONS	APPROVED	NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7.	DRIVEWAY PERMIT REQUIRED	YES	NO

REMARKS: Lot 11

NOTE: THIS FORM MUST BE TURNED IN AT THE PERMIT OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF COMPLIANCE WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

09-19-86
ALL OTHER FORMS OBSOLETE

SIGNED: Dej