

3543 FARRHILL RD

05315523

12/17/07

duponbj

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

400 ☑

APPLICATION FOR AN IMPROVEMENT PERMIT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr 2nd Floor
700.N. Tryon Street
Charlotte, NC 28202

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

(OFFICE USE ONLY)
FILE: 8157A
TC: 053/55-23
SERIAL: № 0020649 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3543 Farrhill Rd. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Westmoreland ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Gerald (FIRST) E. (MIDDLE) Magas (LAST)
⑨ MAILING ADDRESS: 3543 Farrhill Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28214
⑬ PHONE: (WORK) 392-6175 ⑭ (HOME) 394-4439

REQUEST

This request is for a(n): Met on Site w/ property owner - Advised them they could re-connect to old line that had been disconnect apparently when they had repair done

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange
⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve: 3 kitchen

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 4 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: Gerald Magas

Date:

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 60 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.

LOCATION Farhill Road OWNER Liberty Const. Co. WHITE * COLORED

ADDRESS Farhill Road OCCUPANT WHITE COLORED

lot 2C

PRIVY:

Type ____ (wood) ____ (concrete)

Number ____

New ____ ____ (date)

Repaired ____ ____ (date)

WATER SUPPLY:

Source ~~***~~Community

If well, type

____ (Bored)

* (Drilled)

____ (Dug)

Distance from nearest pollution ____ ft.

SEPTIC TANK:

Material precast

Dimensions ____

Volume 1000 gal.

Type secondary treatment 750 cu' stone (nitrification line) ____ (filter trench)

FHA CASE NUMBER ____

VA CASE NUMBER ____

No. of bedrooms 3

Permit Number 6606 Date ~~5-9-69~~

Approved 5524-D Date ~~5-9-69~~

Approved by De Laney

Contractor or Plumber Town Co

Address ____

Remarks RR-53

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

