

5517 SKYCREST DR

03723620

8/19/08

marliwr

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

completed application form

18969

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

EXCO

FRONT

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: Russell (last) Hubert L. (first) (mi)
ADDRESS: 5601 Stygcrest Dr PHONE: 704 596-1195
CITY: Charlotte STATE: NC ZIPCODE: 28269

Date: 9/6/95

PROPERTY OWNER:
NAME: Russell (last) Hubert L + wife Barbara G. (first) (mi)
ADDRESS: 5601 Stygcrest Dr PHONE: 704 596-1195
CITY: Charlotte STATE: NC ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037-242-19,20
STREET ADDRESS: 5517 Stygcrest Dr
ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME: NA

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

LOT NUMBER: 20+21 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y) YES
[ ] 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) B.R. B.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: 3 NUMBER OCCUPANTS: 5

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)
[ ] 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: Barbara Russell Date: Sept 6 1995

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.

...Barbara Russell

9/6/95 USE EXISTING SYSTEM for mobile home exchange.

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

Lisa B. Mialik 9/6/95
Environmentalist Date

for Daniel, Program Chief 9-8-95
Director or Authorized Section Head Date

WATER : 122791

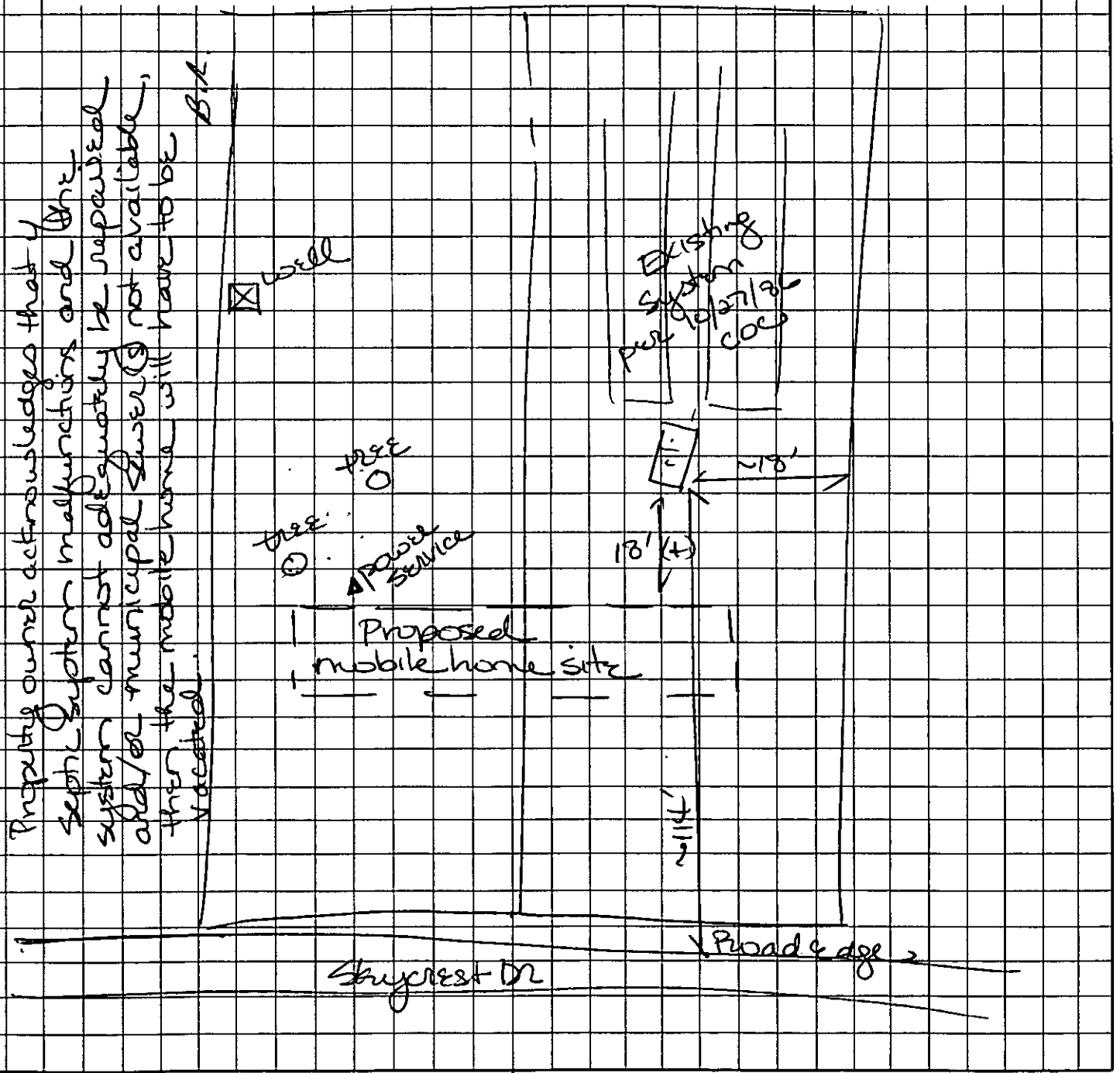
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3695B

TC: 037-042-(19),20

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.



Barbara Russell
OWNER/AGENT SIGNATURE

DATE Sept 6. 1995

APPROVAL DATE 9/6/95

Jose B. Malik

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

?(18969) 18169 J75

3695B 8/23/95 Cash $50.00 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

Date:

PERSON FILING APPLICATION:
NAME: Russell (last) Hubert (first) L. (mi)
ADDRESS: 5517 Skycrest DR PHONE: (704) 596-1185
CITY: Charlotte STATE: N.C. ZIPCODE: 28269

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 037 242 20
STREET ADDRESS: 5517 Skycrest DR
ZONING:

PROPERTY OWNER:
NAME: ~~Hubert~~ Russell (last) Hubert (first) L. (mi)
ADDRESS: 5601 Skycrest Dr PHONE: (704) 596-1185
CITY: Charlotte STATE: N.C. ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME: SKYCREST MHP

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

LOT NUMBER: ~~20~~ 211 LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or N)
☐ 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):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
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)
☐ 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: Hubert L. Russell Date: 8-23-95

NOTICE:

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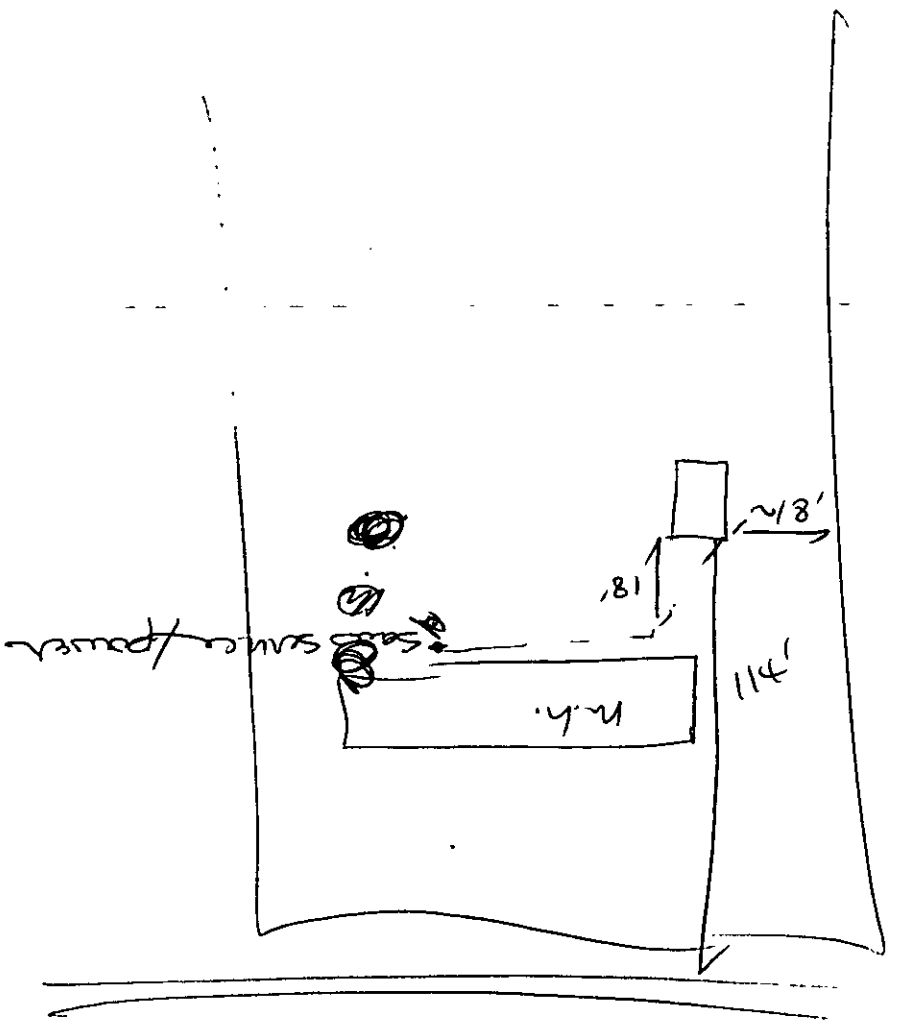
...9/25 OSV. Mr Russell present.
Unable to locate ST
9/1 Rec'd Mr Russell
9/1 PC w/ Mr Russell request ST be located
9/6 OSV. Mrs. Russell present. ST located by Ste

☐ 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 2270


~18'
18'
114'
N.A.

18969

400 ✓

~~369 NB~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

8/23/95
Cash $50.00 ✓ 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

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PROPERTY OWNER:
NAME: ~~Hubert~~ Russell (last) Hubert (first) L (mi)
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CITY: Charlotte STATE: N.C. ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME: SKYCREST MHP

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☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: ~~28~~ 21 LOT SIZE (in acres):

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☐ SOIL TEST - INDIVIDUAL LOT (O)
☐ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
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☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

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☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

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Signed: Hubert L. Russell Date: 8-23-95

NOTICE:

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...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

WATER : 22791

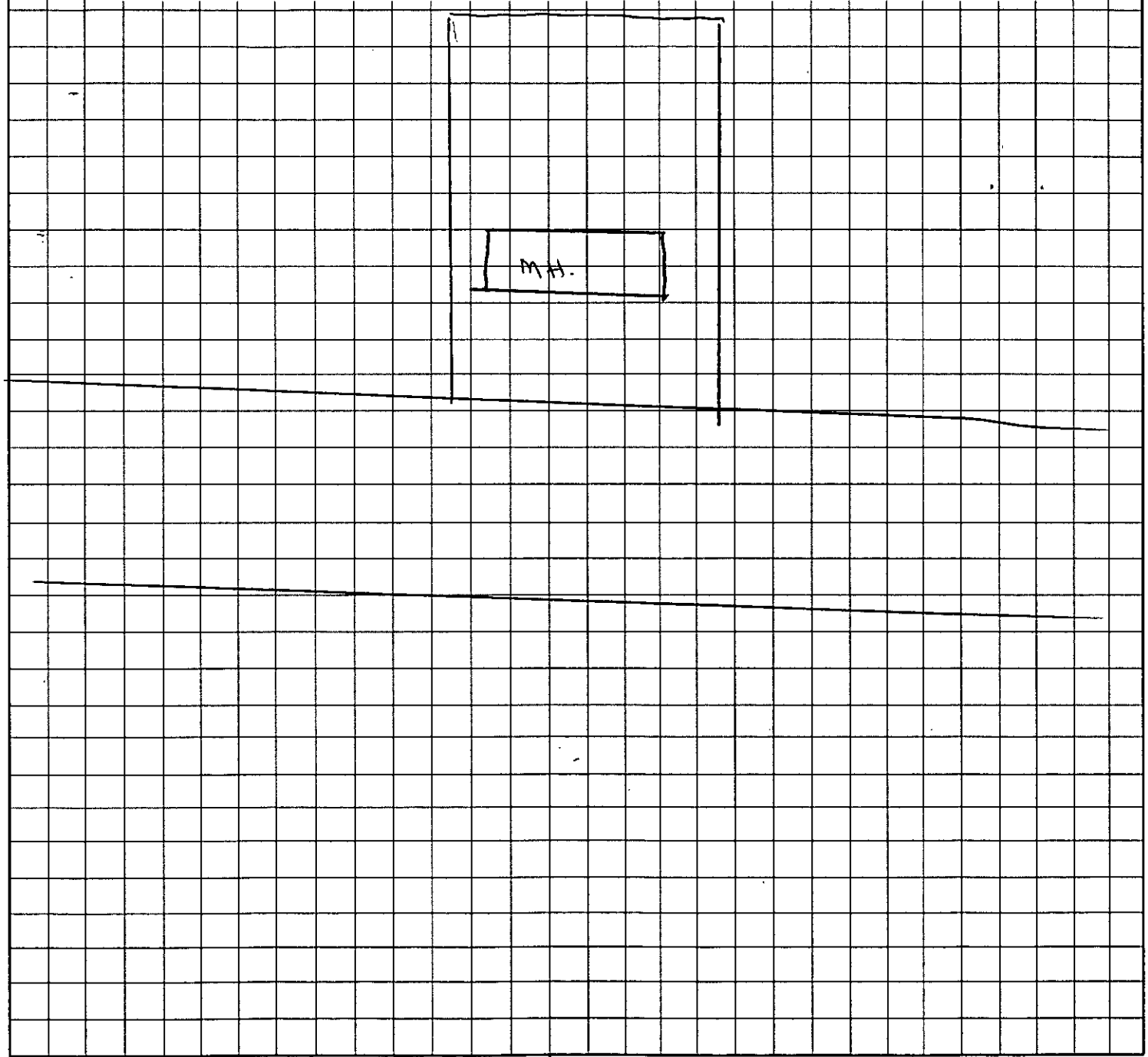
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3695B

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

Imaging Solutions and Services, Inc

The following is a

Poor Original

The following image, images, or group of images has/have been identified as of poor quality based on the condition of the original document (insufficient contrast, inadequate definition, obscured information, etc.) Prior to final document capture, every manual, hardware and software effort has been applied (extra document preparation, modification of document capture device set-up parameters and/or copying of the original) to obtain the highest possible image quality from this original.

ISSI Operations Center Staff

Date Issued 10-27-86 Serial # 9004 I.C. [illegible]

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface Soil Absorption Field)

Name of Owner Williams Martha

Location of Property 5517 Hyenes Dr

Application Number —

Permit Number —

Inspection Date:

Liquid Capacity of Tank alter/expan

Tank Material —

Total Length of Drain Tile 300

Number of Lines 4

Depth of Filter Material 6" sub 12" stone

Cover Depth 15"

Water Supply Source well

Distance from Water Source > 50'

Excavation Inspected 10-27-86 (DATE)

Tank Inspected [illegible]

Nitrification Field Inspected 10-27-86 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption field, all components of 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: 1986 septic repair

[signature]

Sanitarian

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

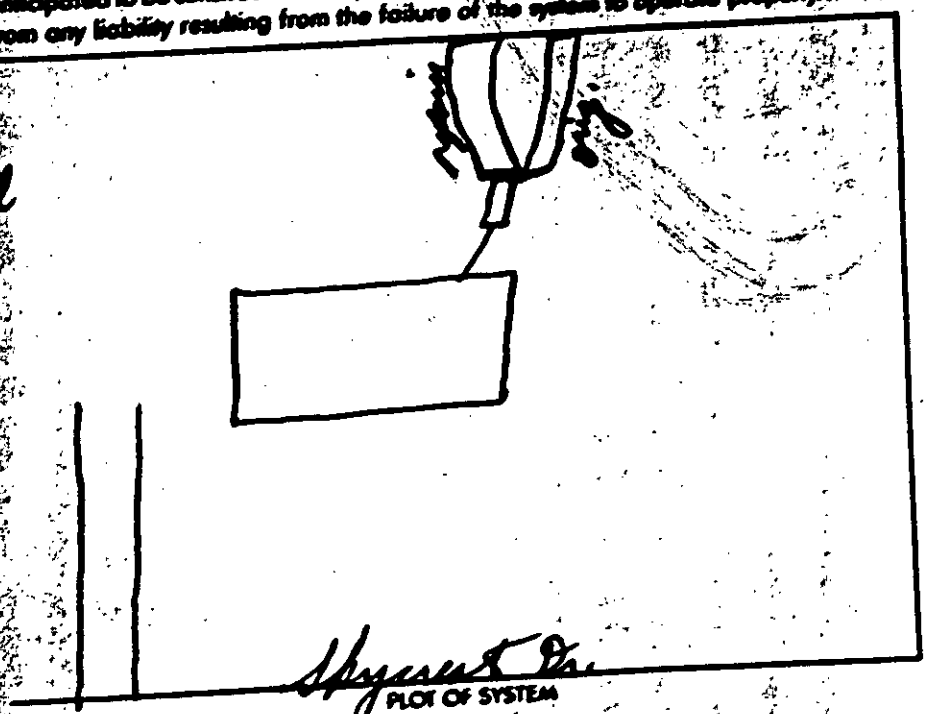
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 18969 DATE: 9-12-86

TC: 037-242-1920 01 L

SERIAL No: 10344

Permission is hereby given to _____ Install or Construct, X 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 8-28-86. All work shall be completed on or before 10-12-86 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 Department of Environmental Health 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 equivalent gallon

Liquid Capacity of Dosing Tank _____ gallon

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 12 fe

Total Line Length 300 fe

Number of Lines 4

Depth of Stone 6 and 12 inch

Distance from House 5 f

Distance from Property Line 10 f

Distance from Well 250 f

NAME OF OWNER Martha Williams

LOCATION OF PROPERTY 5517 Abysseus Dr.

Comments: 1 bed 12'X75'X 6" and 12" stone, soil fill D-box if necessary.

John R Atkisson
Division or Section Head

B.R. Ferguson
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 o Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an exi system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS CO

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, race, or disability.

(OFFICE USE ONLY)
FILE: 18969
TC:
SERIAL: No. 11378

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 28 1986
ENVIRONMENTAL HEALTH
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 5517 Skycrest Dr.
(STREET NO.) (STREET)

② FILE:

③ JURISDICTION:

④ TAX PARCEL NO.: 037-242-19

⑤ SUBDIVISION:

⑥ LOT: 20-21 ⑦ BLOCK:

OWNER

① NAME: Martha (FIRST) Bass (MIDDLE) Williams (LAST)

⑨ MAILING ADDRESS: 5517 Skycrest Dr.

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213

⑬ PHONE: (WORK)

⑭ (HOME) 596-2180

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☑ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify)

BUILDING CHARACTERISTICS

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home

㉑ Number of bedrooms? 3

㉒ Maximum occupancy? 4

㉓ Basement? ☐ yes ☑ no

㉑ ☐ Business or place of public assembly

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: Martha Bass Williams

Date: 8-28-1986

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNT
DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Departme
has approved the Request for the Job Location contained in this documen
This approval is granted in accordance with the provisions of Laws An
Rules For Sanitary Sewage Collection, Treatment And Disposal in effect
the time of issuance of the permit and is subject to the following provisio
. . . No work shall be conducted on the septic tank system until
Installation, Construction, Alteration and/or Repair permit is issued by t
Department.
. . . This permit is not transferable, and shall become null and void
months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

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

Date Received 12-17-84

RECEIVED
DEC 17 1984
ENVIRONMENTAL HEALTH

(CAUSE) Application No. 18969

T.C. No. 25 [illegible]

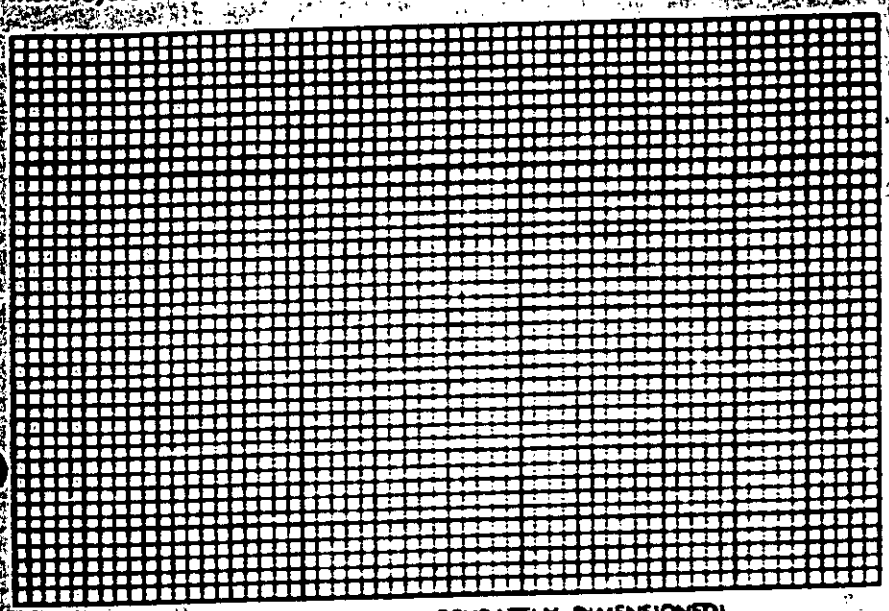
Map Date [illegible]

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: use existing system

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)

4) Mobile Home ___Yes ___No
Residence ___Yes ___No
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 Williams (LAST) Jimmy (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER 5517 Skycrest Dr

15) PHONE NO. Home 596-5395 Office _____

16) LOCATION OF SYSTEM 5517 Skycrest Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 20 & 21 Block No. B

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.

12-17-84
DATE OF APPLICATION

Jimmie L Williams
OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received MAR - 9

ENVIRONMENTAL HEALTH

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)

4) Mobile Home ✓ Yes ___ No
Business ___ Yes ___ No
No. of Bedrooms 2
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 Russell (LAST) Hubert (FIRST) Lineberry (MIDDLE)

14) ADDRESS OF OWNER 5601 Skycrest Dr. 28213

15) PHONE NO. Home 596-1155 Office

16) LOCATION OF SYSTEM Skycrest Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 20 Block No. B

Map Book No. _____ Page No. _____

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3-7-83
DATE OF APPLICATION

Hubert Lineberry Russell
OWNER

DD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 9-23-82

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 23 1982
ENVIRONMENTAL HEALTH

Application No. 7862

T. C. No. 82-310-24

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) Repair Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) 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 Yes
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 Williams (LAST) Martha (FIRST) Bass (MIDDLE)

14) ADDRESS OF OWNER

15) PHONE NO. Home 596-5395 Office

16) LOCATION OF SYSTEM 5617 Skycrest DR 28213.
(STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. 21 & 21 Block No. B

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.

August 20-1982
DATE OF APPLICATION

Martha Bass Williams
OWNER

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

PG. 25

PG. 23

PG. 21

PG. 22

PG. 25

PINEWOOD DR.

MOBILE DR.

SKYCREST BLOCK DR.

VICTORIA AVE.

LINE

END

FLOOD-PLAIN

FLOOD-PLAIN

CEDAR ST.

OCKLAWAHA ST.

APPROX. 2000' TO OLD STATESVILLE RD.

27.63 AC.

241

242

243

244

245

246

2631

TAX LINE MAP BOOK 37 PAGE 24

MECKLENBURG COUNTY, NORTH CAROLINA

REVISED 4-13-93 SCALE 1" = 200'

FOR TAX PURPOSES ONLY