Date Received 8-10-83

SEE INSTRUCTIONS ON BACK
MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 10 1983
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19941

T. C. No. 041-182-19

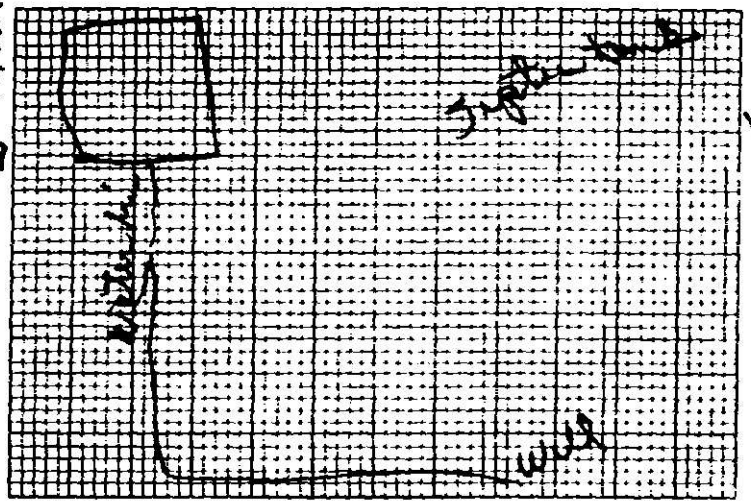
Map Date _____

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)

4) Mobile Home ____ Yes ✓ No
Residence ✓ Yes ____ No
5) No of Bedrooms 2
6) Business Use — Max No Employees none
7) Washing Machine ✓ Yes ____ No
8) Garbage Disposal ____ Yes ✓ No
9) Dishwasher ____ Yes ✓ No
10) Water Supply
A) Individual Well ✓
B) Governmental System ____
C) Community System
1 Well source ____
2 Governmental source ____
11) Sewage System
House located within 200 feet of public sewer ____ Yes ✓ No
House located within 200 feet of community sewer ____ Yes ✓ No
12) FHA Case No ____
13) VA Case No. ____

13) NAME OF OWNER Collins (LAST) Clarence (FIRST) Eugene (MIDDLE)

14) ADDRESS OF OWNER 6520 Millhaven Ln 28212

15) PHONE NO. Home 5960520 Office ____

16) LOCATION OF SYSTEM 6520 Millhaven Ln - County Rd (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.

8-8-83
DATE OF APPLICATION

Clarence E. Collins
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

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: 19941
TC: 041-192-19
SERIAL: № 21308
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5407 (STREET NO) Statesville Rd (STREET) ② FILE: ____

③ JURISDICTION: ____ ④ TAX PARCEL NO.: ____

⑤ SUBDIVISION: ____ ⑥ LOT: ____ ⑦ BLOCK: ____

OWNER

⑧ NAME: Harold (FIRST) C (MIDDLE) Keith (LAST)

⑨ MAILING ADDRESS: 5014 Staten Rd.

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

⑬ PHONE: (WORK) ____ ⑭ (HOME) 597 1213

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Autherization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) Remodeling Old Building - Addition

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☒ Business or place of public assembly

㉒ Number of bedrooms? ____ ㉓ Type? Guesthouse.

㉔ Maximum occupancy? ____ ㉕ Maximum number of employees? ?

㉖ 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: H.C. Keith

Date: 10/15/90

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 the Department.

... This permit is not transferable, and shall become null and void 24 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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-15-90

Name/Company: Harold C. Kuitse

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Swimming Permit - Motel
3467 Statesville Road

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 15 1990

Rec # 19941

Res # 041-92-19

Fee: $ 25.00

Cash
#250

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by _____ Collected by _____

TO: ~~ENVIRONMENTAL HEALTH DEPT.~~
~~BUILDING STANDARDS DEPT.~~
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 10/15/90

FROM: COUNTY ENGINEERING DEPARTMENT

SUBD FILE _____ JURISDICTION CODE Chx

PARCEL NUMBER 041-192-19

ASSIGNED ADDRESS 5407 Statesville Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Demo/Storage Bldg

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Sig

~~REVISED~~ 06-88

~~NEW ADDRESS~~ / /*

~~FORM~~ 200

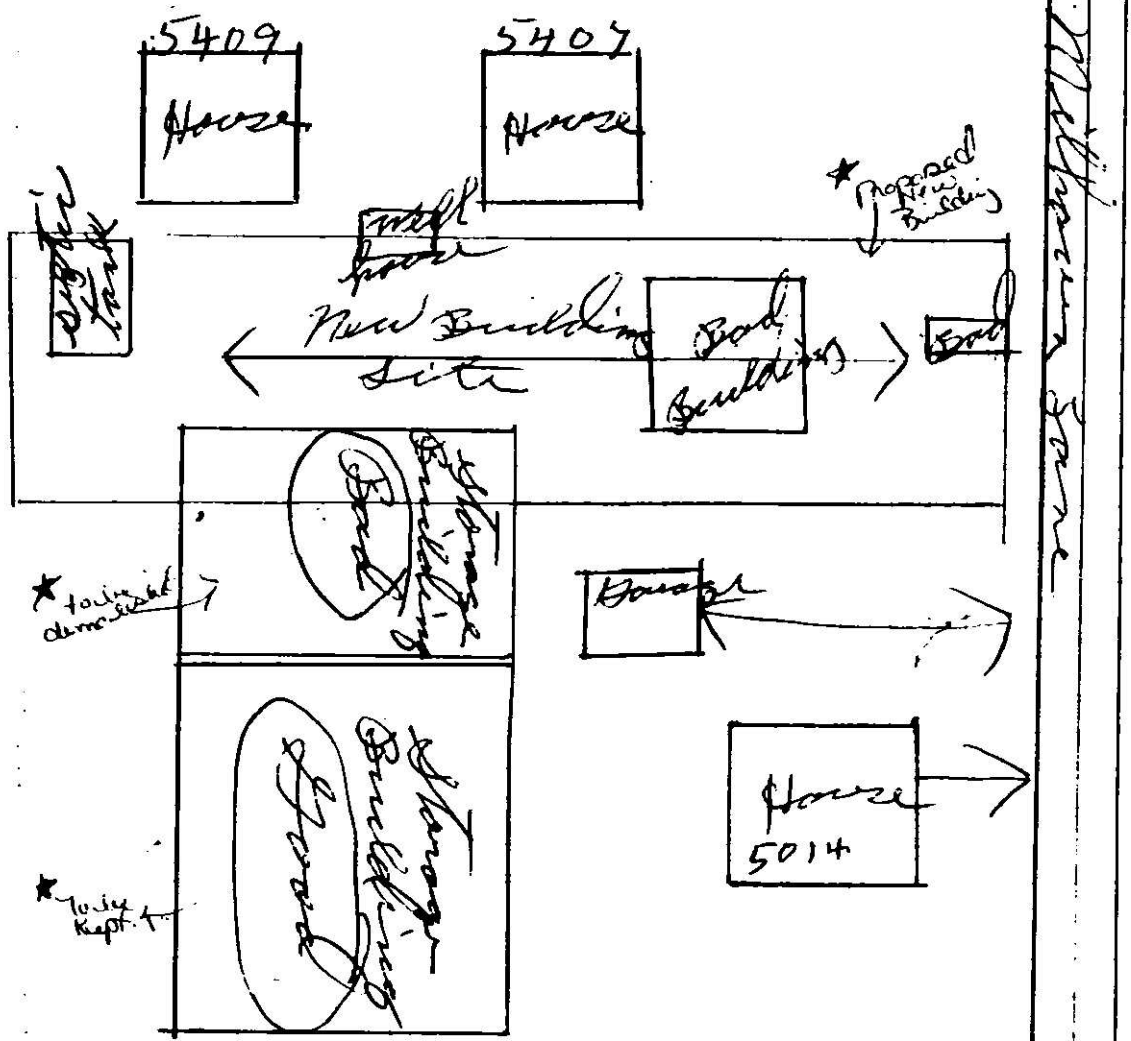
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4803

FILE: 19941

TC: C41-19249

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy