SEE INSTRUCTIONS ON BACK

Date Received 5 9 84

ICAR (S) Application No 21049

T C. No. 027-02225

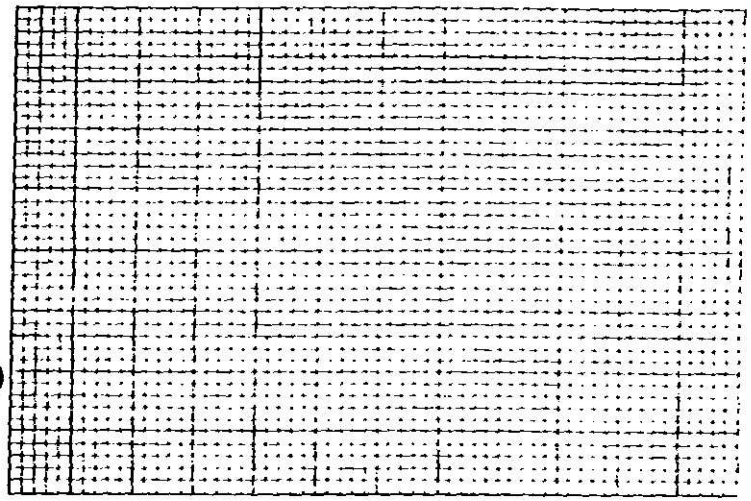
Map Date L

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

4 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 Private 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 [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office 333-7753

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No [illegible] 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.

5-9-84
DATE OF APPLICATION

[illegible]
OWNER

EHD-5-76

[illegible] Department's Copy

Serial No. 07231

ICAR (S) Permit No. 21049

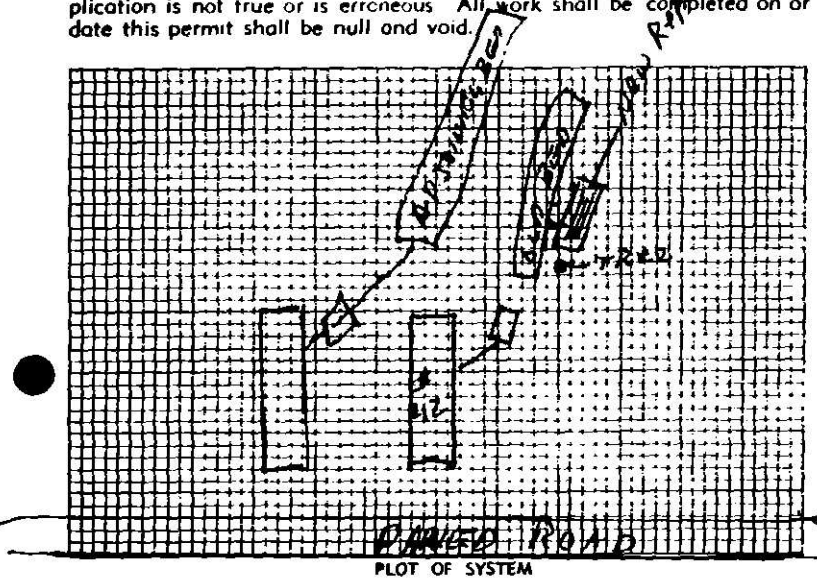
Date Issued 5-18-84

T C No. 027-072-28

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, 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 application 21049, dated 5-8-84 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 JUNE 18TH, 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 4 IIIB

Liquid Capacity of Tank

Tank Construction Repair

Absorption and/or Nitrification Lines

Total Line Length 75 LIN. FT

Number of Lines THREE

Distance from House 25 FT

Distance from Property Line 200 FT

Distance from Well 250 FT.

NAME OF OWNER NISBET E. P

LOCATION OF PROPERTY 6101 PROSPERITY CHURCH ROAD

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: ONE Bed to be 25 FT x 9 FT x 18 inches stone - hay or straw COVER - Connect with one 4" PVC pipe from dd bed

B Hardison
Division or Section Head

Ralph Miller
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

Serial No. 7523

Date Issued 5-23-84

SIR No. 21049

T. C. No. 027-072-28

Map Date L C'T

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Nisbet, (LAST) E. (FIRST) P. (MIDDLE)

ADDRESS OF OWNER 1818 Baxter St., Charlotte, NC ZIP 28204

LOCATION OF LOT 6101 Prosperity Church Road (STREET OR COUNTY ROAD)

SUBDIVISION Forest Park 1HP LOT NO 42 BLOCK NO

MAP BOOK NO. PAGE NO

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 21049. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

*** USE EXISTING SYSTEM ***

Ralph Miller
Environmentalist

Bill D. Hardister, Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

C of A (s) No 21049

Date Issued 5-22-84 **Serial** 6659 T C No 027-072-28 L

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 WISBET, E P (LAST, FIRST, MIDDLE)

Location of Property 6101 Prosperity CH RD #42

Application Number 21049 Permit Number 21049

Inspection Data:

Liquid Capacity of Tank Repairs Tank Material Repair

Total Length of Drain Tile 135 Lin FT Number of Lines Three

Depth of Filter Material 22 inches Cover Depth Three FT.

Water Supply Source well Distance from Water Source 500 FT

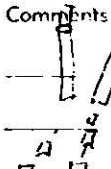
Excavation Inspected 5-22-84 (DATE) Tank Inspected Repairs (DATE)

Nitrification Field Inspected 5-22-84 (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, 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 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 Bed enlarged & has 45'x 9' x 22 inches stone



Ralph Willis
Environmentalist

EHD-5-76

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-5-17 19

Name/Company: [illegible]

Sanitation _____

Vector Control _____

O.P.W.D. ____

Service: [illegible]

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 5 19[illegible]

Fee $ [illegible] [illegible]

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 [illegible]

Collected by [illegible]

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4403

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

OFFICE USE ONLY

FILE: 21644

TC: _____

SERIAL № 15874

12 5 84

☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 6101 Esquire Dr. (STREET NO / STREET) ② FILE: 21644

③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO: 037-07228

⑤ SUBDIVISION: Sweet Briar ⑥ LOT: 19 ⑦ BLOCK: _____

OWNER

⑧ NAME: E (FIRST) P (MIDDLE) White (LAST)

⑨ MAILING ADDRESS: 1518 Kayla Dr

⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28215

⑬ PHONE: (WORK) 537-2615 ⑭ (HOME) 537-2615

REQUEST

This request is for an:

⑮ ☐ New permit ⑰ ☒ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit 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 ㉓ Type? _____

㉓ Maximum occupancy? 5 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: E P White

Date: 12/1/84

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. this existing system

Environmentalist — Date 12-8-84

Director or Authorized Section Head — Date 12-8-84

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