Date Received 7-6-84

RECEIVED
JUL 06 1984
ENVIRONMENTAL HEALTH

CAR(S) Application No 2176

T. C. No. 069-083-22

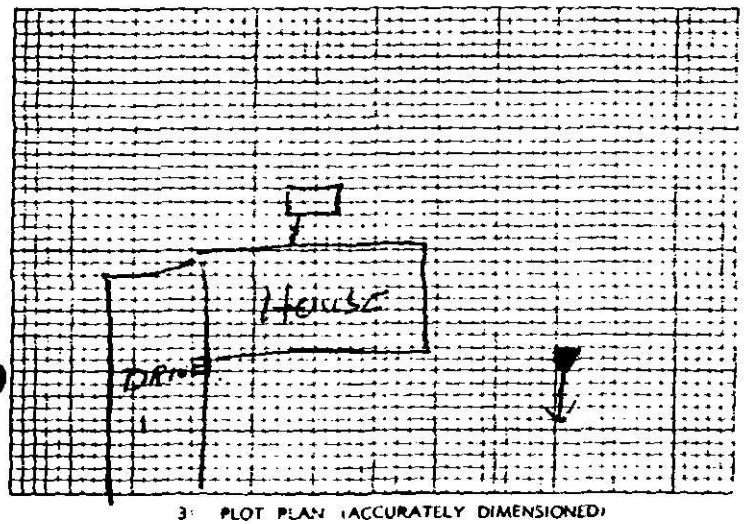
Map Date

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) X 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 X No
Residence X Yes ____ No
4) No of Bedrooms two
5) Business Use — Max No Employees ____
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____ Yes X No
8) Dishwasher ____ Yes X No
9) Water Supply
A Individual Well ____
B Governmental System X
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 OLIVER, NELLIE (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 3021 MELITA AVE

15) PHONE NO Home ____ Office ____

16) LOCATION OF SYSTEM 3021 MELITA AVE (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 X 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.

7-6-84
DATE OF APPLICATION

Nellie Oliver
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Received 6-21-74

[illegible] INSTRUCTIONS ON BACK [illegible] RECEIVED [illegible]

ICAR(S) Application No. 21170

T. C. No. 069-083-22

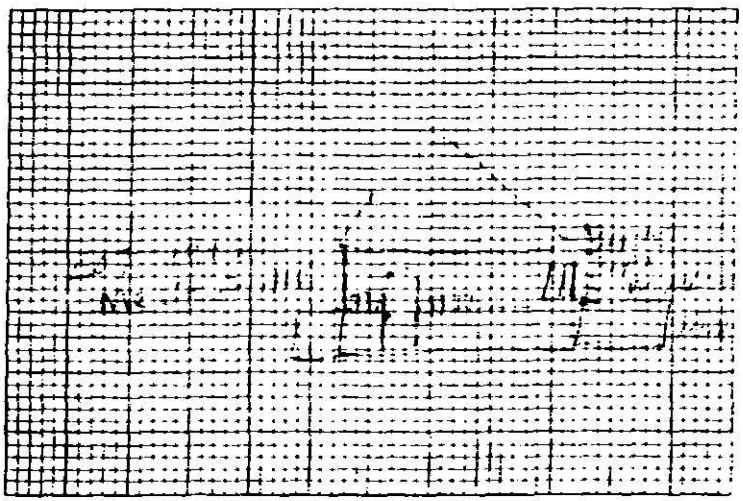
Map Date L

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)

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 [illegible] (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office ___

16) LOCATION OF SYSTEM [illegible] (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.

[illegible]
DATE OF APPLICATION

[illegible]
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Received 2-19-85

SEE INSTRUCTIONS ON BACK
MECK C. Y DEPARTMENT OF
RECEIVED
FEB 19 1985
ENVIRONMENTAL HEALTH

Application No 21170

T C No. 069-083-022

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 1 ✓ 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 ___
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 ~~Mrs~~ Oliver Nellie Byrd
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 3021 Melita Ave, Charlotte, N.C.

15) PHONE NO. Home None Office ___

16) LOCATION OF SYSTEM City of Charlotte 3021 Melita Ave
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.

2-18-85
DATE OF APPLICATION

✓ [signature]
OWNER

END-S-76

Contractor: Jacob Massachi
523 c400

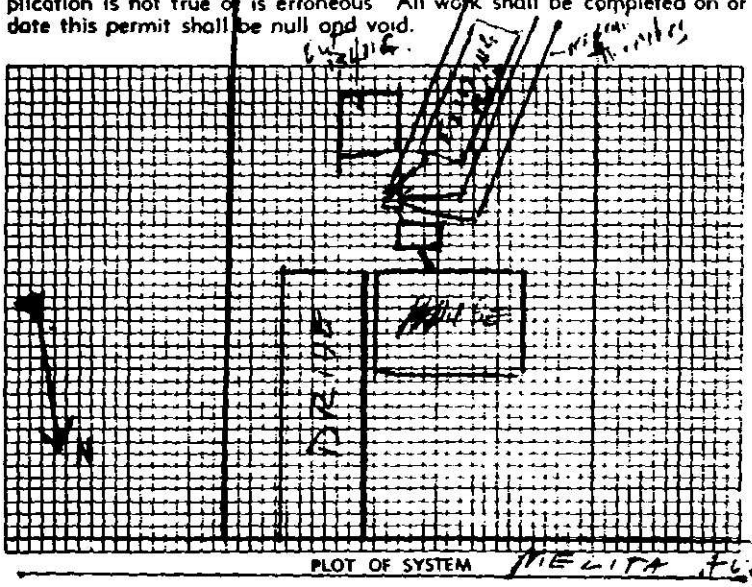
Date Issued JULY 12th 1984 Serial No. 07405 ICAR(S) Permit No. 21170

T. C. No. 069-083-22

Map Date L

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 21170, dated 7-6-84 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 JULY 27th 1984 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS 24

Liquid Capacity of Tank 1000 GAL

Tank Construction CONC

Absorption and/or Nitrification Lines

Total Line Length 150 LIN. FT.

Number of Lines THREE

Distance from House 15 FT

Distance from Property Line 40 FT.

Distance from Well CITY SOURCE

NAME OF OWNER OLIVER, NELLIE

LOCATION OF PROPERTY 3021 MELITA AVE

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: THREE TRENCHES TO BE 50 FT x 3 FT x 12 INCHES STONE BACK STONE COVER - 2 side boards - INSTALLERS ON TANK CHECK FROM MAIN TO FIELD FOR PLUG.

Division or Section Head D. Hunter

Environmentalist Ralph Mills

* 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. 21170

Date Issued 4/2/85 **Serial** 7412 T C. No 069-083-22 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 Oliver (LAST) Nellie (FIRST) T (MIDDLE)

Location of Property 3021 Melita Avenue

Application Number 21170 Permit Number 21170

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material PCC

Total Length of Drain Tile 150' Number of Lines 2

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source city Distance from Water Source NA

Excavation Inspected 4/2/85 (DATE) Tank Inspected 4/2/85 (DATE)

Nitrification Field Inspected 4/2/85 (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 A 1500 gal ST w/ installed fireplace w/less tank

County ST

Cynthia G. Bass
Environmentalist

EHD-5-76