

10210 HARRISBURG RD

11109101

6/22/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8-9-90

Name/Company: Mary Ellen Stokes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: 1010 Harrisburg Rd.
App. for Emp- Old Remodeling

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION 6973A

PAID

AUG 9 1990

ck# 1709

Fee: $ 25.00 $25.00

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

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: 6973A
TC: _____
SERIAL: № 19912 ☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 10210 (STREET NO.) Harrisburg Rd. (STREET) ② FILE: NA
③ JURISDICTION: Mecklenburg County ④ TAX PARCEL NO.: 111-09101
⑤ SUBDIVISION: NA ⑥ LOT: NA ⑦ BLOCK: NA

OWNER

⑧ NAME: Mary (FIRST) Ellen (MIDDLE) Stokes (LAST)
⑨ MAILING ADDRESS: 620 Aintree Road
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28215
⑬ PHONE: (WORK) 375-8209 ⑭ (HOME) 537-8786

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Conversion/Renovation of existing building

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type? _____
㉓ Maximum occupancy? 1 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: William P Lloyd
Date: 8-9-90

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 this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. May use existing system.

Environmentalist — Date 8/13/90

Director or Authorized Section Head — Date 8-15-90

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

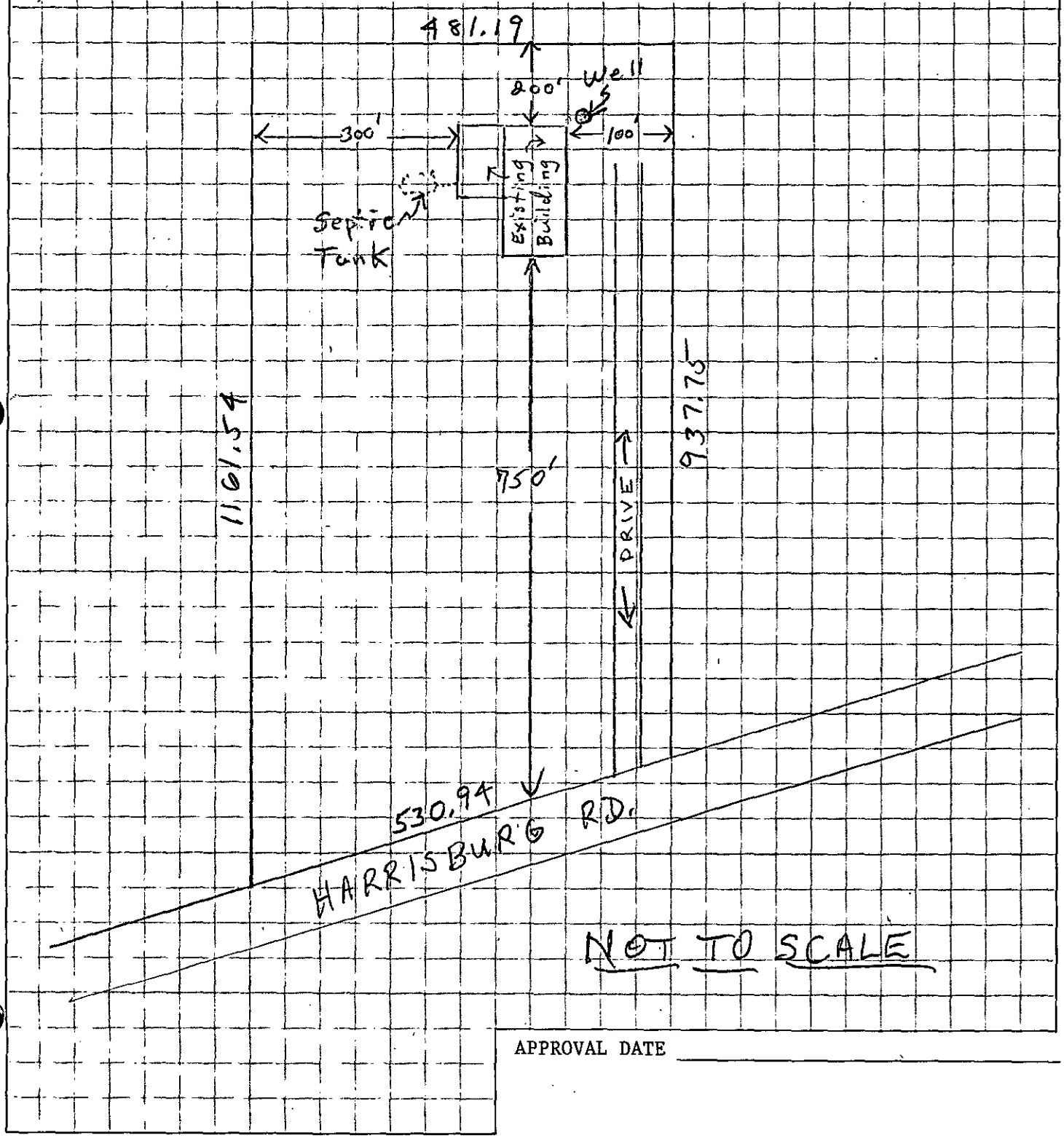
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6973A

TC: 111-091-01

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

CHARLOTTE-MECKLENBURG COUNTY
HEALTH DEPARTMENT

CERTIFICATE OF APPROVAL OF INSTALLATION (REPAIR) OF AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

№ 1175 Approval No. _____

Owner STOKES SEAL & LABEL CO. Date 1/11/61

Location of Building OFF ROBINSON CHURCH RD.

Contractor or Plumber BAUCOM Address _____

Percolation Rate 56 MPI No. Bedrooms 2 REST ROOMS

Washing Machine Yes ☐ No ☒ Garbage Disposal Yes ☐ No ☒

Liquid capacit yof tank 1000 GAL Tank material PRECAST CONC.

Total length of drain tile 300' Size or trench 30"

Type filter material STONE Depth filter material 17"

Distance from house 10' Distance from property line 30'

Source of water supply WELL

Distance water supply from nearest pollution 50+

F.H.A. case Yes ☐ No ☒ F.H.A. case No. —

Inspection of excavation 1/11/61

Inspection of tank "

Inspection of nitrification field "

Remarks _____

Approved by:

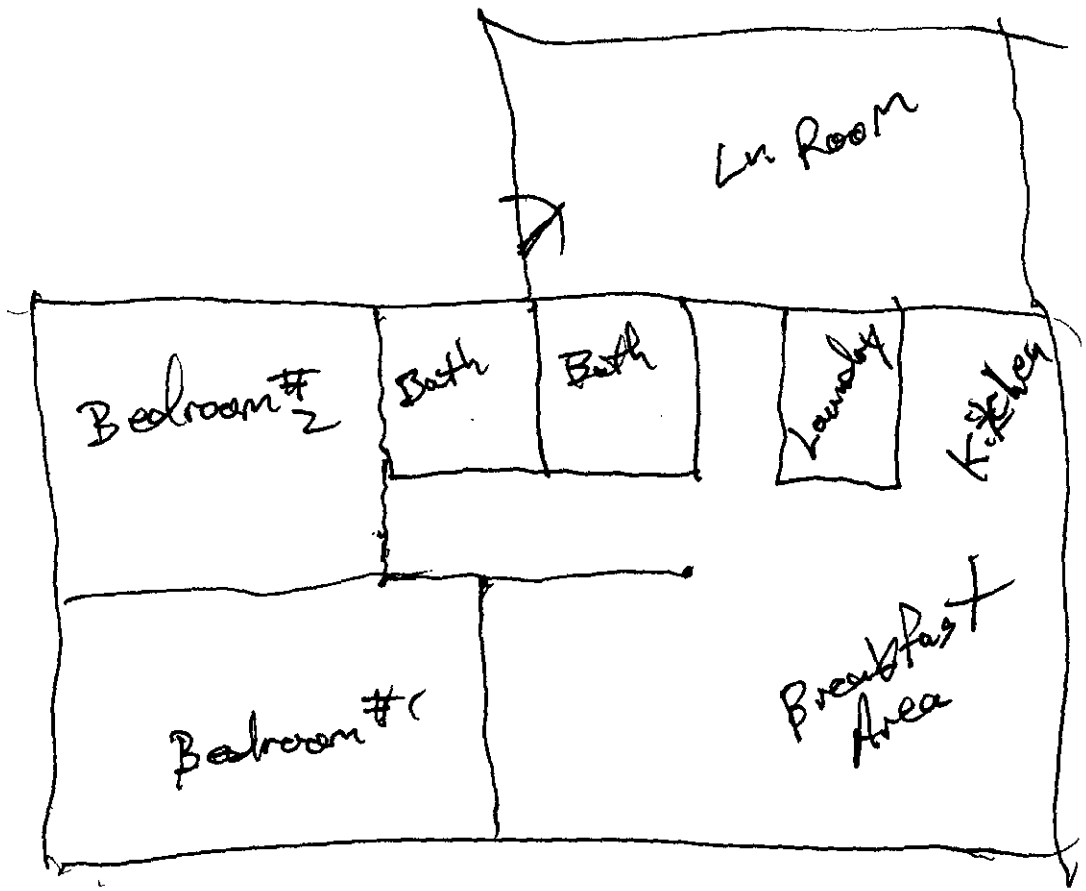
Representative Charlotte-Mecklenburg Health Department

IMPORTANT:

Make neat sketch on back of installation showing location of house, septic tanks, privies, water supplies, etc., with all dimensions.

For File #6973

Please Keep for record of System.


Ln. Room
Bedroom #2
Bath
Bath
Laundry
Kitchen
Bedroom #1
Breakfast Area