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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 9/20/89

Name/Company: David Stidham

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: WP-New
5466A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 20 1989

cse # 2666
#200.00

Fee: $ 200.00

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

BILLING — WHITE [redacted]

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUN.
HEALTH DEPT.

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: 5466A
TC: _____
SERIAL: № 16228
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 5816 (STREET NO.) SHELLY (STREET) AVE. ② FILE: 5466A
③ JURISDICTION: MALLARD CREEK ④ TAX PARCEL NO.: 02936304
⑤ SUBDIVISION: Ridge Wood Acres ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: DAVID (FIRST) ELMER (MIDDLE) STIDHAM (LAST)
⑨ MAILING ADDRESS: P. O. BOX 26452
⑩ CITY: CHARLOTTE ⑪ STATE: N.C ⑫ ZIP: 28221
⑬ PHONE: (WORK) 596-1121 ⑭ (HOME) 596-6193

REQUEST

This request is for a(n):

⑮ ☒ *New permit*
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 4
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: David E. Stidham
Date: 9-18-89

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. Lift station required

B. R. Ferguson — Environmentalist — 11-27-89 Date

Director or Authorized Section Head — 11-28-89 Date

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

DATE: 3/31/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER # 029-262-04

ASSIGNED ADDRESS 5816 SHELLEY AVE.

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	✓	*
2. FLOODWAY REGULATIONS	✓	*
3. EROSION CONTROL REGULATIONS	✓	*
4. COMMERCIAL DRAINAGE PLAN	✓	*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	YES *	✓ NO
6. PROPERTY FRONTS ON THOROUGHFARE	YES *	✓ NO
7. DRIVEWAY PERMIT REQUIRED	*	

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

REMARKS: SEPTIC TANK.

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

SIGNED: B. McGuire

OPWEAR 02/86

DATE 3/31/89

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

029-263-04
PARCEL NUMBER

5816 SHELLEY AV.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. EROSION CONTROL REGULATIONS	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO

REMARKS: S.F. House

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

7/7/88

ALL OTHER FORMS OBSOLETE

☐ MAIL ADDRESS

SIGNED: B McLaurin

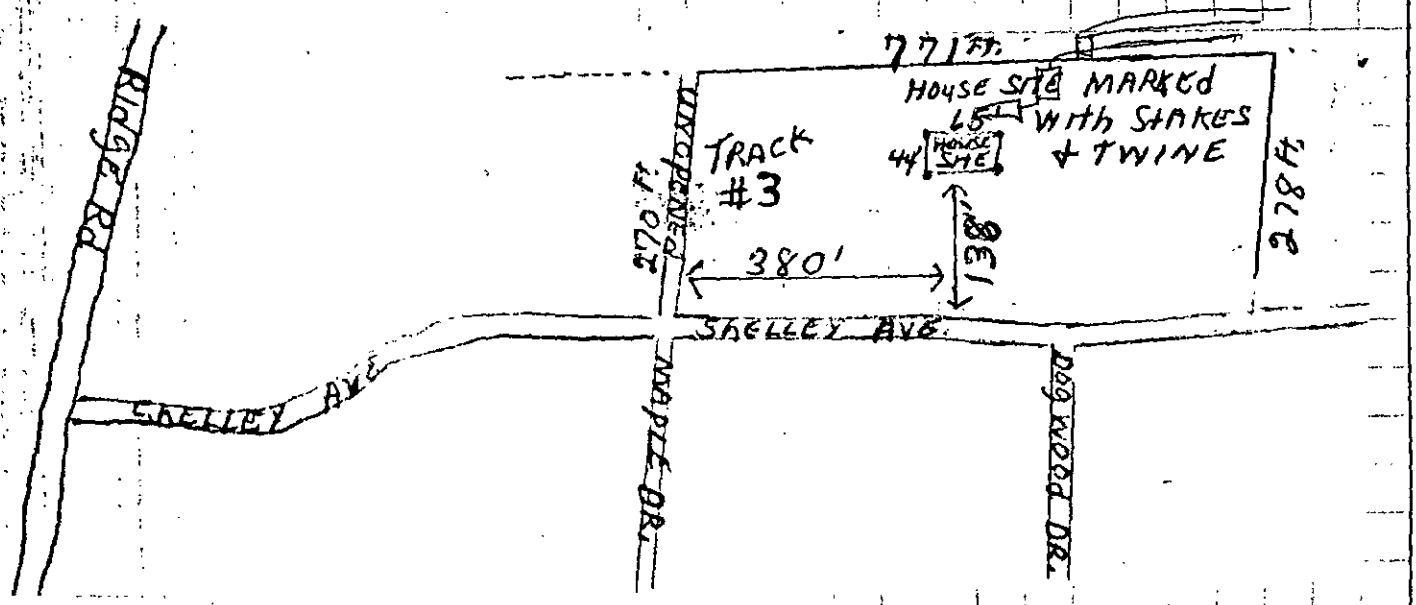
PROPOSED PLOT PLAN

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

FILE: _____

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.

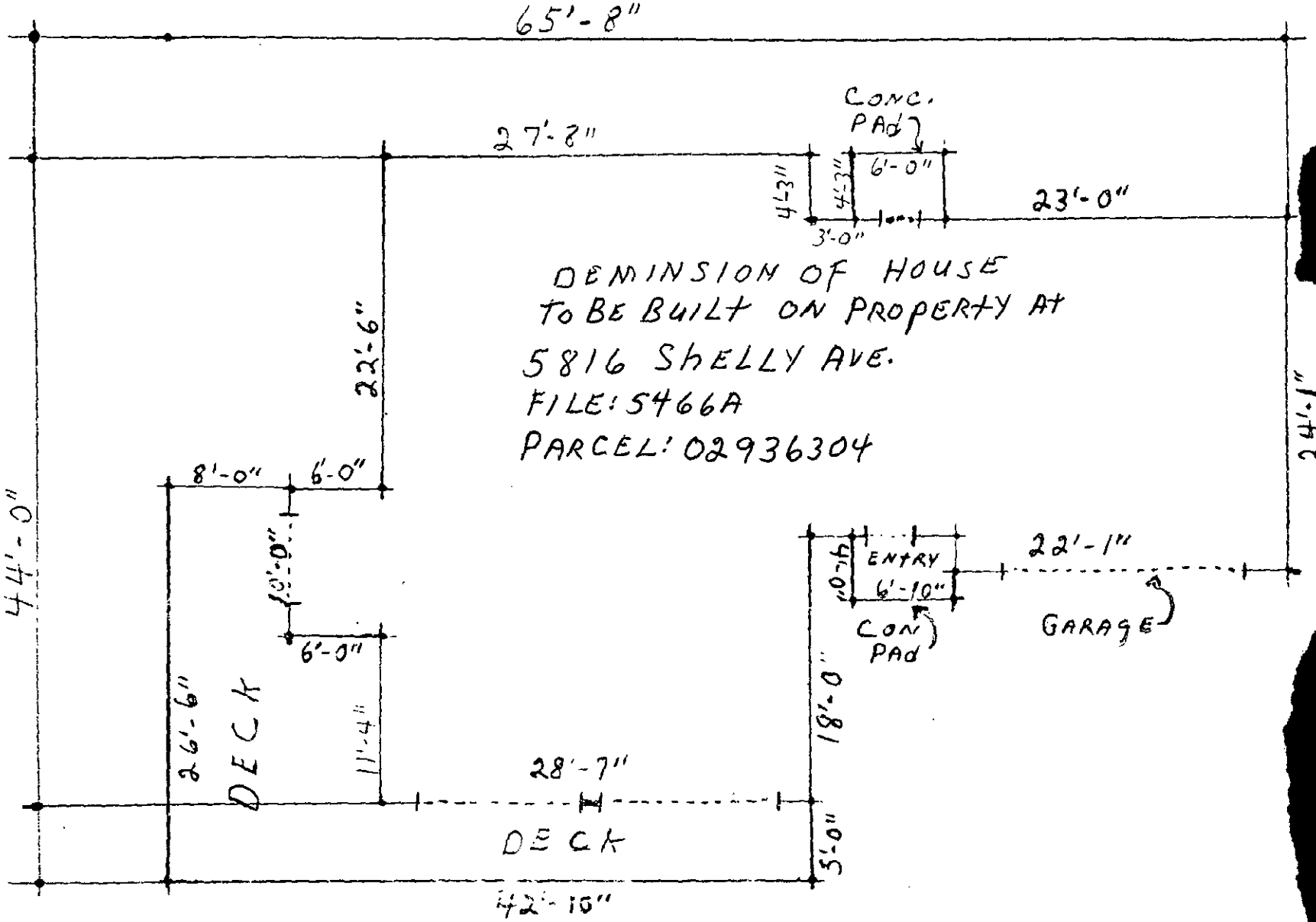


4 bdrm 3 X 100 Expansion

SEE ATTACHED SHEET FOR OUTSIDE DEMINSION OF HOUSE

Signed: David E. Stidham

Date: 3/30/89



DEMINSION OF HOUSE
TO BE BUILT ON PROPERTY AT
5816 SHELLY AVE.
FILE: 5466A
PARCEL: 02936304

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

March 2nd, 1989

David Elmer Stidham
P. O. Box 26452
Charlotte, NC 28221

RE: Property located at Shelly Avenue
FILE: 5466A
PARCEL: 02936304

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15999) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel /ng
Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15999

File: 5466A

Parcel: 02936304

Action 1

☐ PC

Location: Shelly Avenue

Subdivision:

Lot: Block: Acres: Approx 1.2 ins.

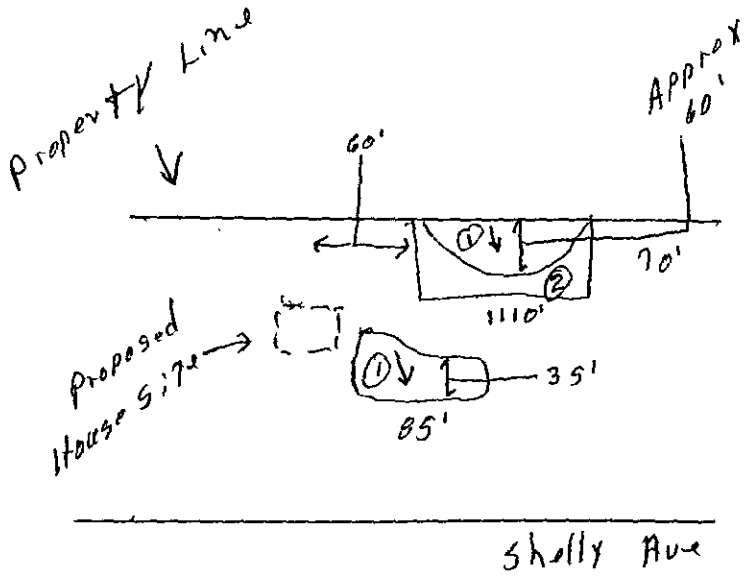
Owner: David Elmer Stidham
Address: P. O. Box 26452
Charlotte, NC 28221

Comments: Dysfem may need lift pump & stepdown - Very limited area

Described by: William A. Medlin

Date: 3-1-89

Distances Approximate



*** EVALUATION KEY ***

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U Very limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	10A Cec.1-1.Ho	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB
ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH

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

(OFFICE USE ONLY)

FILE: 5466A

TC: 029-262-04

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: SHELLY AVE. (MALLARD CREEK Township)

② SUBDIVISION: Ridge Wood ACRES ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: 9 PAGE NO.: 93 PARCEL NO.: TR #3

⑥ DEED REFERENCE: BOOK NO.: 4873 PAGE NO.: 0276

OWNER

⑦ NAME: DAVID (FIRST) ELMER (MIDDLE) STIDHAM (LAST)

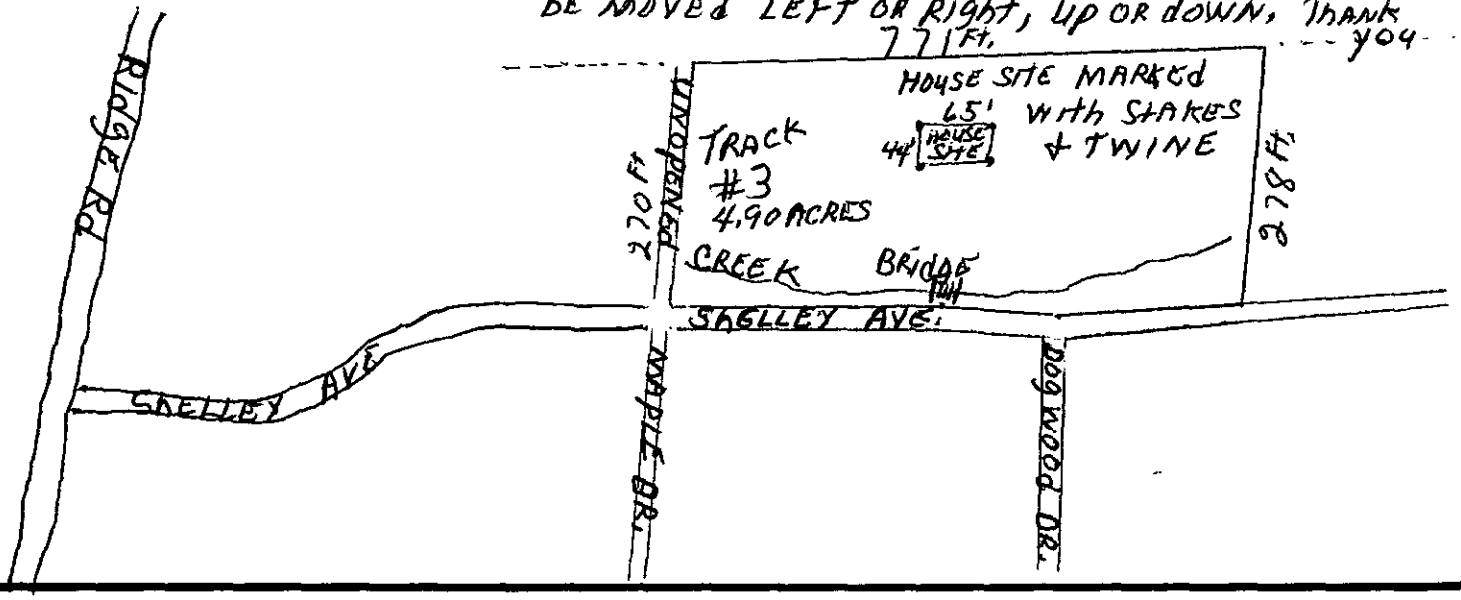
⑧ MAILING ADDRESS: P.O. Box 26452

⑨ CITY: CHARLOTTE ⑩ STATE: N.C. ⑪ ZIP: 28221

⑫ PHONE: (WORK) 596-1121 (HOME) 596-6193

⑬ Accurately diagram and dimension lot.

MR. MARLIN; IF THIS SITE IS NOT ACCEPTABLE FOR SEPTIC TANK SYSTEM, HOUSE SITE MAY BE MOVED LEFT OR RIGHT, UP OR DOWN. THANK YOU



⑭ 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: David E. Stidham

Date: 1-31-89

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

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 2/9/89

Name/Company Kay Stratton

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: East Dist
#54664

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 9 1989

GS H.3465
71-30.04

Fee: $ 30

Completed by

Collected by