

7112 MELODY LN

05535809

6/11/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Cert # 4266 PP 2/6/96 9850 4005 X CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Schneider (last) Don (first) P. (mi)
ADDRESS: 601-N. I-85 PHONE: (W) 398-0398
CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28216

Date:

PROPERTY OWNER:
NAME: Shackelford (last) William B (first) (mi)
ADDRESS: 7112 Melody Lane PHONE: (H) 394-1485
CITY: Char STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 055-358-09
STREET ADDRESS: 7112 Melody Lane
ZONING:

Township (check one):
~~[ ] 0 Mecklenburg County~~ [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: L#5 BL LOT SIZE (in acres):

TYPE APPLICATION (check one):

~~[ ] SOIL TEST - INDIVIDUAL LOT (I)~~
~~[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)~~
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
~~[ ] SOIL TEST DEVELOPMENT (P)~~
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Bedrm. Bath extension + hall rev.
~~[ ] MODIFIED (ALTERNATIVE) OR REGULAR - 4 BEDROOMS (R)~~
~~[ ] REPAIR TO SYSTEM (R)~~

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) ~~[X]~~ HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
~~[X]~~ Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the 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: Don Schneider Date: Feb. 6, 1996

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

...Bedroom addition and bathroom approved pull permit & tap on for connection.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date 2/15/96

Director or Authorized Section Head Date

WATER : 122791

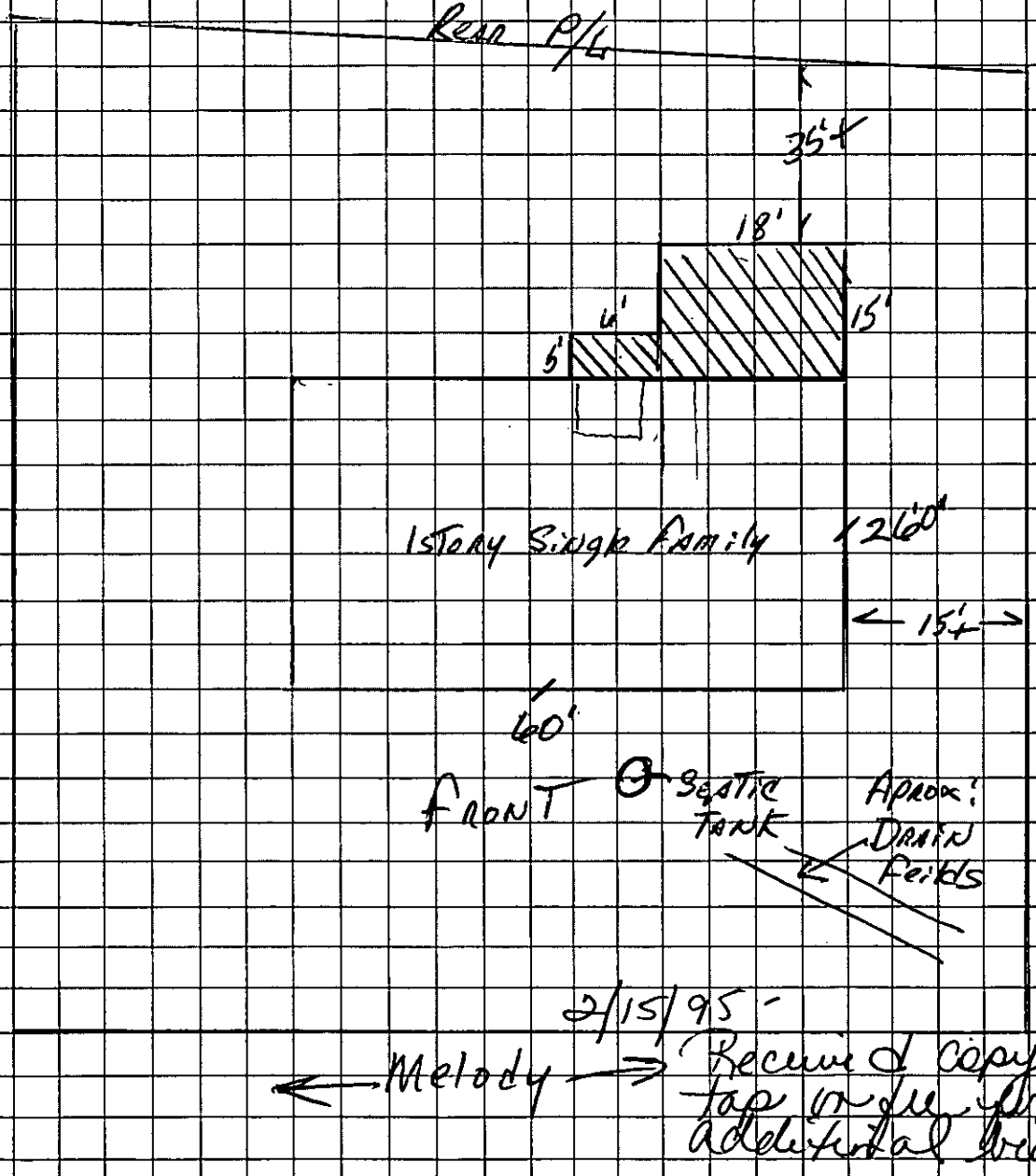
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 9850

TC: 055-358-09

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 2/15/96

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

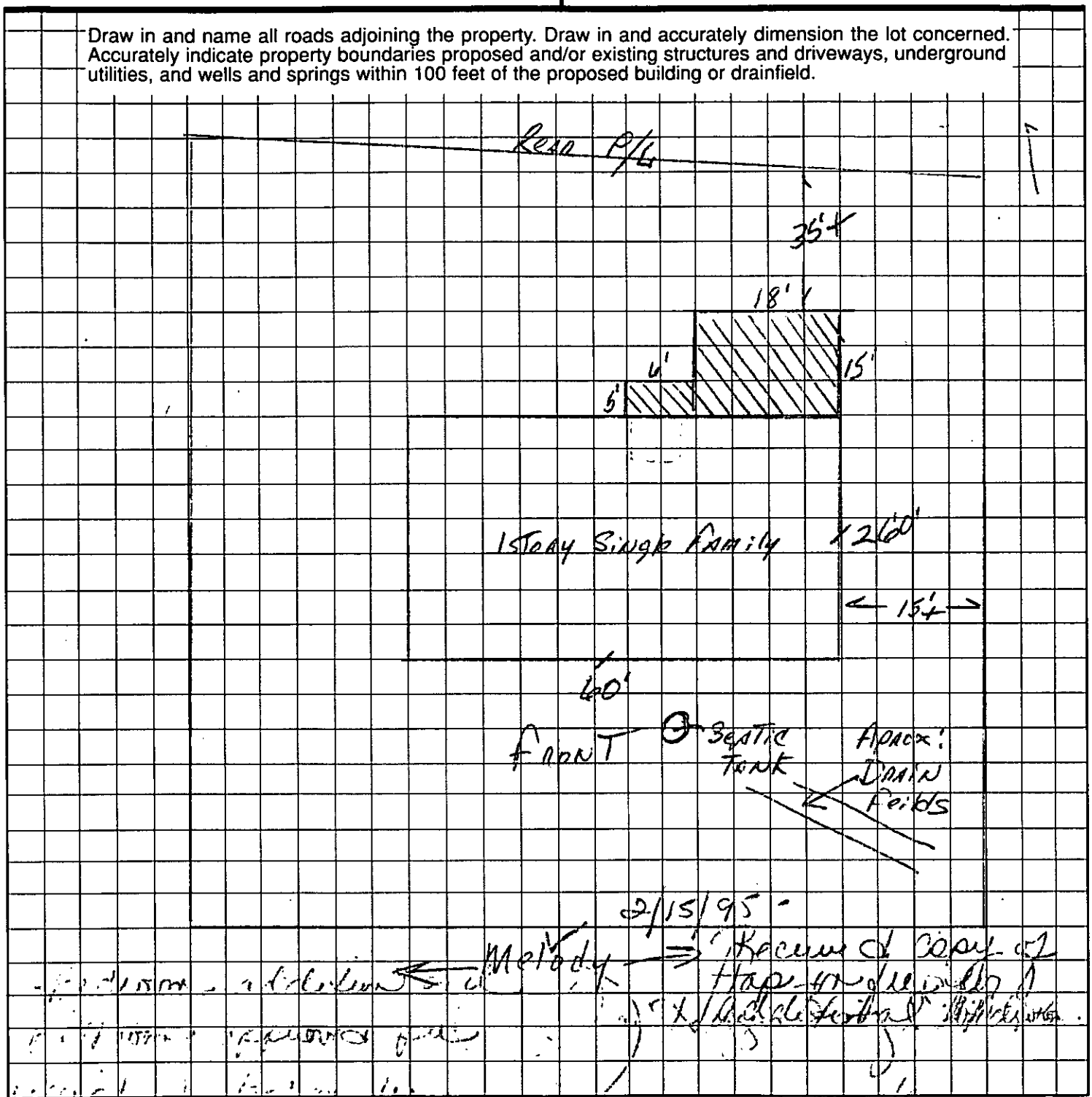
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Pink - Owner's Copy

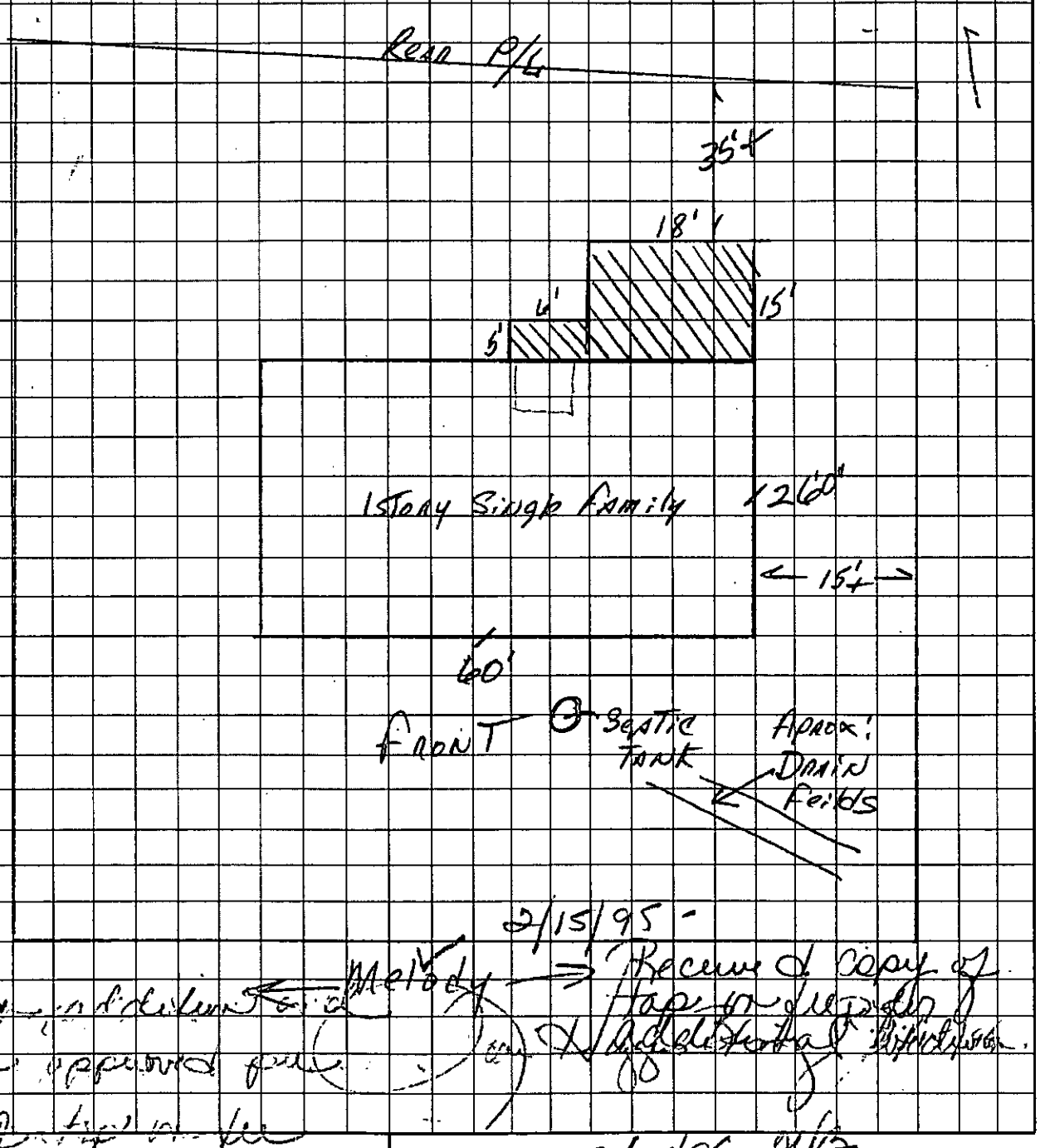
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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 2/15/96

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

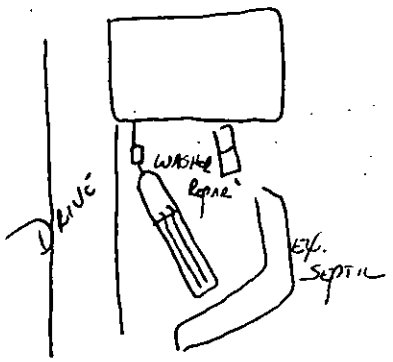
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 9850 DATE: 7-10-92

TC: _____ ☐ L

SERIAL Nº 14361

Permission is hereby given to _____ Install or Construct, ✓ 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 the application dated 7-10-92. All work shall be completed on or before 8-10-92, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 6 feet

Total Line Length 200 feet

Number of Lines 2

Depth of Stone 18 inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER William SHACKELFORD 1967 CAMARO SS

LOCATION OF PROPERTY 7112 Melody Ln.

Comments: INSTALL 30'X6' BED W/18" STONE, REPAIR OR REPLACE D BOX.

Division or Section Head

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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

W4602

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 9850 DATE: 7/22/92

TC: 055-358-09 ☐ L ☐ CRT

SERIAL № 14178

Name of Owner William Shackleford Juris.:

Address of Property 7112 Melody Ln.

Inspection Data:

Tank Material

Total Length of Drainfield 6'X 50'

Number of Lines 2 @ 50'

Cover Depth 24"

Water Supply Source Well

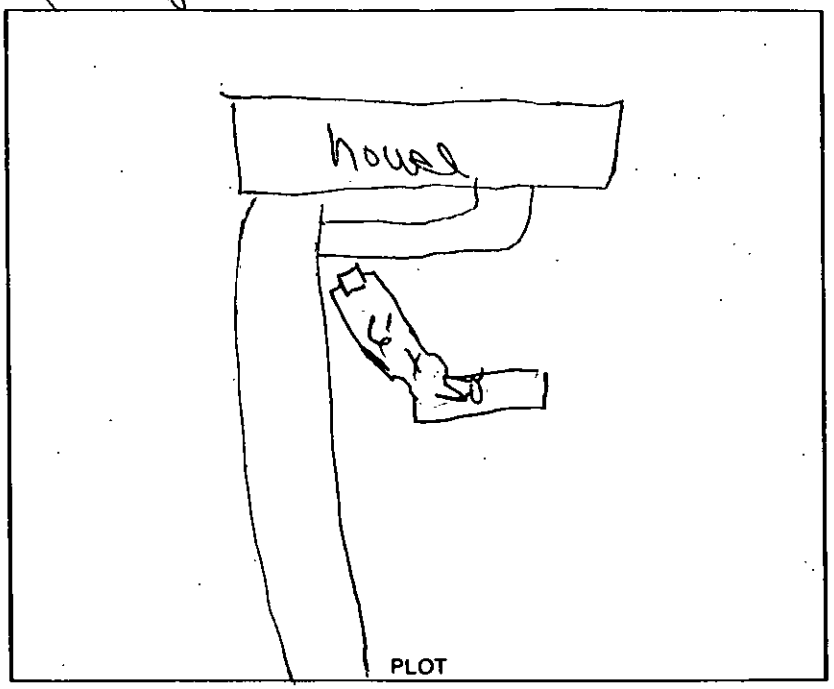
Distance to Water Source > 50'

Excavation Inspected 7/22/92

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected



Design: 92a Repair CTR# 67

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: Washer Repair!
Original System 1970's. This is 4th repair

Judy G. Kuss RS
Environmentalist

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

Serial No. 6146

ICAR(S) Permit No. 9850

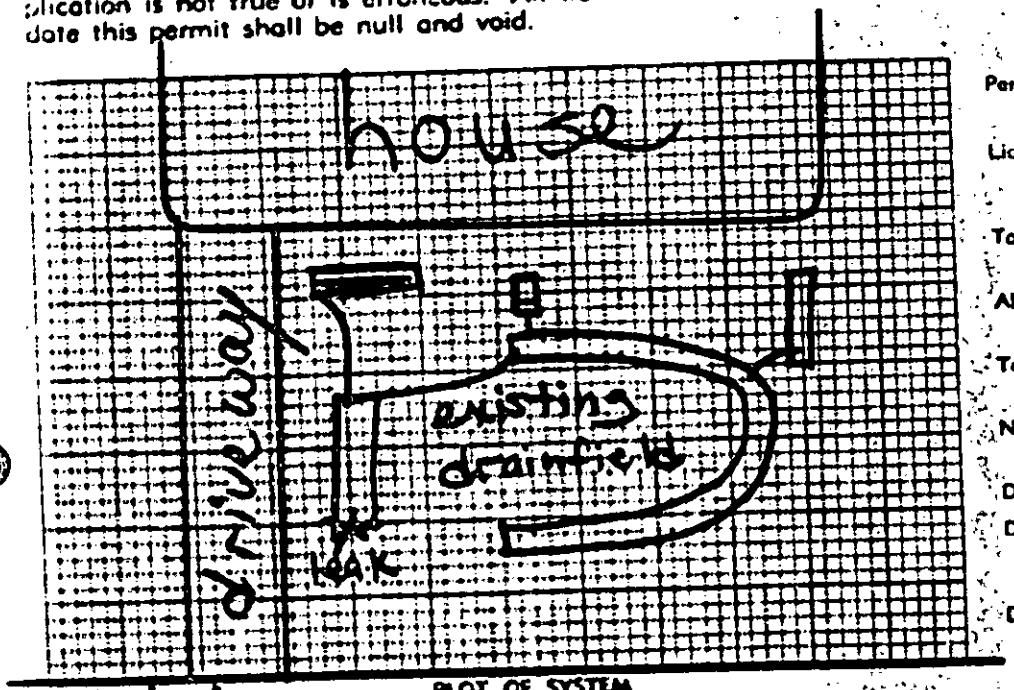
Date Issued 4-1-83

T. C. No. 055-358-09

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, ✓ 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 9850, dated 3-16-83 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 4-10-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines one

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

Melody Lane

NAME OF OWNER Shackelford, William B.

LOCATION OF PROPERTY 7112 Melody Lane

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: overflow from the existing drainfield into a 3' wide x 15' long x 1' sand + 9' stone repair - call for partial before stone is added. locate well before digging to insure >50' setback

Keep 6' between beds.

Division or Section Head

Mike Sexton
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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT

Serial 3456

ICAR (S) Permit No. 9550

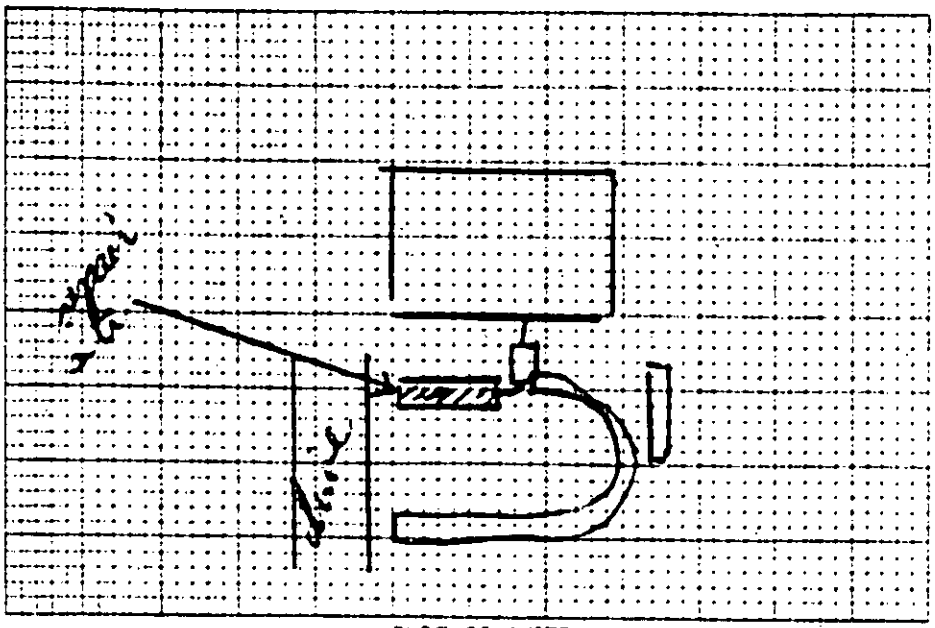
Date Issued 29 Nov 1979

T C No. 055-356-08

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, ✓ 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 9550 dated 31 Oct 1979 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 1 Jan 1980, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ___

Liquid Capacity of Tank ___ Repair Permit

Tank Construction ___

Absorption Field or Filtration Line:

Total Line Length 100 ft square

Number of Lines 2

Distance from House 10'

Distance from Property Line 15'

Distance from Well 50'+

NAME OF OWNER Shackleford, Wm Capt

LOCATION OF PROPERTY 7112 Melody Lane

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.

in bed 6'x18'x48"

Division or Section Head

John R Robinson
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-5-76

Environmental Health Department's Copy

RECEIVED
MAR 18 1983
ENVIRONMENTAL HEALTH

SEE INSTRUCTIONS ON BACK

Date Received 3-18-83

ICAR(S) Application No. 9850

T. C. No. 055-358-09

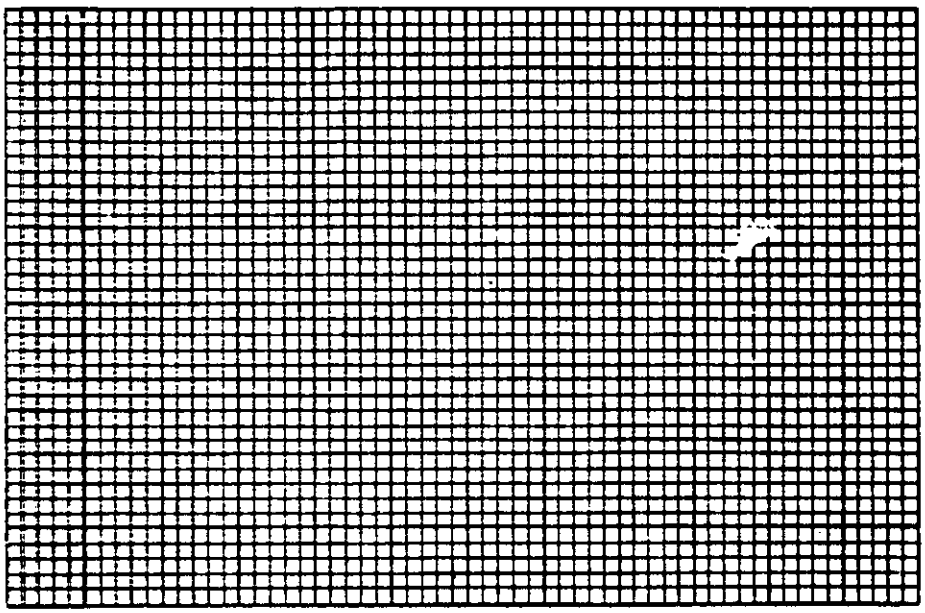
Map Date _____

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 ✓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 Shackelford (LAST) William (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 7112 Melody Ln 28214

15) PHONE NO. Home 394485 Office ___

16) LOCATION OF SYSTEM 7112 Melody Ln Charlotte, NC (STREET OR COUNTY ROAD)

17) SUBDIVISION Moores Park #2 Lot No. 5 Block No. L

Map Book No. 9 Page No. 65

18) DEED REFERENCE — DEED BOOK 2966 AT PAGE 237

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.

3-16-83
DATE OF APPLICATION

William B. Shackelford
OWNER

LHD-3-76

C of A (s) No. 9F50

Serial 3290

T C. No. 055-358-09

Date Issued 30 Nov 1979

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Shankford, Jim Boyd (LAST, FIRST, MIDDLE)

Location of Property 3112 Melody Lane

Application Number _____ Permit Number 9F50

Inspection Data:

Liquid Capacity of Tank —

Total Length of Drain Tile 1002 Lf

Depth of Filter Material 48"

Water Supply Source well

Excavation Inspected — (DATE)

Nitrification Field Inspected 30 Nov 1979 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

Tank Material —

Number of Lines 2

Cover Depth 18" to 24"

Distance from Water Source 50'

Tank Inspected — (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 —

John R Adkinson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

C of A (s) No. 9350

Date Issued 6/20/83 Serial 5922 T C. No 055-353

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Shackelford (LAST) William (FIRST) B (MIDDLE)

Location of Property 712 Melody Lane

Application Number 9350 Permit Number 9350

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 110' Number of Lines 2

Depth of Filter Material 48" stone Cover Depth 2'

Water Supply Source city Distance from Water Source municipal

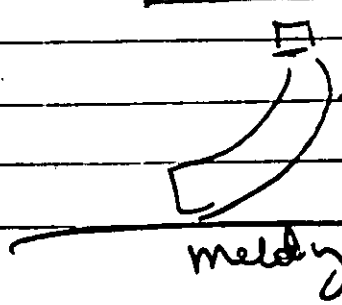
Excavation Inspected 6/20/83 (DATE) Tank Inspected Repair (DATE)

Nitrification Field Inspected 6/20/83 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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: House



Randy C Locke RS
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPART[illegible]

IBM

CHARLOTTE,N.C.
CHEMICAL DISTRIBUTION

Subject:
FAX TPANSMITTAL LETTER

Date: 2-15-96
Page 1 Of 2

Please deliver to:
Name: Toni Higgins Bunny
Firm: CITY
FAX Number 336 6894

From:
Name: William B Shackelford
Location: CLT
FAX Number: 594 1811

Comments:

PLEASE CALL (704) 594-2102 IF ALL PAGES ARE NOT RECEIVED.

IBM - TS - 88

E.142

CHARLOTTE MECKLENBURG UTILITY DEPT.

№ 36966

DATE: 2-15-96

RECEIVED FROM: William B Shackleford

Sixteen Hundred Ten Dollars & no/100 — $ 1610.00

FOR: 712 Melody Ln
4" Sewer Tap

Willie Mae Trapp
RECEIVED BY:

CASH ☐

CHECK # 4302