Date Received 4-6-94

SEE INSTRUCTIONS ON BACK OF [illegible] CAR(S) Application No. 20566 PD

T. P. No. 037-251-20

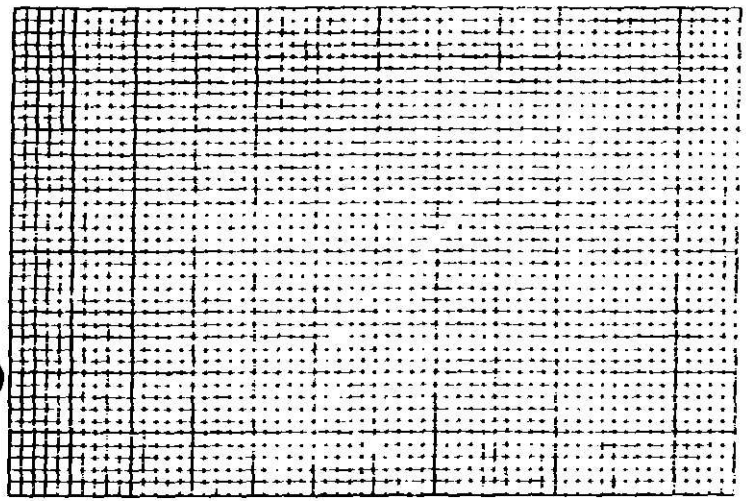
Map Date _____

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 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 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 Russell (LAST) Cecil (FIRST) Tate (MIDDLE)

14) ADDRESS OF OWNER 1321 Endcliff Ln. Huntersville N.C. 28078

15) PHONE NO. Home 892-3112 Office ___

16) LOCATION OF SYSTEM 5815 Old Statesville Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION/ ___ Lot No. # 2 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.

4-6-94
DATE OF APPLICATION

Mrs. Cecilia T. Russell
OWNER

EHD-5-76

Environmental Health Department's Copy

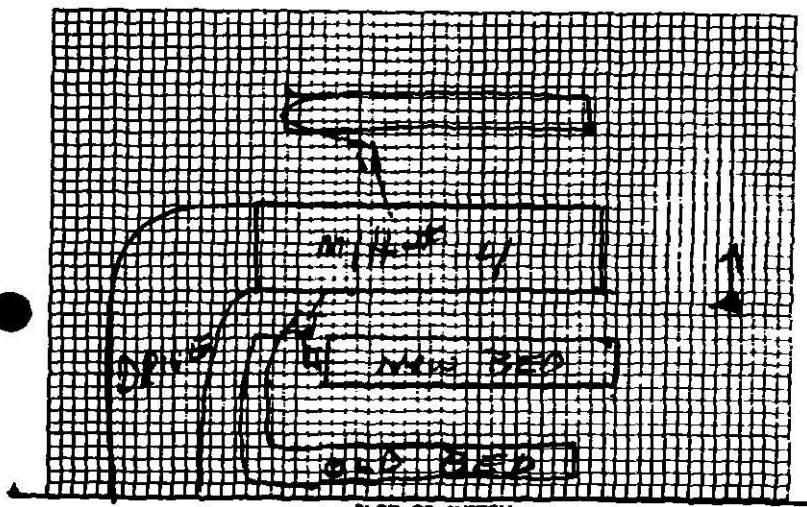
Date Issued APRIL 5TH 1984 **Serial No. 07103** ICAR(S) Permit No. 20860

T. C. No. 037-251-20

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 20860, dated 4-4-84 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 APRIL 11TH 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 4 1 UB

Liquid Capacity of Tank

Tank Construction Ref.

Absorption and/or Nitrification Lines:

Total Line Length 120 LIN FT

Number of Lines Three

Distance from House 10 FT

Distance from Property Line 10 FT

Distance from Well 100 FT COMMUN.

NAME OF OWNER RUSSELL, CECILIA

LOCATION OF PROPERTY 8015 OLD STATESVILLE ROAD LOT #4

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.

ONE BED Fr Bk 40 FT x 9FT x 18 inches Stone - Bury or Stone Cover.

Comments: Grade Rds CUT OFF OLD Bed in front - Call ENV. HEALTH DEPT if any interference is encountered

Division or Section Head Water, Water & Power (WOF) Environmentalist Ralph Miller

* 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.

EHP-5-76

Environmental Health Department's Copy

C of A (s) No. 20860

Date Issued 4-26-84 **Serial** 6578 T C No 037-251 L 20

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 RUSSELL, CECILIA WILCOX
LAST FIRST MIDDLE

Location of Property 8015 OLD STATESVILLE RD.

Application Number 20860 Permit Number 20860

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 120 lin FT Number of Lines Three

Depth of Filter Material 18 inches Cover Depth 12 INCHES

Water Supply Source Well Distance from Water Source 500 FT.

Excavation Inspected 4-26-84 DATE Tank Inspected — DATE

Nitrification Field Inspected 4-26-84 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 constructed. X altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission in effect at 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 the 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

Ralph Miller
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY