SEE INSTRUCTIONS ON BACK

Date Received 7-9-79

ICAR (S) Application No 15893

T. C. No 059-102-04

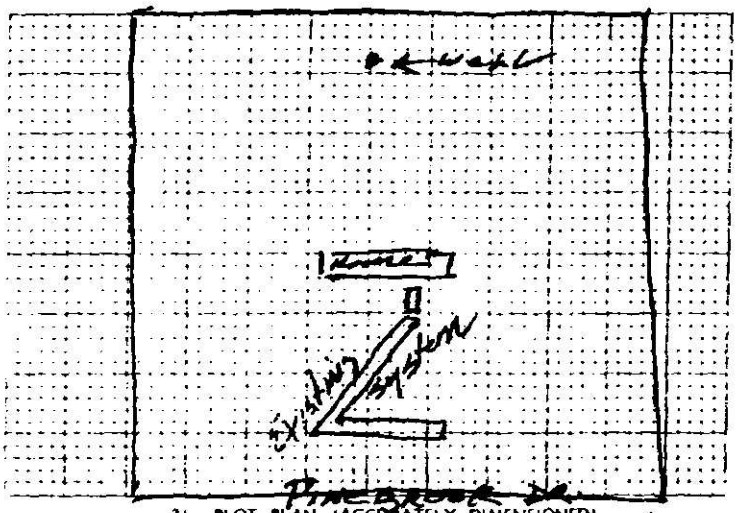
Map Date _____

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)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
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 LANE (LAST) KENNETH (FIRST) RAY (MIDDLE)

14) ADDRESS OF OWNER 5230 Pinebrook Dr

15) PHONE NO Home 399-0537 Office 375-9311

16) LOCATION OF SYSTEM Same address (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.

7-9-79
DATE OF APPLICATION

Kenneth Lane
OWNER

EHD-5-76

Environmental Health Department's Copy

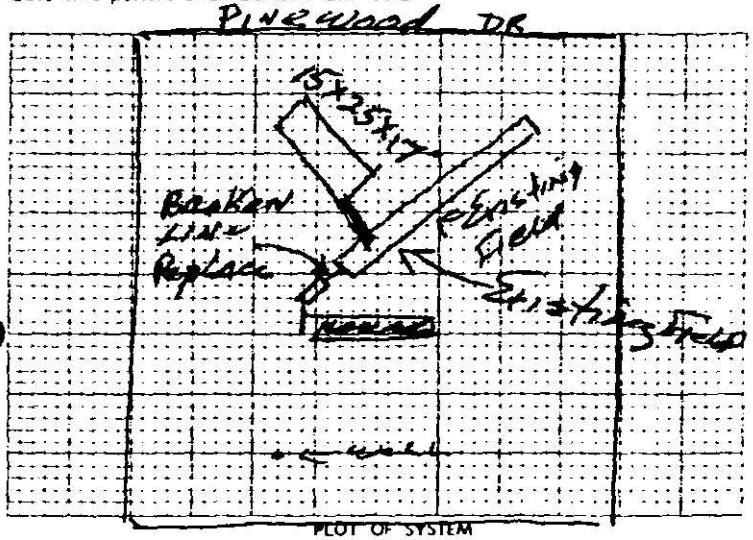
✓Date Issued 7-11-79 Serial No. 2971 ICAR(S) Permit No. 15893

T C. M 059-102-04

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 or the described location. This permit is granted based upon the information supplied in application 15893, dated 4-9-79 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 8-9-79, after which date this permit shall be null and void.



Permeability Rate P/S

Liquid Capacity of Tank existing

Tank Construction P/C

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 5

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Kenneth Ray Lane

LOCATION OF PROPERTY 5230 Pinebrook DR

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.

Comments

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.

Division or Section Head

Environmentalist Marsha Edwards

* 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

Date Issued 7-11-79 Serial No. 2846

C of A (s) No 15893

T. C A29-102-04

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 Lane (LAST) Kenneth (FIRST) Ray (MIDDLE)

Location of Property 5230 Pinebrook Dr.

Application Number 15893 Permit Number 15893

Inspection Data:

Liquid Capacity of Tank Existing Tank Material Existing

Total Length of Drain Tile 100' Number of Lines 5

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 7-11-79 (DATE) Tank Inspected 7-11-79 (DATE)

Nitrification Field Inspected 7-11-79 (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 Repaired line from tank to field
added 100 ± F Field

Marshall Edwards
Environmentalist

EHD-S-76

Environmental Health Department's Copy