Date Issued 2 Oct. 79 Serial 3082 C of A (s) No. 3218

T C No. 227-223-05

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 Autry (LAST) Daniel (FIRST) (MIDDLE)

Location of Property 116 Stillwood

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank Repair Tank Material _____

Total Length of Drain Tile 150' Number of Lines 3

Depth of Filter Material 40"+ Cover Depth 18"

Water Supply Source comm Distance from Water Source 100'

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 2 Oct 79 (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 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 As permitted - J.W. Grier

Steve Ward
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Serial 3241

ICAR (S) Permit No. 3218 /

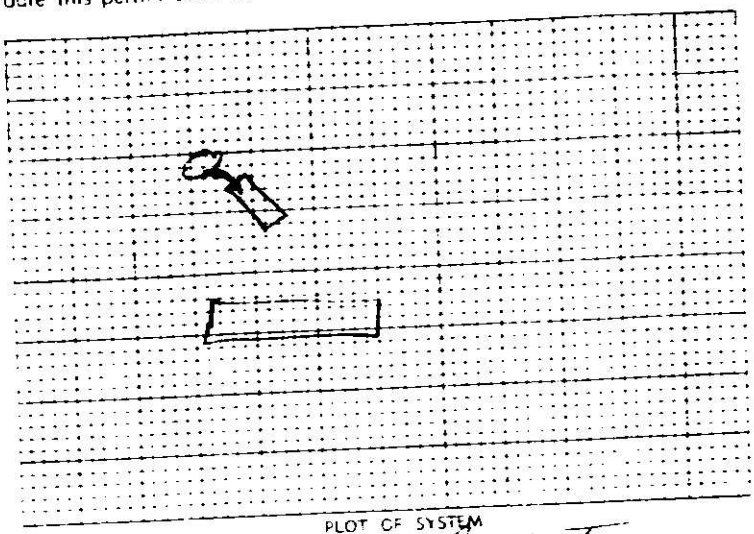
T. C. No. 22-22305

Date Issued 20 Sept 79

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 waste-water 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 ___, dated 20 Sept 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 28 Sept 79*, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and or Nitrification Lines

Total Line Length 150'

Number of Lines 3

Distance from House 10'

Distance from Property Line 10

Distance from Well 100'

NAME OF OWNER Daniel Autry

LOCATION OF PROPERTY 116 Stallwood

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.

* Letter written 27th August

9' x 15' x 4C's tone / w 24" cover

Environmentalist

Division or Section Head

* 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

SEE INSTRUCTIONS ON BACK

Date Received 20 Sept 79

ICAR(S) Application No. 3218

T. C. No. 227-223-05

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 Yes 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

Mobile home is within 200 feet of public sewer Yes No

Mobile home is within 200 feet of community sewer Yes No

11 EHA Code No. ___

12 EHA Code No. ___

13 NAME OF OWNER Autry (LAST) Daniel (FIRST) ___ (MIDDLE)

14 ADDRESS OF OWNER 116 Stillwood

15 PHONE NO Home 821-9267 Office ___

16 LOCATION OF SYSTEM ___ (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.

DATE OF APPLICATION ___

Barbara N. Autry
OWNER

EHD-5-78

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY