SEE INSTRUCTIONS ON BACK

Date Received 4-27-83

ICAR (S) Application No. 19610

T. C. No. 225-112-16

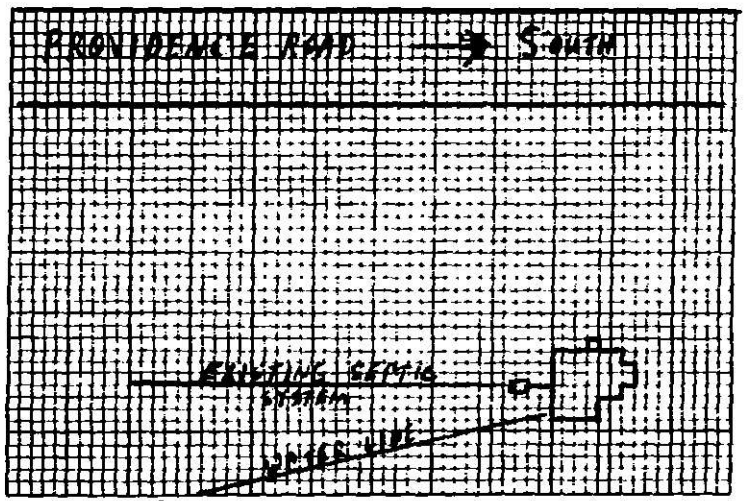
Map Date _____

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 PROVIDENCE (LAST) PRESBYTERIAN (FIRST) CHURCH (MIDDLE)

14) ADDRESS OF OWNER 10140 PROVIDENCE ROAD, MATTHEWS, N.C.

15) PHONE NO. Home 847-9742 Office 847-9585

16) LOCATION OF SYSTEM 10414 PROVIDENCE ROAD, MATTHEWS, N.C. (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.

APRIL 26, 1983
DATE OF APPLICATION

Warren A. Kay, chairman of board of deacons
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6222

ICAR(S) Permit No. 19610

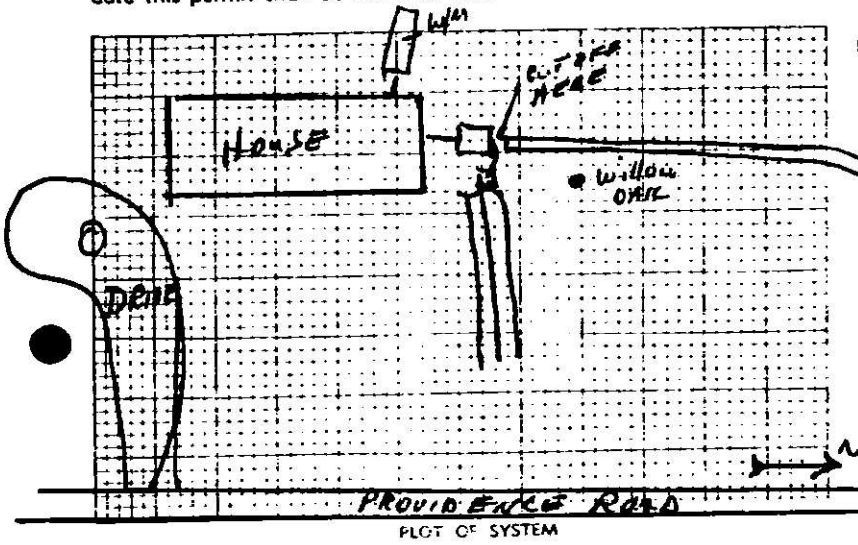
Date Issued 4-27-93

T. C. No. 225-112-16

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 19610, dated 4-26-93, 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 MAY 13 1993, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate PS IVA

Liquid Capacity of Tank _____

Type Construction Repair

Absorption and or Nitrification Lines

Total Line Length 300 LIN FT

Number of Lines THREE

Distance from House 10 FT

Distance from Property Line 150 FT

Distance from Well 75 FT

(MANSE)

NAME OF OWNER PROVIDENCE PRESBYTERIAN CHURCH

LOCATION OF PROPERTY 10416 PROVIDENCE ROAD

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: THREE TRENCHES @ BE 100 FT X 3 FT X 12 INCHES STONE - GRADE EAST - BAYOU STOP COVER - DISCONNECT OLD TRENCH - USE NEW DIST BOX UNHOOK BASEMENT SUMP PUMP FROM S.T. SYSTEM - KNOCK OUT OF DOWN SPOUT PIPES UNDERGROUND

Ralph Nilles
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

C of A (s) No. 19610

Date Issued 5-18-83 **Serial** 5858 T. C. No. 225-112-16

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner PROVIDENCE (LAST) PRESBYTERIAN (FIRST) CHURCH (MIDDLE)

Location of Property 10414 PROVIDENCE RD

Application Number 19610 Permit Number 19610

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 300 lin FT Number of Lines three

Depth of Filter Material 12 inches Cover Depth 12 inches

Water Supply Source well Distance from Water Source 75 FT

Excavation Inspected 5-18-83 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5-18-83 (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, X 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 _____

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY