SEE INSTRUCTIONS ON BACK

Date Received 8-2-83

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 1 1983
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19924

T C. No. 111-144-16

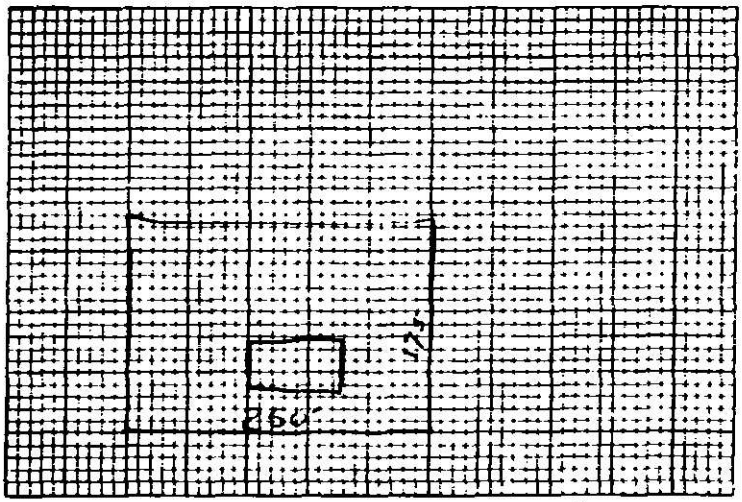
Map Date _____

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 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 Crawford (LAST) Saumuel (FIRST) ____ (MIDDLE)

14) ADDRESS OF OWNER 7822 Carelock Cir.

15) PHONE NO. Home ____ Office 374-2931 (Preston Pad)

16) LOCATION OF SYSTEM 7822 Carelock Cir (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. 111-15 Page No. 144-16

18) DEED REFERENCE — DEED BOOK 3576 AT PAGE 385

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.

July 29 1983
DATE OF APPLICATION

Jay E Crawford
OWNER

BMB-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4-24-85

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
APR 25 1985

Application No. 19924

T. C. No. 111-144-16

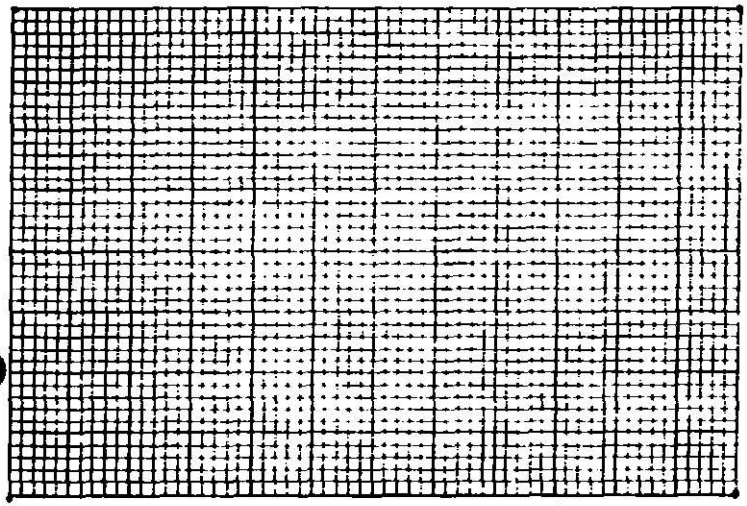
Map Date L

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 White (LAST) Jeannette (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER 7822 Carlock Circle Charlotte, NC 28215

15) PHONE NO. Home 536-4458 Office _____

16) LOCATION OF SYSTEM 7822 Carlock Cr. (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.

4-24-85
DATE OF APPLICATION

Jeannette White
OWNER

EHD-5-76

Department Copy

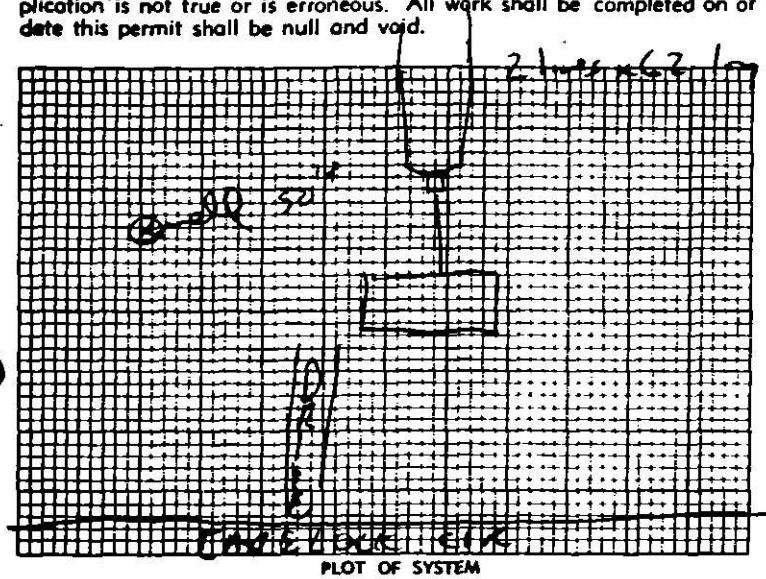
Date Issued 6-19-85 Serial No. 08292 ICAR(S) Permit No. 19924

T. C. No. 111-149-16

Map Date L

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 19924 dated 4-29-85 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 7-19-85, after which date this permit shall be null and void.



PLOT OF SYSTEM

REPAIR

Permeability Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines:

Total Line Length 125'

Number of Lines 2 x 62.5

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+ on city water now

NAME OF OWNER WHITE, JEANNETTE

LOCATION OF PROPERTY 7822 CARELOCK

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: 2 lines x 62' long x 3' wide x 12" stone

B. Barbette
Division or Section Head

Kelly Randall
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

C of A (s) No. 19924

Date Issued 6-21-95 **Serial** 7651 T. C. No. 111-149-16 L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner WHITE (LAST) JEANETTE (FIRST) (MIDDLE)

Location of Property 7822 CARLOCK CIR

Application Number 19924 Permit Number 19924

Inspection Data: REPAIR

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100' Number of Lines 2 x 50

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 6-21-95 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 6-21-95 (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 Repair

Billy Caldwell
Environmentalist

EHS-5-76

Environmental Health Department's Copy