Date Received 10/29/79

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OCT 29 1979
ENVIRONMENTAL HEALTH

ICAR(S) Application No 16281

T C No 137-012-15

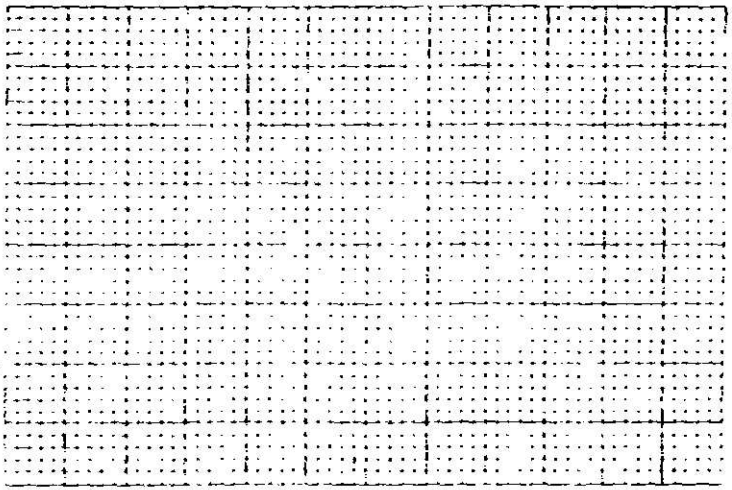
Map Date

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) X 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 4

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 Von Cannon (LAST) Larry (FIRST) Dean (MIDDLE)

14) ADDRESS OF OWNER 9709 Markus Drive Charlotte, N.C. 28212

15) PHONE NO Home 545-4472 Office ___

16) LOCATION OF SYSTEM 9709 Markus Drive (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 ___

X Larry D. VonCannon
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial 3351

Date Issued 10-30-79

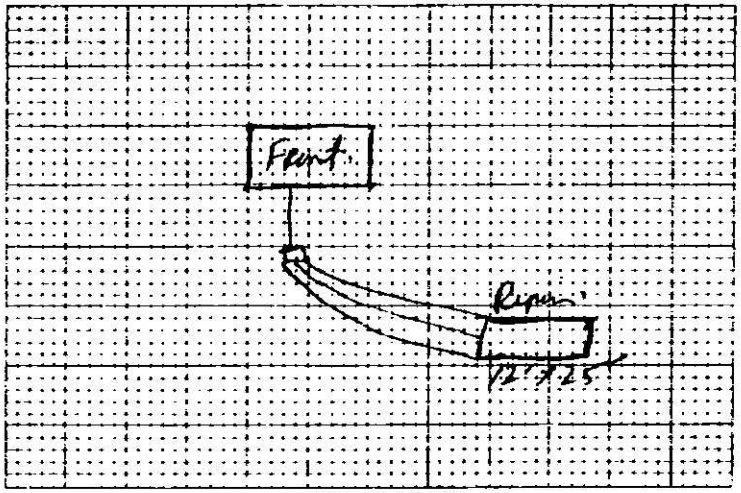
ICAR(S) Permit No. 16281

T. C No 37-012-45

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 dischorge as specified herein at the described location. This permit is granted based upon the information supplied in application _____, dated _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S

Liquid Capacity of Tank 1000

Tank Construction P.C.

Absorption and or Nitrification Lines

Total Line Length 100' Repair

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Larry Dean Voncannon

LOCATION OF PROPERTY 9705 Mathers

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.

Division or Section Head

Bob Wilson
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-S-76

Environmental Health Department's Copy

Date Issued 11-1-79 Serial 3213 C of A (s) No 16281 I C No 37-012-1

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 Voreamner (LAST) Larry (FIRST) Dean. (MIDDLE)

Location of Property 9709 Mathis Dr

Application Number 16281 Permit Number 16281

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material P.C.

Total Length of Drain Tile 100' Repair Number of Lines 4'

Depth of Filter Material 17" Cover Depth 15"+

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 11-1-79 (DATE) Tank Inspected 11-1-79 (DATE)

Nitrification Field Inspected 11-1-79 (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

Bob Wilson
Environmentalist

EHD-5-76

Environmental Health Department's Copy