SEE INSTRUCTIONS ON BACK

Date Received 10/9/80

ICAR (S) Application No. 14231

T. C. No. 167-054-45

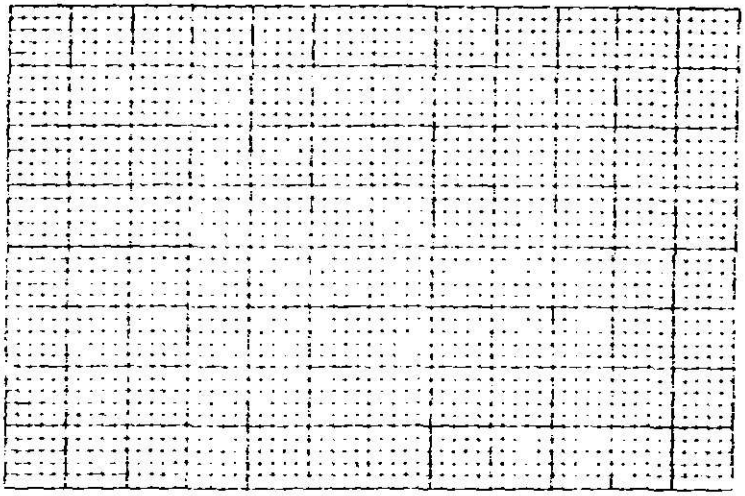
Map Date _____

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 [redacted] LAST MALLON FIRST EUGENE MIDDLE H.

14) ADDRESS OF OWNER 1332 DREXMORE DR. CHARLOTTE, N.C.

15) PHONE NO. Home 523-1844 Office —

16) LOCATION OF SYSTEM 4/2 W. LEDGEWOOD CIRCLE
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.

10/9/80
DATE OF APPLICATION

E. H. Mallon
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 10/4/80

Serial No. 4255

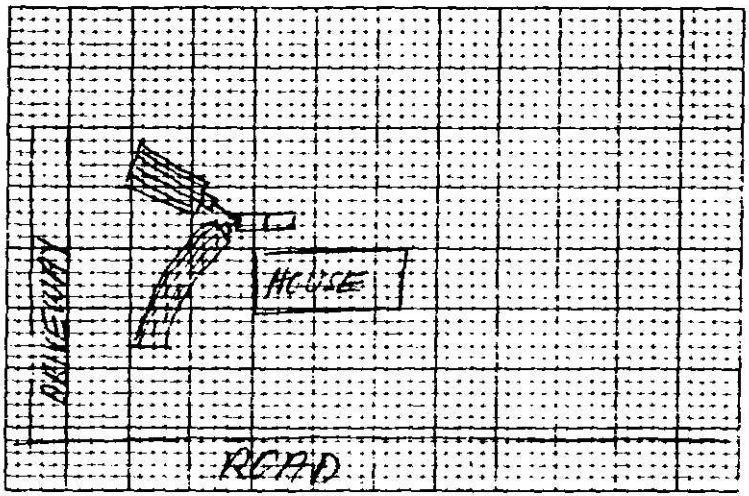
ICAR(S) Permit No. 14231

T. C. No 167-054-45

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 discharge as specified herein at the described location. This permit is granted based upon the information supplied in application _____, dated 10/9/80 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 10/20/80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate REPAIR

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 4

Distance from House >10'

Distance from Property Line >10'

Distance from Well City

NAME OF OWNER EUGENE MALICN

LOCATION OF PROPERTY 412 WILDROSE CIRCLE

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.

PIT: 10'X12'X 30" OF STONE

Comments: PUMP & HAUL FROM TANK; REPAIR ANY LINE DAMAGE

_____ Division or Section Head

Adam Wyfield 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. 14231

Date Issued 10/22/80 Serial 4117 T. C. No. 167-054-45

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner MALLON EUGENE
LAST FIRST MIDDLE

Location of Property 412 WILDBROOK CIRCLE

Application Number 14231 Permit Number 14231

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material P/CONC

Total Length of Drain Tile 100' Number of Lines 1

Depth of Filter Material 10' Cover Depth 4'

Water Supply Source City Distance from Water Source —

Excavation Inspected — DATE Tank Inspected — DATE

Nitrification Field Inspected 10/22/80 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 PIT WAS 3'X12'X10' OF STONE

Adam Winfield
Environmentalist

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 9-15-81

ICAR(S) Application No. 14231

T. C. No. 167-054-45

Map Date _____

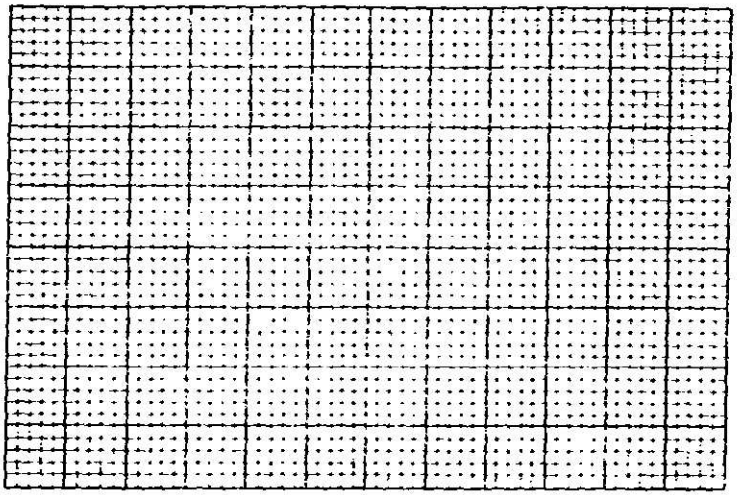
MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
SEP 15 1981
ENVIRONMENTAL HEALTH

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 Mallon Estate (LAST) Eugene (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 11171 Charlotte, N.C. 28220 Agent's Address

15) PHONE NO. Home 704 523-2571 Office ___

16) LOCATION OF SYSTEM 412 N. Tryon Circle (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.

9/14/81
DATE OF APPLICATION

F. Peter Helf, Agent for Estate of Eugene H. Mallon
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

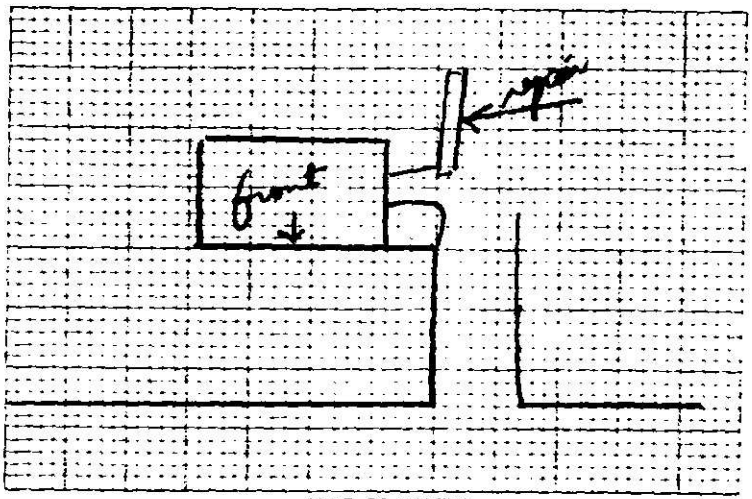
Date Issued 2nd Sept 1981 Serial No. 5044 ICAR(S) Permit No. 14231

T. C No. 167-054-45

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 discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 14231, dated 1st Sept 1981 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 15 Oct 1981, 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 Line

Total Line Length 100 l/ft

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

repair data

NAME OF OWNER Mallon Estate Eugene H.

LOCATION OF PROPERTY 412 Wilbrook Circle

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.

in bed 6'x18'x48" stone

Comments: _____

John R Adkisson

Division or Section Head

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. 14231

Date Issued 28 Sept 1981 Serial 4734

T. C. No. 167-054-45

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 Mallon Estate Eugene H.
(LAST FIRST MIDDLE)

Location of Property 312 Wilbrown Circle

Application Number _____ Permit Number 14231

~~Inspection~~ Repair Date: Data: west line

Liquid Capacity of Tank ✓ Tank Material ✓

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source municipal Distance from Water Source ✓

Excavation Inspected ✓ (DATE) Tank Inspected ✓ (DATE)

Nitrification Field Inspected ✓ (DATE)

Washing Machine Line Inspected, If Applicable 9-28-81 (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

John R Atkinson
Environmentalist

END-5-76

Environmental Health Department's Copy