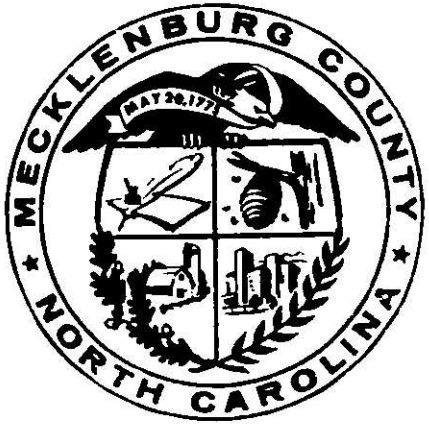
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

"INDIVIDUAL SEPTIC TANK SYSTEM RECORDS"

Dated

From: 5-24-79 To: 8-3-79



MICROFILMED BY
MECKLENBURG COUNTY
OFFICE OF REGISTER OF DEEDS
MICROFILM SERVICES
CHARLOTTE, NORTH CAROLINA

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ON PREMISES WASTE DISPOSAL SECTION

CERTIFICATE OF AUTHENTICITY

This is to certify that the microphotographs appearing on this film are true and accurate reproductions of records originated during the normal course of business of the Mecklenburg County Department of Environmental Health and consist of records as indicated on the target (title) sheets preceding said records. The records begin with file number 15651 and end with file number 15999.

It is further certified that the above records were microfilmed in conformity with the provisions of the General Statutes of North Carolina, Chapter 8-45.1 and 8-45.4, "Uniform Photographic Copies of Business and Public Records as Evidence Act"; that the microphotographic processes accurately reproduce the records so microfilmed; that the film used conforms to American National Standards Institute, Specifications for Safety Photographic Film, ANSI PH 1.25-1976 and American National Standards Institute, Specifications for Photographic Film,for Archival Records, Silver-Gelatin on Cellulose Ester Base, ANSI PH 1.28-1976.

This is further to certify that the microphotographic processes are accomplished by the undersigned on the date and at the reduction ratio indicated below.

Date filming of the reel began: 12/27/84

Date filming of the reel ended: _____

Reduction Ratio: 24A

_____
Microfilm Camera Operator

SEE INSTRUCTIONS ON BACK

Date Received 24 May 79

ICAR(S) Application No. 15651

T. C. No. 109-191-06

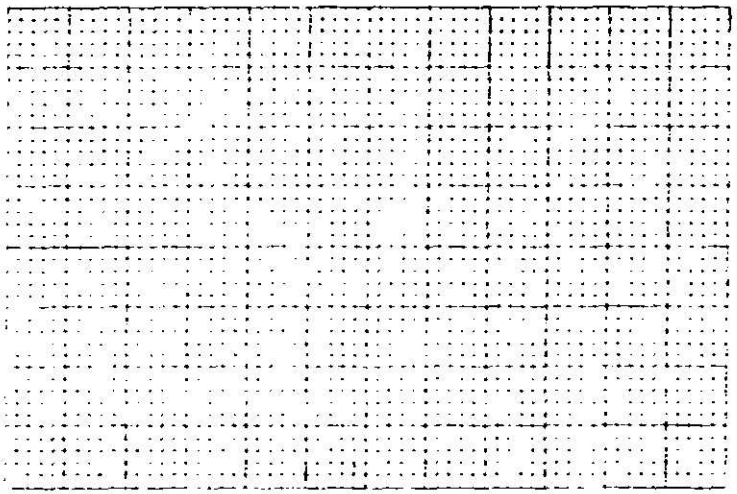
Map Date _____

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)

4) Mobile Home Yes ___ No ___
Residence Yes ✓ No ___
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 connection within 200 feet of public sewer Yes ___ No ___
House located more than 200 feet of community sewer ___ Yes ___ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Thompson (LAST) Patty (FIRST) Tuck (MIDDLE)

14) ADDRESS OF OWNER 5467 Driftwood Lane

15) PHONE NO Home 568-0[illegible] Office 392-0050

16) LOCATION OF SYSTEM Street (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 ___

Patricia A. Thompson
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 24 May 79

Serial No. 2760

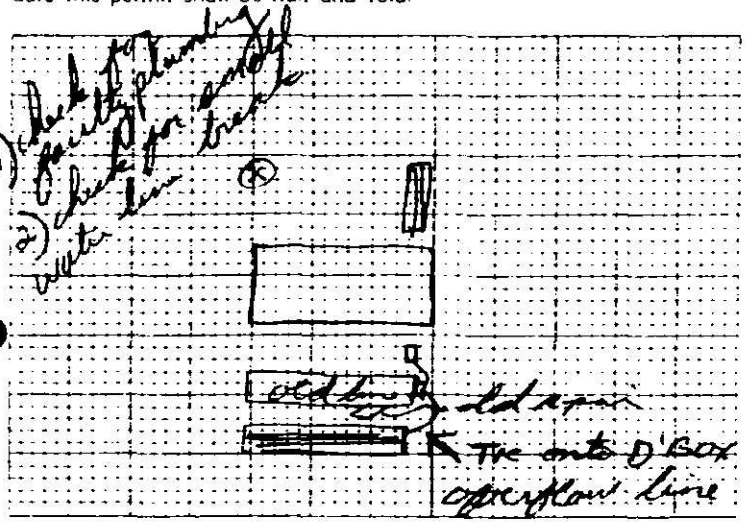
ICAR(S) Permit No. 15651

T C No 109-191-06

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 24 May, 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 Repair

Liquid Capacity of Tank ____

Tank Construction ____

Absorption and or Nutrification Lines

Total Line Length 150' & 125'

Number of Lines ____

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' (or as far as water will run)

NAME OF OWNER Billy Thompson

LOCATION OF PROPERTY 5427 Maplewood L

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 IF PROPERLY 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: 1 Ld 6'x65' - last 40' double stone = 6'x65'x17" stone last 10' 34" stone
2 M. in Ld (6'x25'x34" stone)

Division or Section Head ____ Environmentalist Steve Wood

* 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

Date Issued 14 June 79 Serial No. 2746

C of A (s) No 15651

T C No 109-191-06

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 Thompson (LAST) Billy (FIRST) (MIDDLE)

Location of Property 5427 Maplewood Ln

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Repair

Total Length of Drain Tile 150' + Number of Lines 3

Depth of Filter Material 17" - 34" Cover Depth 15"

Water Supply Source City Distance from Water Source City

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

Nitrification Field Inspected 14 Jun (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~~ 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 *at owners request, separate wm line not installed at back yard — extra line added in front

Steve Wood
Environmentalist

EHD-5-76

Environmental Health Department's Copy