Date Issued 2-21-85

Serial No. 07885

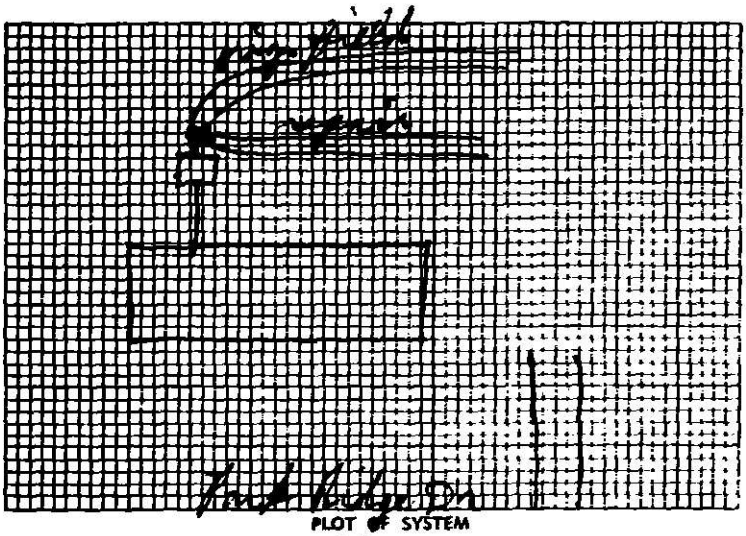
ICAR(S) Permit No. 21922

T. C. No. 113-045-04

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 21922, dated 2-6-85 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 3-21-85, 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 2

Distance from House 5'

Distance from Property Line 10'

Distance from Well Comm.

NAME OF OWNER Willie Bowers

LOCATION OF PROPERTY Rt 5 Box 961-A-6 Park Ridge Dr. 9627

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.

2 lines 3 X 50 X 12 stone

Comments:

E Herbert
Division or Section Head

D R Ferguson
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.

BHD-5-76

Applicant's Copy — Department's Copy

C of A (s) No. 21922

Date Issued 2-21-85 Serial 7283 T C. No. 113-045-04 L

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## CERTIFICATE OF COMPLETION
### CERTIFICATE OF APPROVAL
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

Name of Owner Bowers (LAST) Willie (FIRST) (MIDDLE)

Location of Property RT 5, Box 961-A-6 Paw Ridge Dr. 9627

Application Number — Permit Number —

**Inspection Data:**

Liquid Capacity of Tank repair Tank Material

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source comm Distance from Water Source 100

Excavation Inspected 2-21-85 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 2-21-85 (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

B. R. Ferguson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

Date Received 2-6-85

RECEIVED
FEB 6 1985
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 21922

T. C. No. 113-045-04

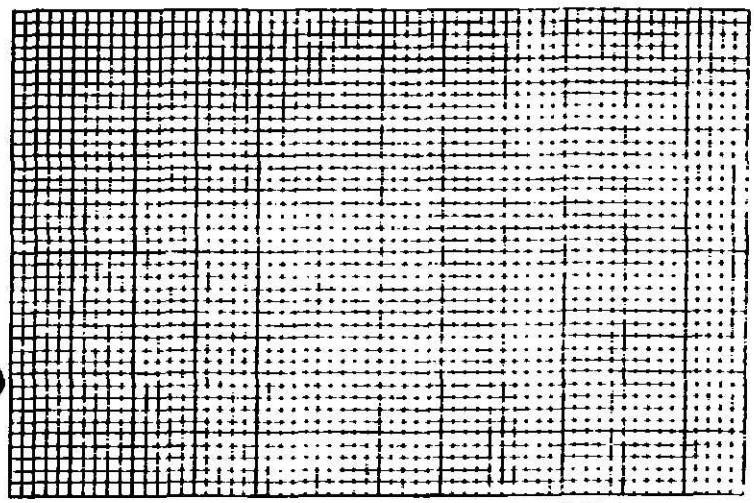
Map Date _____

# 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 _____
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 Bowers (LAST) Willie (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER Rt 5 Box 961-A-6 Charlotte, N.C. 28208
Park Ridge Dr.

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM same (STREET OR COUNTY ROAD) Park Ridge Dr. 9627

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.**

2-6-85
DATE OF APPLICATION

Willie Bowers
OWNER

EHD-S-76

Property Owner's Copy — Department's Copy

T&O Fee $50.00

# APPLICATION FOR AN IMPROVEMENT PERMIT

6/16/88 Pd CK#3822 $50.00 EJ


HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603


Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 21923
TC:
SERIAL: № 16285

☑ CRT

**JOB LOCATION**

① ADDRESS: 10510 (STREET NO) Island Forest (STREET) Dr ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 061-111-54
⑤ SUBDIVISION: Island Forest ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: Gary (FIRST) Richard (MIDDLE) Dunn (LAST)
⑨ MAILING ADDRESS: Rt 2 Box 559
⑩ CITY: Dallas ⑪ STATE: N.C. ⑫ ZIP: 28034
⑬ PHONE: (WORK) 535-8433 ⑭ (HOME) 892-1192

**REQUEST**

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Utility Bldg

**DESIGN CRITERIA**

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉓ Maximum occupancy? 5 4
㉔ Basement? ☐ yes ☑ no
㉕ Type?
㉖ Maximum number of employees?
㉗ Maximum number of seats?

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
C ☑ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter upon the property for the purpose of processing this request.

Signed: Gary Dunn
Date: 5-19-88

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

. No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Mary Lee Cathey System.

Environmentalist — Date 6/20/88

Director or Authorized Section Head — Date 6/21/88

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.