Date Received MECK. COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RECEIVED JUN 3 1983

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 19733

T. C. No. 05-39-17

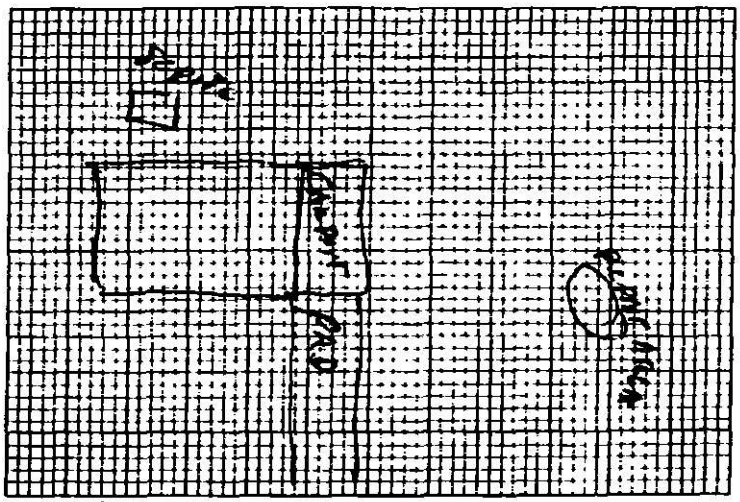
Map Date _____

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.



Mobile Home ___ Yes ✓ No

Residence ✓ Yes ___ No

4) No. of Bedrooms 2

5) Business Use — Max No Employees No

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. ___

OFF SAM Wilson RD - Between I 85 & Wilkinson Blvd RD 1627

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER STARKEY (LAST) JAMES (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER Rt 5 Box 927 B-6 Charlotte N.C. 28214 (Within)

15) PHONE NO. Home 704-392-8088 Office —

16) LOCATION OF SYSTEM Rt 5 Box 927 B-6 Charlotte, N.C. Old Dunbar Rd 28208 (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.

6/2/83
DATE OF APPLICATION

James J Starkey
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

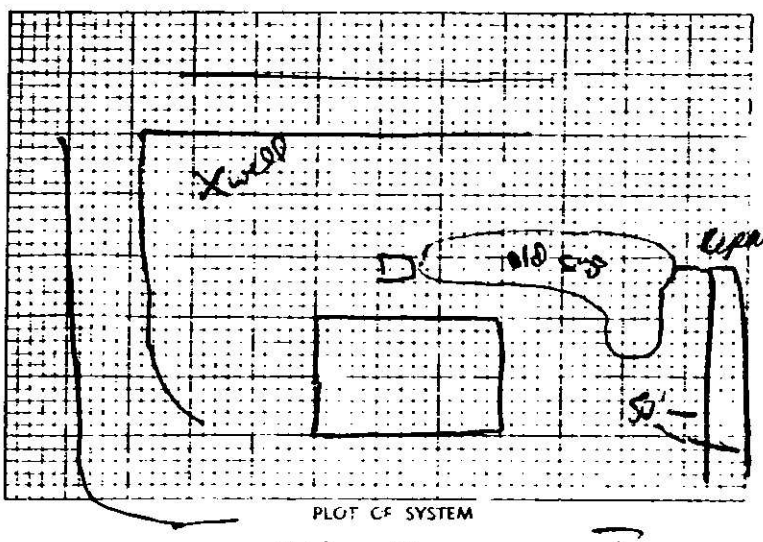
Date Issued 7/28/83 Serial No. 6448 ICAR (S) Permit No. 19733

T. C. No 055 - 392-17

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 19733, 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 8/28/83, 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 > 10'

Distance from Property Line > 10

Distance from Well > 100'

NAME OF OWNER Starkey James J

LOCATION OF PROPERTY Rt 5 Box 927 B-6 Laine Dr

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) 50' 12" stone straw cover 3' wide
3# cover roof

Comments:

Division or Section Head

Randy C Poke
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.

END-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

4

C of A (s) No. 19733

Date Issued 7/29/83 **Serial** 6000 T. C. No. 055-392-17

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 Starkey (LAST) James (FIRST) J (MIDDLE)

Location of Property Rt 5 Box 927 B-6 (Laine Dr)

Application Number 19733 Permit Number 19733

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 1'

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 7/29/83 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7/29/83 (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: _____

Randy C Poole RS

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY