15882.

Serial No. 4017

ICAR(S) Permit No. ~~5242~~

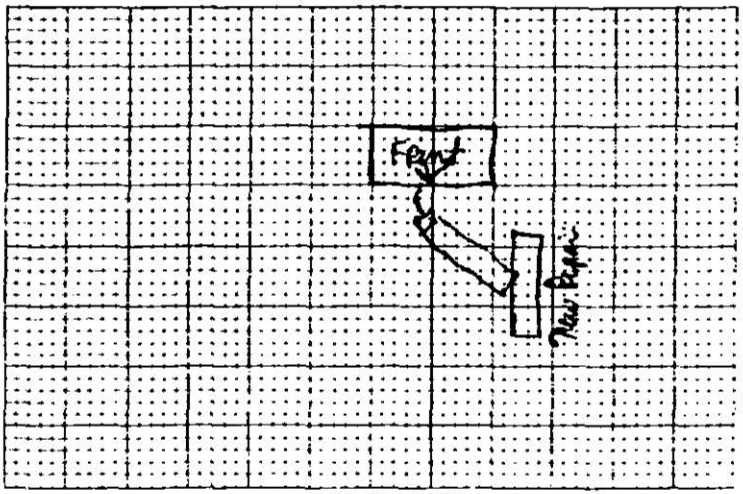
Date Issued 6-18-80

T C No. 211-193-01

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 _____ 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 PS.

Liquid Capacity of Tank 1000 gal

Tank Construction _____

Absorption and or Nitrification Lines

Total Line Length 150' Repair.

Number of Lines one.

Distance from House 10'

Distance from Property Line 15'

Distance from Well 50'

NAME OF OWNER Jim Blanchard

LOCATION OF PROPERTY 5700 Camel Road.

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.

30" x 15' + 12' Stone Repair

Comments: _____

_____ 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.

END-5-76

Environmental Health Department's Copy

15882

C of A (s) No 32472

Date Issued 6-19-80 Serial 3827

T C. No 211-193-01

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 Blanchard (LAST) Jim (FIRST) (MIDDLE)

Location of Property 5700 Carmel Road.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC.

Total Length of Drain Tile 100' Repair Number of Lines one.

Depth of Filter Material 12' Cover Depth _____

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 6-19-80 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 6-19-80 (DATE)

Washing Machine Line Inspected, If Applicable 6-19-80 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ~~to be~~ installed or constructed, ~~to be~~ 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