SEE INSTRUCTIONS ON BACK

Date Received 4-9-84

ICAR(S) Application No. 20892-1

T. C. No. 65S-182-05

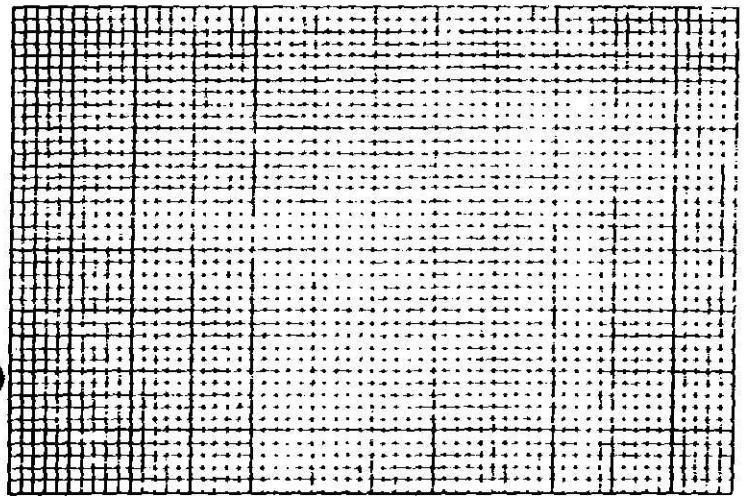
Map Date ____

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 Jones (LAST) Clarence (FIRST) ____ (MIDDLE)

14) ADDRESS OF OWNER 1122 Elliott Rd 28216

15) PHONE NO. Home 393-4021 Office ____

16) LOCATION OF SYSTEM 1122 Elliott Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 2226 AT PAGE 164

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 61

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.

4-6-84
DATE OF APPLICATION

Clarence Jones
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued 4-25-84

Serial No. 07158

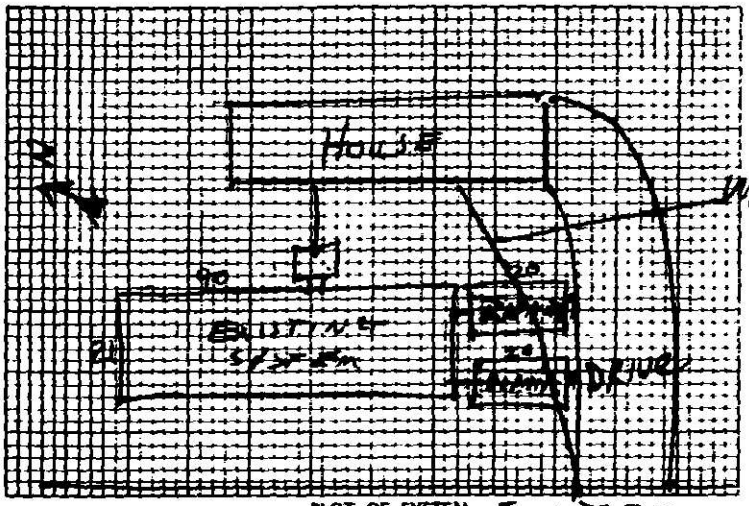
ICAR(S) Permit No. 20892

T C No 035-182-05

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, X 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 20892, dated 4-6-84 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 MAY 7TH 1984, after which date this permit shall be null and ~~void~~ WELL



PLOT OF SYSTEM ELLIOTT RD

Permeability Rate 4 IN/HR

Liquid Capacity of Tank

Tank Construction Repair

Absorption and or Nitrification Lines w/in Same

Total Line Length 120 LIN FT

Number of Lines SIX

Distance from House 15 FT

Distance from Property Line 30 FT

Distance from Well 115 FT.

NAME OF OWNER JONES, CLARENCE

LOCATION OF PROPERTY 1122 ELLIOTT RD

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.

Comments: Two Beds to be 20 FT x 9FT x 18 inches stone - hay or straw cover
Disconnect w/in pipe to ditch - pack with clay & plumb
inst septic tank system

Division or Section Head

Environmentalist Ralph Miller

* 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

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 6-26-84

ICAR(S) Application No. 20892

T. C. No. 035-182-05

Map Date L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

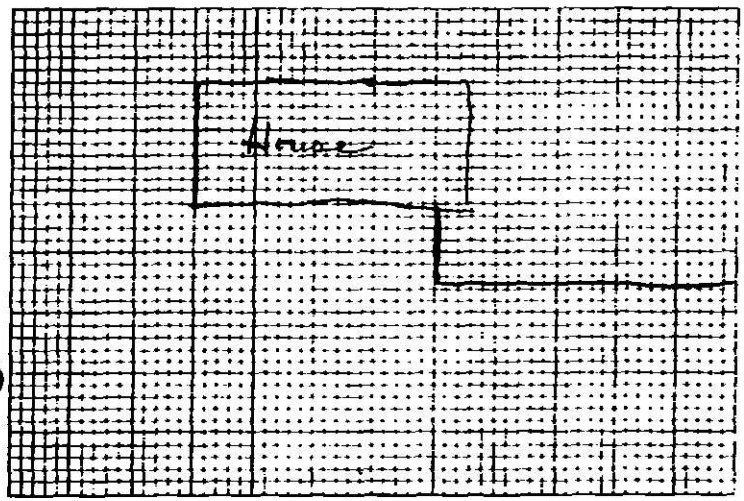
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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

Washing Machine Drain

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 Jones (LAST) Clarence (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 1122 Elliott Rd, Charlotte, N.C. 28216

15) PHONE NO. Home 392-4021 Office ___

16) LOCATION OF SYSTEM 1122 Elliott Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2220 AT PAGE 164

19) HAS A SOIL INVESTIGATION BEEN RUN? ~~✓~~ YES ___ ✓ NO DATE RUN [redacted]

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.

6-25-84
DATE OF APPLICATION

Clarence Jones
OWNER

EHB-5-76

Environmental Health Department's Copy

Serial No. 07343

ICAR(S) Permit No. 20892

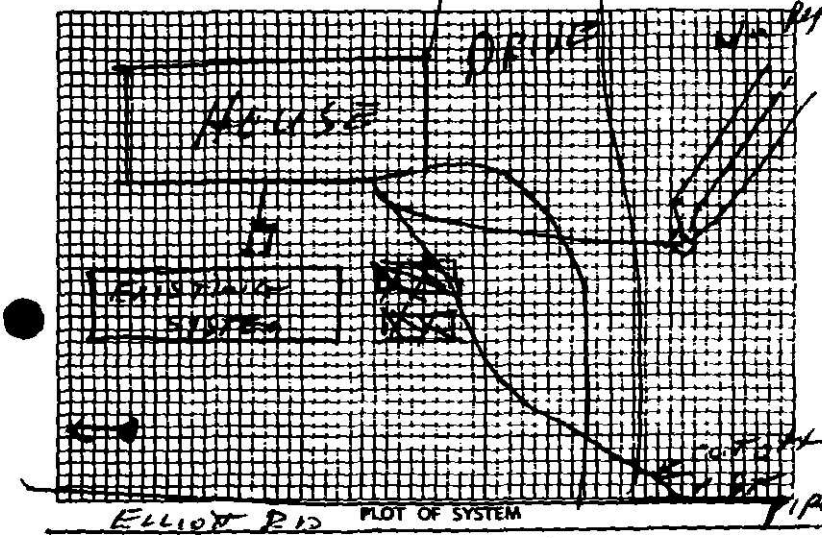
Date Issued 6-27-84

T. C. No. 035-182-05

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, X 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 20892, dated 4-6-84 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 JULY 10th 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate U IVB

Liquid Capacity of Tank

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length W/in 150 Lin. Ft

Number of Lines Three

Distance from House 60 FT

Distance from Property Line 80 FT

Distance from Well 115 FT

NAME OF OWNER JONES, CLARENCE

LOCATION OF PROPERTY 1122 ELLIOTT 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.

Three Trenches to be 50FT x 3FT x 12" Lines Stone - Haye & Straw Cover - grade D.S. - Dist. Box

Comments: Up System - Keep Trenches Shallow Ralph Wells

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.

BHD-5-76

Environmental Health Department's Copy