SEE INSTRUCTIONS ON BACK

Date Received 3-15-83

ICARIS) Application No. 19449

T. C. No 167-072-04

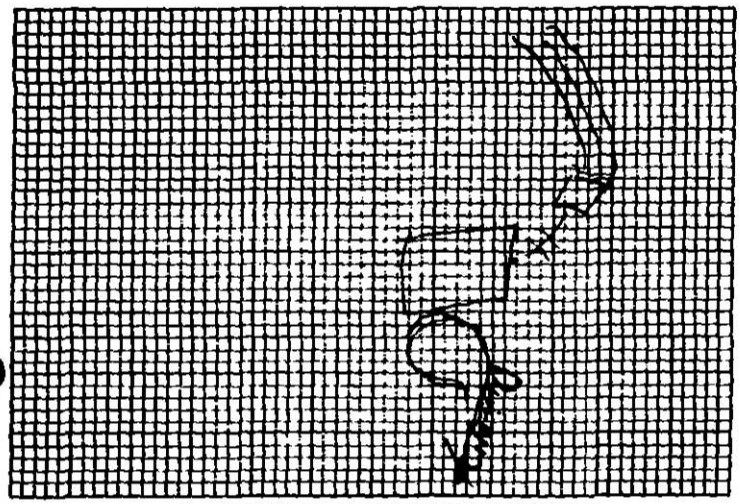
Map Date _____

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) X 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 X No
Residence X Yes ____No

4) No. of Bedrooms ONE

5) Business Use — Max No Employees X

6) Washing Machine ____Yes X No

7) Garbage Disposal ____Yes X No

8) Dishwasher ____Yes X No

9) Water Supply:
A) Individual Well No
B) Governmental System No
C) Community System:
1. Well source No
2. Governmental source No

10) Sewage System:
House located within 200 feet of public sewer ____Yes ____No
House located within 200 feet of community sewer ____Yes X No

11) FHA Case No. X

12) VA Case No. _____

13) NAME OF OWNER Miller (LAST) Edward (FIRST) Lone (MIDDLE)

14) ADDRESS OF OWNER 535 Sarlo Rd NE

15) PHONE NO. Home 366 9536 Office 376 5683

16) LOCATION OF SYSTEM 6 cc Patton Ford Rd (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.

3-15-83
DATE OF APPLICATION

Edward Miller
OWNER

EHB-5-76

HEALTH DEPARTMENT COPY

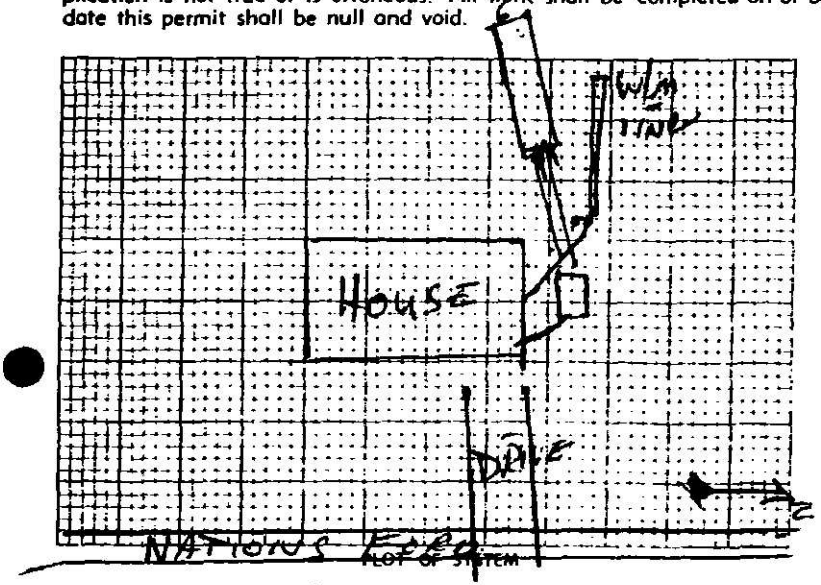
Date Issued 3-15-1983 Serial No. 6107 ICAR(S) Permit No. 19449

T. C. No 167-072-04

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, 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 1 dated 3-15-83 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 MARCH 25th 1983 after which date this permit shall be null and void.



Permeability Rate P S + VA

Liquid Capacity of Tank _____

Tank Construction Repairs

Absorption and/or Nitrification Lines S.T.S W/M.

Total Line Length 50 lin Ft 50 lin Ft

Number of Lines ONE ONE

Distance from House 10 FT.

Distance from Property Line 10 FT

Distance from Well City Water

NAME OF OWNER KELLER, ED

LOCATION OF PROPERTY 6500 NATIONS FORD 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.

S.T. Trench to be 50 1/3 FT x 17" stone Trench Bed at End to be 40FT x 6FT x 41 inches Stone - W/M Trench to be 50FT x 3FT x 17 inches Stone

Comments: Must put in cover on Both -

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.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19449

Date Issued 3-21-82 **Serial** 5686 T. C. No 67-072-04

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 KELLER, ED
LAST FIRST MIDDLE

Location of Property 6500 NATIONS FORD RD

Application Number 19449 Permit Number 19449

Inspection Data:

Liquid Capacity of Tank Repair STS 1000 W/M

Tank Material Repair STS CEMENT BLOCK W/M

Total Length of Drain Tile 150 FT. STS 50 W/M

Number of Lines STS ONE W/M ONE

Depth of Filter Material STS 41" W/M 17"

Cover Depth 2 FT. ONLY

Water Supply Source C.T. - 75 FT.

Distance from Water Source 75 FT.

Excavation Inspected 3-21-83 DATE

Tank Inspected 3-18-83 DATE

Nitrification Field Inspected 3-21-83 DATE

Washing Machine Line Inspected, If Applicable 3-21-83 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, ~~[illegible]~~ 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: _____

Ralph Willis
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Mecklenburg County
Health Department

Application for
Inspection of Public Records

By completing the following form, the undersigned does hereby make application to inspect the specified public records under the supervision of authorized personnel. This inspection is in accordance with North Carolina General Statute 132-6.

Name of person making request: Wayne Schanck - GEI Consultants Inc.

Address: 4601 Six Forks Rd Raleigh NC

Description of public record requested: Health Dept Files on 5041 Brookshire 039-172-07

Street Name (or County Road): 5041 Brookshire Blvd

Lot: ~~039-172~~ 07 **Block:** 039-172

Parcel Number:

Owner's Name: K.R. Augst Jr.

Reason for Request:

Environmental Audit for Eastern Enterprises pertaining to purchase of above property

Signature of Person Making Request: Wayne Schanck

Supervisory Person:

Date: 10-4-90 **Time:** 11:07a

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603