

16011 BOYD COVE LN

21722210

7/14/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

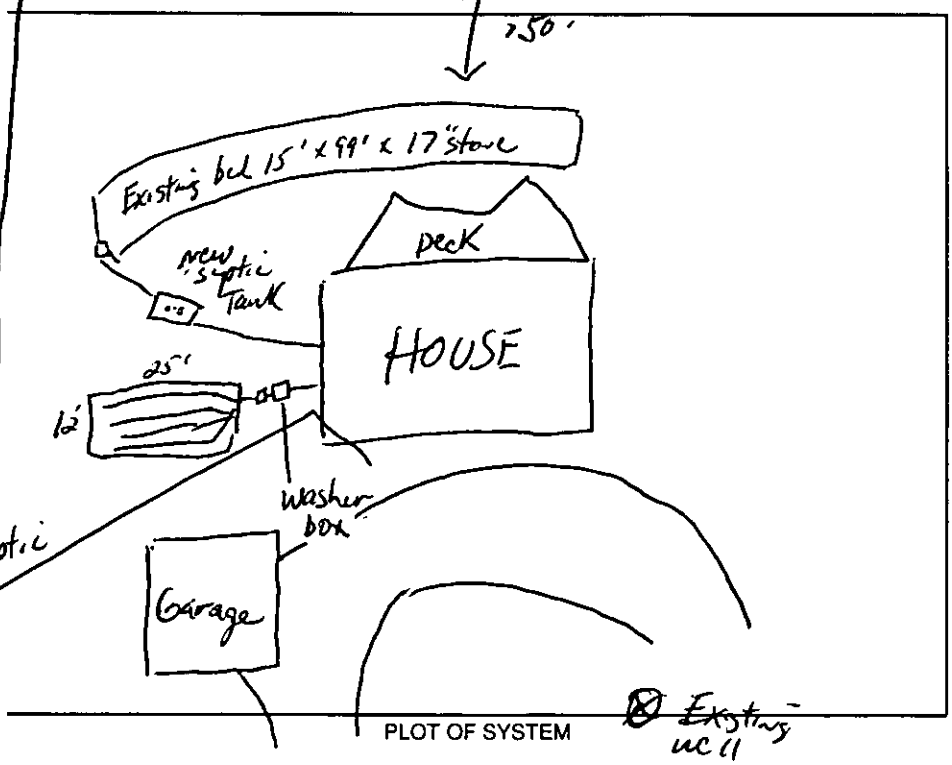
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14700 DATE: 6/7/99

TC: 217 222 10 NL

SERIAL Nº 17842

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 the application dated 2/15/99. All work shall be completed on or before 7/7/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Bed Trench Depth 40"

Absorption and/or Nitrification Lines:

Bed Trench Width 12' feet

Trench Walls Scored and Porous Yes

Total Line Length 100' feet

Number of Lines 4 (25')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Robert S. Smith

LOCATION OF PROPERTY 16011 Boyd Cove Lane

Comments: Install wash bed 12'wd x 25'long x 24"Stone / Abandon existing septic tank / Install new 1500 gal septic tank

Philip S. Walker R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14700 DATE: 6-25-99

TC: 217-222-10 ☐ L ☒ CRT

SERIAL Nº 18072

Name of Owner Robert S. Smith Juris.: _____

Address of Property 16011 Boyd Cove Lane

Inspection Data:

Tank Material PCC Washer Box

Total Length of ~~Drainfield~~ Bed 10'x25' Bed

Number of Lines 2 @ 25'

Cover Depth 12"

Water Supply Source Well

Distance to Water Source >50'

Excavation Inspected 6-25-99

Tank(s) Inspected 6-25-99

Wash Line Inspected 6-25-99

High Water Alarm Inspected NA

PLOT

Design 1999 Repair, Washer Box, Con, 300 S.F. WB, 30"G NEW 1500 ST CTR# RCS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Alteration for master bedroom, bathroom, deck, and garage addition. TYPE II

Thilo A. Walker RS
Environmental Health Specialist

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

FEE: 50.00 CK# 5799 | DATE: 15 FEB 99 | 2/15/99 SC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

pd. 150.00 ck #5843 4-9-99 VLW | 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 14700

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-222-10

STREET ADDRESS: 16011 BOYD COVE LANE

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 36, SECTION 42, MB 11 PG 505

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
✓ HOUSE (H) ___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

Built 1979

HEATED SQUARE FOOTAGE: 2,000 sq ft

NUMBER OF BEDROOMS: 3/4 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ___ WITH BASEMENT /PLUMBING
___ ON SLAB ___ WITH BASEMENT /NO PLUMBING
✓ CRAWL SPACE

CLOSING DATE _____

6/28/99 Approval granted for a master bedroom, bathroom, deck + garage addition. Use existing system

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
additional heated area, mas. br. + bath, deck + garage.

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ✓ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: SMITH ROBERT S. (LAST) (FIRST) (MI)	NAME: TRIBBLE HAL H (LAST) (FIRST) (MI)
ADDRESS: 16011 BOYD COVE LANE	DAYTIME PHONE: ( ) [illegible] 333-7907
CITY: CHARLOTTE STATE: NC ZIP:	
DAYTIME PHONE: ( ) 366 4044	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the 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 onto the property for the purpose of processing this request.

SIGNED: Hal Tribble. DATE: 15 FEB 99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

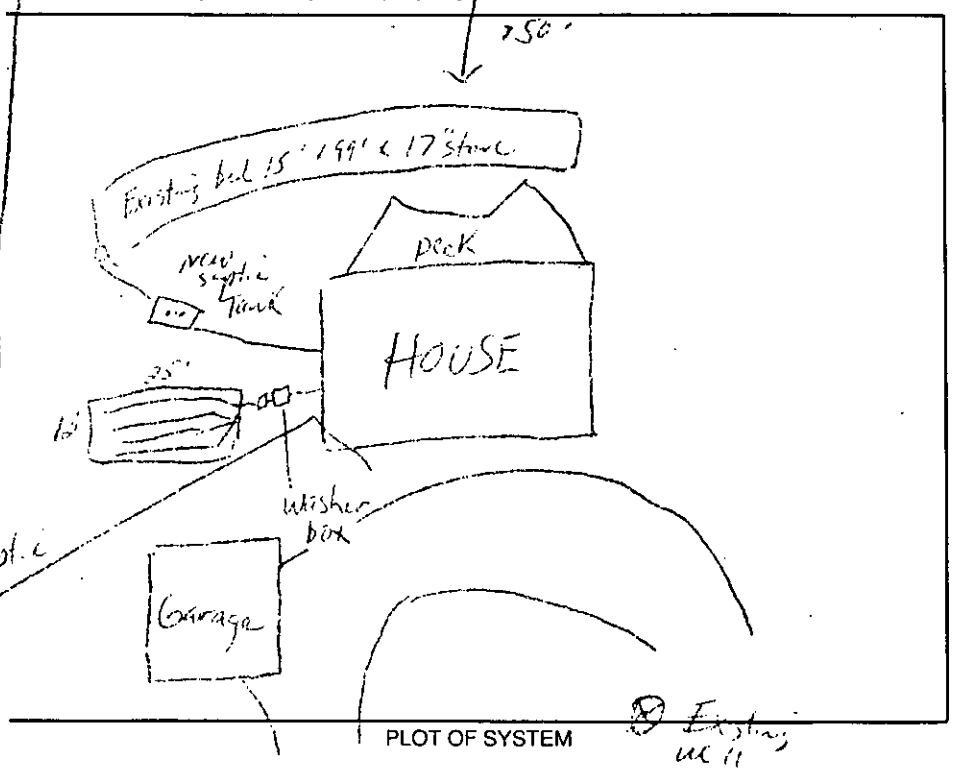
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14700 DATE: 6/7/99

TC: 217 222 10 ☐ L

SERIAL No 17842

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 the application dated 2/15/99. All work shall be completed on or before 7/7/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank n/a gallons

Tank Construction PCC

Trench Depth Bed 40"

Absorption and/or Nitrification Lines:

Trench Width Bed 12' feet

Trench Walls Scored and Porous yes

Total Line Length 100' feet

Number of Lines 4 (25')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Robert S. Smith

LOCATION OF PROPERTY 1601 Boyd Cove Lane

Comments: Install washer bed 12 wide x 25' long x 24" stone / Abandon existing Septic tank / Install new 1500 gal septic tank, Abandon existing washer line, install new washer bed

Mc

Phillip A. Smith, R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

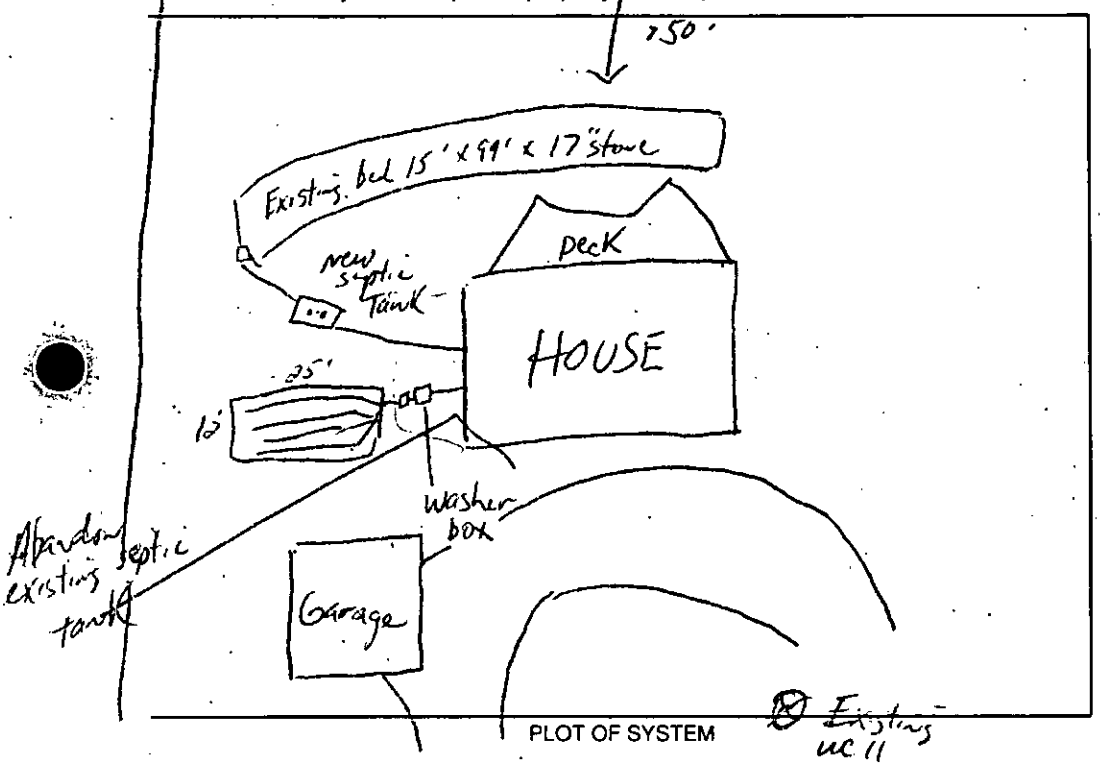
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14700 DATE: 6/7/99

TC: 217 222 10 ☐ L

SERIAL Nº 17842

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 the application dated 2/15/99. All work shall be completed on or before 7/7/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank NA gallons

Tank Construction PCC

Bed Trench Depth 40"

Absorption and/or Nitrification Lines:

Bed Trench Width 12' feet

Trench Walls Scored and Porous Yes

Total Line Length 100' feet

Number of Lines 4 (25')

Depth of Stone 24" inches

Distance from House 5' feet

Distance from Property Line 5' feet

Distance from Well 50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Robert S. Smith

LOCATION OF PROPERTY 16011 Boyd Cove Lane

Comments: Install washer bed 12'wd x 25'long x 24" Stone / Abandon existing septic tank / Install new 1500 Gal septic tank

Philip S. Waller R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

FEE: 200 CK # 5177 APPLICATION FOR IMPROVEMENT PERMIT
DATE: 15 FEB 99 2/15/99 SC FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM
[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ONSITE WASTEWATER SECTION
COPY

FILE #: 14700

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-222-10

STREET ADDRESS: 16011 BOYD COVE LANE

SUBDIVISION OR MOBILE HOME PARK NAME: 588-4226

LOT NUMBER: 36, SECTION 42, MB 17 PG 505

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
✓ HOUSE (H) ___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

Built 1979

HEATED SQUARE FOOTAGE: 2,000 sq ft

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ___ WITH BASEMENT /PLUMBING
___ ON SLAB ___ WITH BASEMENT /NO PLUMBING
✓ CRAWL SPACE

CLOSING DATE _____

2/24/99 met w/ Hal Tribble on the lot to layout the septic system. Mr Tribble will finalize his house plans and contact the health dept when ready for possible building permit.

Red Fez
(W) Walnut Hill Dr.
(L) Boyd Cove Ln

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:
additional heated area, mas. br. + bath, deck + garage.

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C) ___ MUNICIPAL (M) ✓ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) SMITH (FIRST) ROBERT (MI) S.	NAME: (LAST) TRIBBLE (FIRST) HAL (MI) H
ADDRESS: 16011 BOYD COVE LANE	DAYTIME PHONE: ( ) 333-7907
CITY: CHARLOTTE STATE: NC ZIP:	
DAYTIME PHONE: ( ) 366-4044	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the 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 onto the property for the purpose of processing this request.

SIGNED: Hal Tribble. DATE: 15 FEB 99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

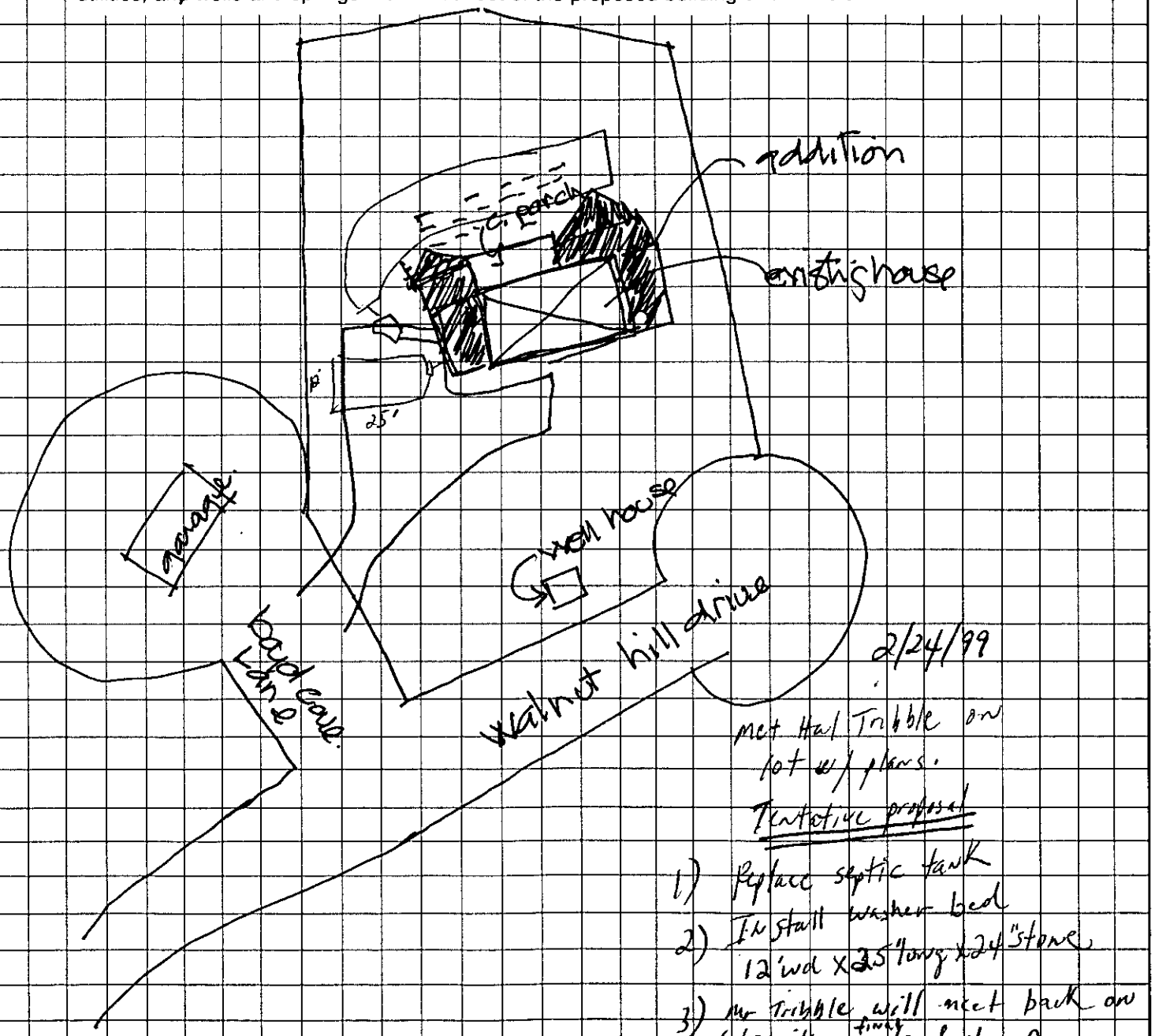
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 14700

TC: 217-222-10

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

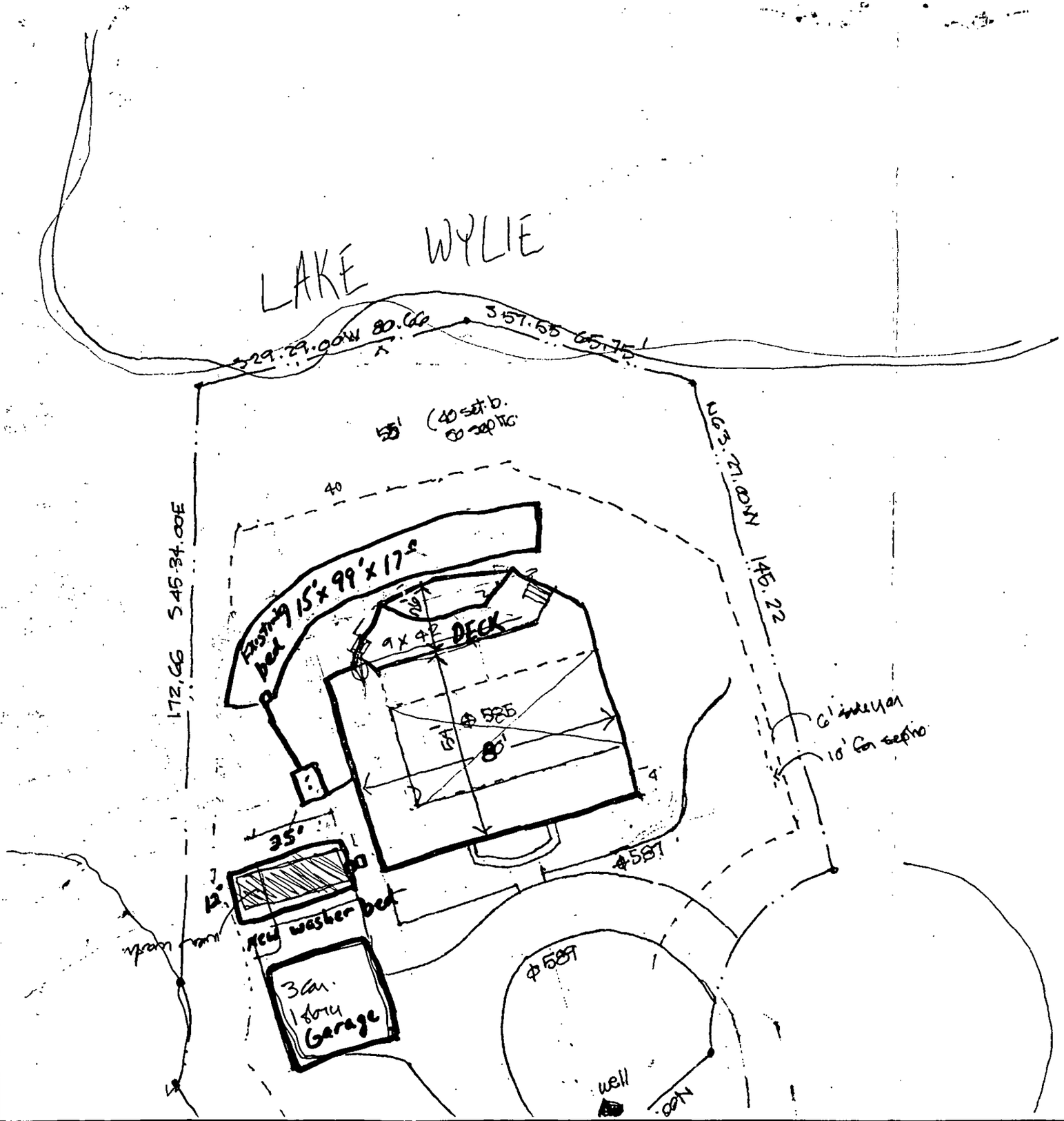


Hal Tribble · 333/7907
OWNER/AGENT SIGNATURE

DATE 15 Feb 99

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy



COMMENTS

Existing washer be to be abandoned. New washer bed
12'wd x 25'long x 24" stone
Existing tank to be properly abandoned, New 1500 gt to be installed
Keep the septic system > 50' from the existing well

septic 50' from water
10 " property
50' from well

Cert. Well No. 14700

Serial No. 2896

T C No. 217-322

Date Issued 8-3-79

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Little (LAST) John (FIRST) D (MIDDLE)

Location of Property Boyd Cove Rd.

Application Number 14700 Permit Number 14700

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material Pc

Total Length of Drain Tile 495-125 Number of Lines 5-3

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source Well Distance from Water Source 50'+

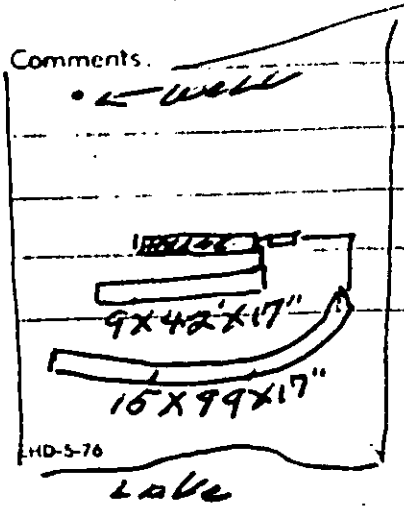
Excavation Inspected 8-3-79 (DATE) Tank Inspected 8-3-79 (DATE)

Nitrification Field Inspected 8-3-79 (DATE)

Washing Machine Line Inspected, If Applicable 8-3-79 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, ef fluent 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 Count Health Commission in effect on the date of issuance of the permit. The issuance of this Certificate of Ap proval does not in any way guarantee that the system will operate properly or relieve any person now o hereafter owning, controlling, or using such system from any liability resulting from the failure of th system to operate properly. This Certificate of Approval is issued subject to those restrictions and cond tions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approv shall be null and void if any information contained in the application is untrue or if any additions a made to the property which would increase the requirements for said system.

Comments. Boyd Cove Rd



Marshall Edwards
Environmentalist

EHD-5-76

Environmental Health Department's Copy

CK # 5843

FEE: 150.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 4-9-99 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/8/99 PERMIT NO: 14700

PARCEL NO: 217 222 10

JOB LOCATION ADDRESS: 16011 Boyd Cove Ln

PROPERTY OWNER: Robert S. Smith

BUILDING CONTRACTOR: –

SUBDIVISION NAME: –

AUTHORIZATION ISSUED BY: Phil A Walker RS DATE: 4/8/99

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 14700, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Alteration to the existing system

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

× Hal Tribble

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 14700

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 217 222 10

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
___ Serviced by private well	1500 Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: Alteration to the existing system for a 4 bedroom residence upgrade. Abandon the existing septic tank + washer bed. New 1500 ST and washer bed to be installed 12'wd x 25' long x 24" stone				
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
300' Absorption Area (Sq ft) 100' Total Trench Length (Ft)	24" Depth of Stone Trench	NA Trench spacing (min. on centers)	36" Maximum Trench Depth	
For existing system, enter the year originally installed:				

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe 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 Approval is granted by this Departmen
- This Improvement permit is transferable.

Philo J Walker R.S. 4/8/99
DEHNR Authorized Agent — Date

× Hal Tribble
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Date Received 4/18/79

ICAR(S) Application No. 14700

T. C. No. 217-222-1

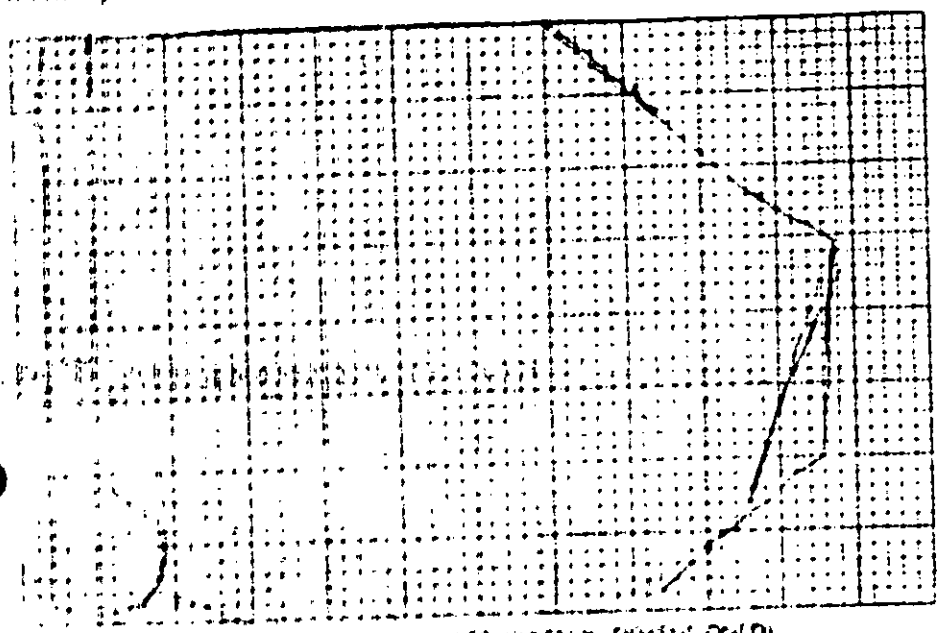
Map Date _____

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 Little (LAST) John D. (FIRST) (MIDDLE)
14) ADDRESS OF OWNER 1836 Maryland Ave 28209
15) PHONE NO Home ___ Office 332-6634
16) LOCATION OF SYSTEM Boyd Cove Rd (STREET OR COUNTY ROAD)
17) SUBDIVISION ___ Lot No 36 Block No. Sect. 42
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) 14700

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.

DATE OF APPLICATION 4/18/79

OWNER John D Little

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Mecklenburg County

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