SEE INSTRUCTIONS ON BACK

Date Received 11-9-82

ICAR (S) Application No. 19090

Lot 9

T. C. No. 059-051-08

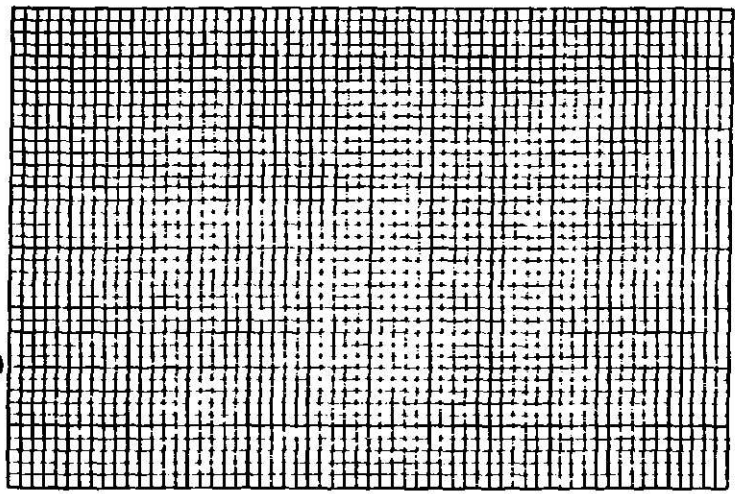
Map Date _____

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 X No
8) Dishwasher ____ Yes X No
9) Water Supply:
A) Individual Well 4 ✓
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. 581193343
4-503

13) NAME OF OWNER Hudson (LAST) Donald (FIRST) Gene (MIDDLE)

14) ADDRESS OF OWNER 5226 Tuckaseegee Rd

15) PHONE NO. Home 392 3125 Office 372 4350

16) LOCATION OF SYSTEM Back Yard (STREET OR COUNTY ROAD) #68

17) SUBDIVISION ____ Lot No. 16 059-05-05 Block No. ____

Map Book No. 759 Page No. 585

18) DEED REFERENCE — DEED BOOK 2246 AT PAGE 355

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN Nov 4th

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.

Nov 9th 1982
DATE OF APPLICATION

Donald Gene Hudson
OWNER

EHD-5-76

Date Issued 15 Nov 82

Serial No. 5866

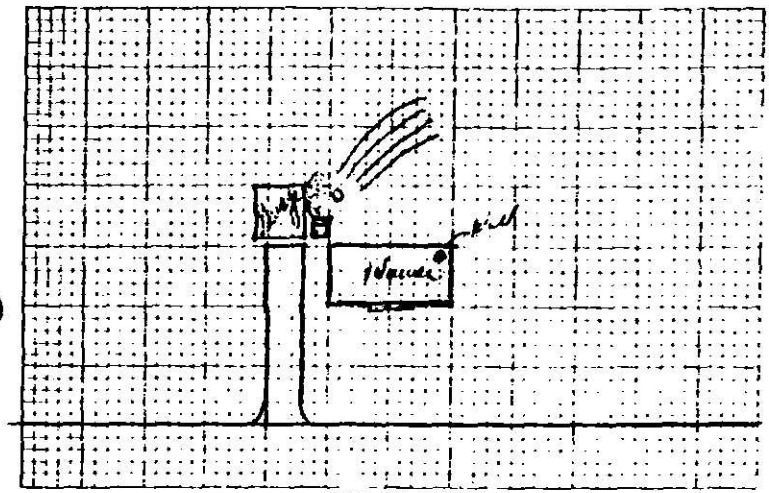
ICAR(S) Permit No. 19090

T. C. No. 05805-08

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 19090, dated 9 Nov 82 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 11-29-82, after which date this permit shall be null and void.



PLOT OF SYSTEM

REPAIR

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines 4

Distance from House >10'

Distance from Property Line >10'

Distance from Well >75'

NAME OF OWNER Hudson, Randall & Sue

LOCATION OF PROPERTY 5226 Richardson 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.

4 trenches - 3' x 75' x 12" rock - 9' centers

Comments: Install Distribution Box to accommodate 4 lines

_____ M. M. Kelley

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.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19090

Date Issued 16 Nov 92 Serial 5514

T. C. No. 059-051-08

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 Hudson (LAST) Donald (FIRST) Lee (MIDDLE)

Location of Property 5236 Shamrock Rd.

Application Number 19090 Permit Number 19090

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 300' Number of Lines 4

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 225'

Excavation Inspected 16 Nov 92 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 16 Nov 92 (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 _____

Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY