Date Received 6-21-83

SEE INSTRUCTIONS ON BACK

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
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JUN 22 1983

ICAR (S) Application No. 19789

T. C. No 017-272-14

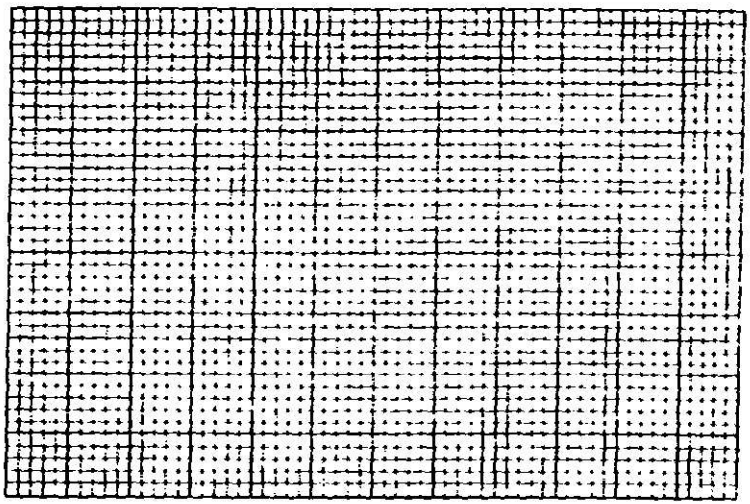
Map Date

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 on 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 ____
B) Governmental System ____
C) Community System
1 Well source ✓
2 Governmental source ____
10) Sewage System
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No
11) FHA Case No ____
12) VA Case No ____

13) NAME OF OWNER Whisnant (LAST) Bill (FIRST) Ray (MIDDLE)

14) ADDRESS OF OWNER RT#3 Box [illegible] Huntersville N.C.

15) PHONE NO. Home 875-6304 Office ____

16) LOCATION OF SYSTEM Cumming Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood [illegible] Lot No. 182 Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK ____ AT PAGE ____

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ____ NO DATE RUN Mar 82

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.

6-21-83
DATE OF APPLICATION

B.R. Whisnant
OWNER

EHB-3-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

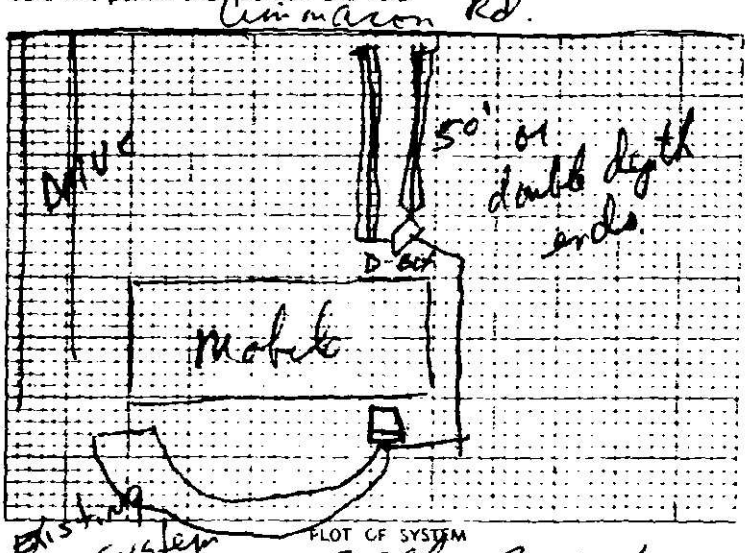
Date Issued 6-21-83 Serial No. 6385 ICAR(S) Permit No. 19789

T. C. No. 017-272-14

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 19787, dated 6-21-83 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 7-5-83, after which date this permit shall be null and void.



Permeability Rate Poor

Liquid Capacity of Tank

Tank Construction

Absorption and Nitrification Lines

Total Line Length 100'

Number of Lines 2

Distance from House 75'

Distance from Property Line 75'

Distance from Well 100'

NAME OF OWNER Bill R. Wheaton

LOCATION OF PROPERTY Lot 182, Cimmaron 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.

2. 50 ft long x 3 ft wide x 12" Stone

Comments: from D-box around home via sched 40 4" I-

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 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-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19789

Date Issued 6-28-83 Serial 5948 T. C. No 017-272-14

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Whisnant (LAST) Bill (FIRST) R. (MIDDLE)

Location of Property Lot 182, Cimmaron

Application Number 19789 Permit Number 19789

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 12" Cover Depth 1½-2'

Water Supply Source _____ Distance from Water Source ≥100'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6-28-83 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE)

Repair

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: _____

R P Helgas.

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY