SEE INSTRUCTIONS ON BACK

Date Received 5-8-85

ICAR(S) Application No. ~~84-16456~~

T C No. 215 131-31

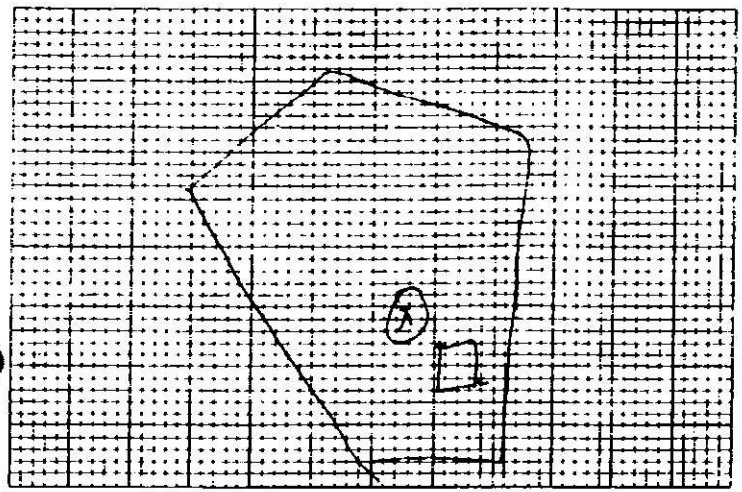
Map Date L

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 on individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4. 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 Shankles (LAST) Sheryl (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER 6227 Light Brigade

15) PHONE NO Home 847-0705 Office 374-7686

16) LOCATION OF SYSTEM 6227 Light Brigade (STREET OR COUNTY ROAD)

17) SUBDIVISION Windsor Lot No. 3 Block No. 1

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.

5-8-85
DATE OF APPLICATION

Sheryl L Shankles
OWNER

EHD-S-76

Date Issued 5-8-85 Serial No. 08148 ICAR (S) Permit No. 16456

T C No 125-131-31

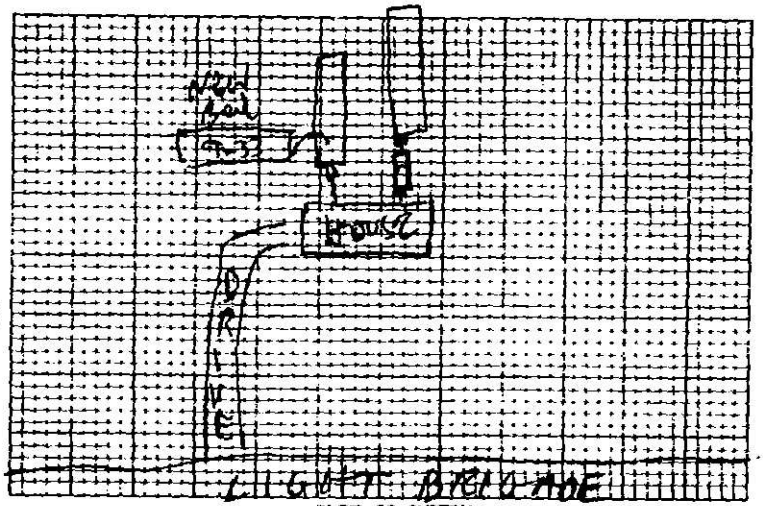
Map Date L

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 ____ dated 5-8-85 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 6-8-85, after which date this permit shall be null and void.

WORK ORDER

REPAIR



PLOT OF SYSTEM

Permeability Rate ____

Liquid Capacity of Tank ____

Tank Construction ____

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines Bed 9x33

Distance from House 5'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER SHANKLES, SHERYL

LOCATION OF PROPERTY 2227 LIGHT BRIGADE

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.

1 Bed 9x33 x 12"

Comments: ____

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.

END-5-76

Environmental Health Department's Copy

C of A (s) No. 16456

Date Issued 5-9-95 **Serial** 7478 T C No 215-1313 L

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 SHANKLES (LAST) SIERTL (FIRST) (MIDDLE)

Location of Property 2227 LIGHT BRIGADE

Application Number 16456 Permit Number 16456

Inspection Date: REPAIR WASH LINE

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 9 x 33' Bed Number of Lines Bed 9x33

Depth of Filter Material 12" Cover Depth 2'

Water Supply Source Well Distance from Water Source 50'+

Excavation Inspected 5-9-95 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 5-9-95 (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 ____

Kelly Randall
Environmentalist

EHD-S-76