Serial No. 1899

ICAR(S) Permit No 13089

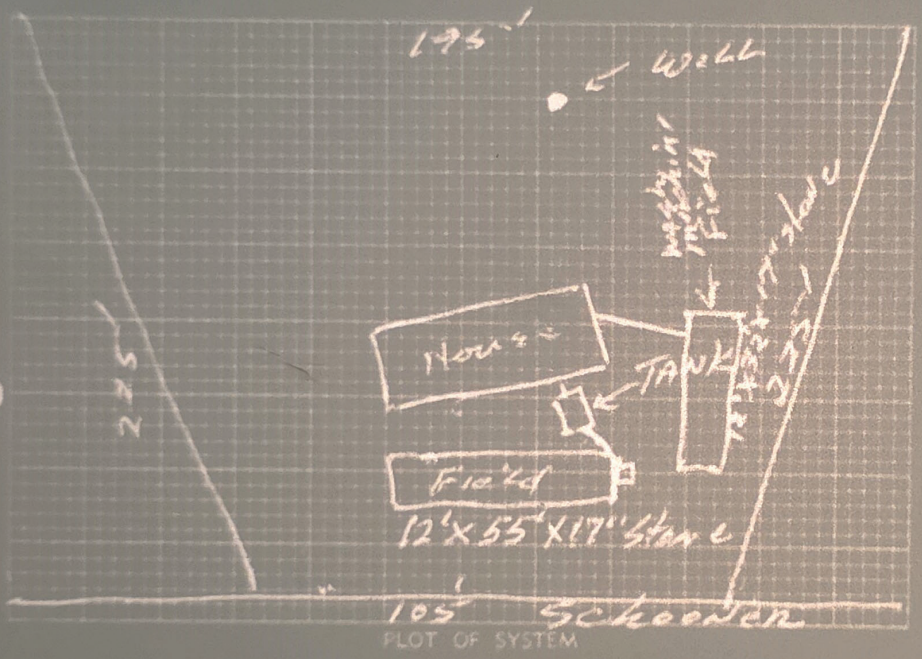
Date Issued 3-28-78

T. C. No. 001-301-04

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, ___ Alter or Repair the individual septic tank waste water 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 13-0889 dated 3-21-78 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 9-28-78 after which date this permit shall be null and void.



Permeability Rate P/S

Liquid Capacity of Tank 1000

Tank Construction PRECAST

Absorption and/or Nitrification Lines

Total Line Length 220-125

Number of Lines 4-4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER McGuire CONST. CO.

LOCATION OF PROPERTY SCHOONER DR. Lot 12 Block C

This 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.

Comments:

Marshall Edwards
Environmentalist

Use of Letter Head

For the purpose of the installation or construction of a new system, it must be signed by the division 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.

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 3/2/78 ICARUS Application No. 12899

T C No. 001-301-04

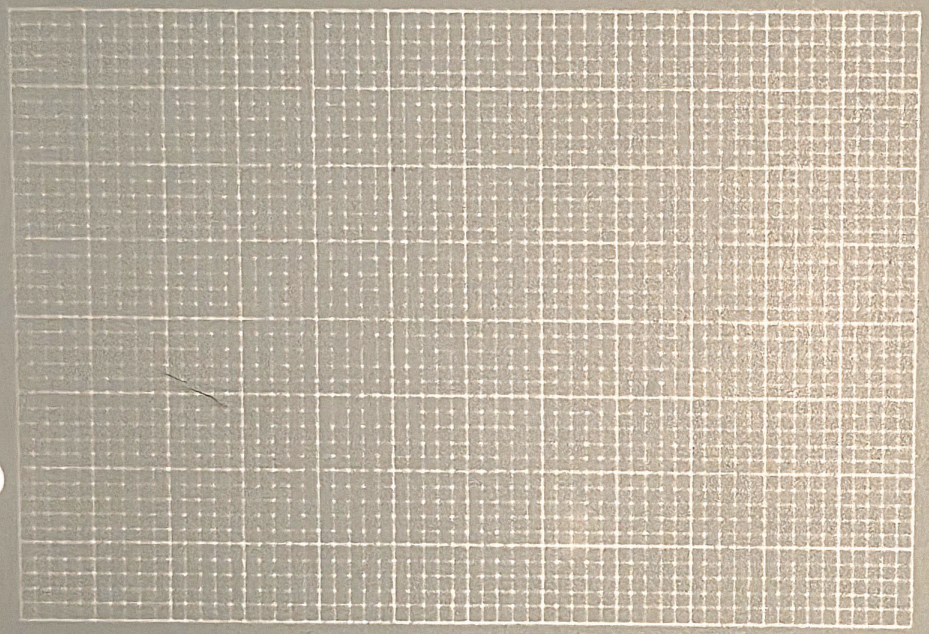
Map Date

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) _____ 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 2
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 McGuire Const. Co. Inc. (LAST, FIRST, MIDDLE)
14) ADDRESS OF OWNER 2534 Valencia Ter. Charlotte, N.C. 28211
15) PHONE NO. Home 3644766 Office _____
16) LOCATION OF SYSTEM Schooner Dr. (STREET OR COUNTY ROAD)
17) SUBDIVISION Rockbridge Shores Lot No. 12 Block No. C
   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.

3/2/78 DATE OF APPLICATION

OWNER

Mecklenburg Co. Health Department's Copy