SEE INSTRUCTIONS ON BACK

Date Received 21 Jan 80

ICAR (S) Application No. 16491

T C No. 195-031-06

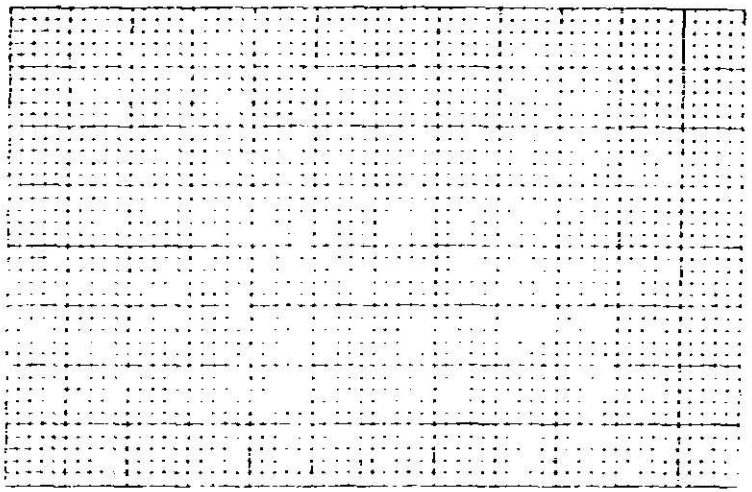
Map Date

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 Ezell (LAST) Melvin (FIRST) Haskell (MIDDLE)

14) ADDRESS OF OWNER 813 Romany Rd Charlotte

15) PHONE NO. Home 333-4040 Office

16) LOCATION OF SYSTEM 4100 Well Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. Block No.

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.

1-21-80
DATE OF APPLICATION

Melvin H Ezell
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 21 Jan '80

Serial 3558

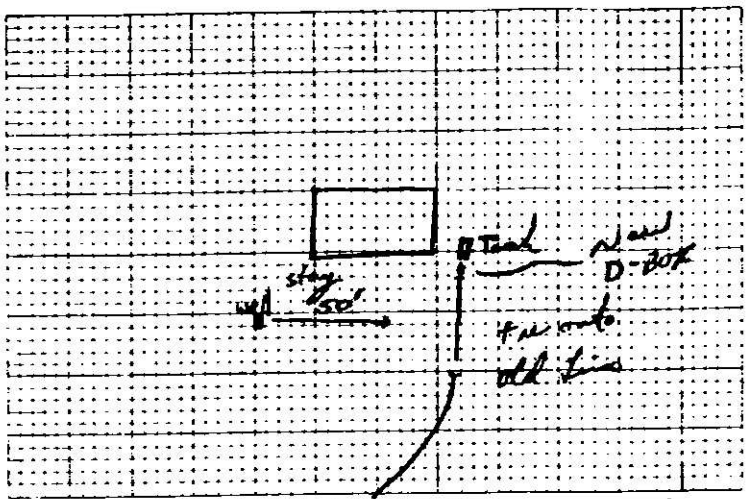
ICAR(S) Permit No 16491

T C No 195-031-06

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 _____, dated _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 1

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Melvin Ezell

LOCATION OF PROPERTY 4100 Well 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.

(3'x100'x17" stone) New D'box at start of old line

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 Is! No 16491

Date Issued 25 Jan 1980 Serial 3414

T C No 125-031-06

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Egell (LAST) Melvin (FIRST) ____ (MIDDLE)

Location of Property (4100) 4100 Well Rd.

Application Number ____ Permit Number 16491

Inspection Data:

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 100' Number of Lines 1

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected ____ (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 25 Jan (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 Repair Line → ☒ 100' repair installed as shown but not as indicated by permit

Steve Wood
Environmentalist

EHD-5-76

Environmental Health Department's Copy