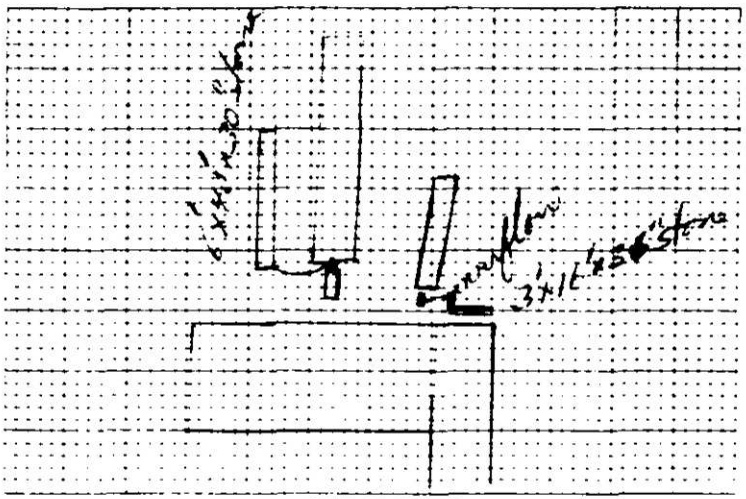
Date Issued 18 Sept 79 Serial 3177 ICAR(S) Permit No. 9417

T. C. No. _____

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 18 Sept 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 15 Oct., after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 2 Kaplan

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and or Nitrification Lines

Total Line Length 160' & (45')

Number of Lines 2 & 1

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Louise R. Warren Knight

LOCATION OF PROPERTY 10912 Caddle Creek Ct.

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.

Owner complains of both systems backing up in house

_____

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-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 19 Sept 79

ICAR(S) Application No. 9417

T. C. No. 215-168-16

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

Mobile Home Yes No

Pool Yes ✓ No

4 Number of Bedrooms 3

5 Number of Baths

Fireplaces

6 Water Softener 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 Code

2 Governmental Name

10 Sewage System

Is the property within 300 feet of a sewer line? Yes No

If not is the property within 300 feet of a sewer line? Yes No

Is connection to sewer feasible? Yes No

11 EHA Soil No.

12 LA Soil No.

3 PLOT PLAN (ACCURATELY DIMENSIONED)

13 NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14 ADDRESS OF OWNER [illegible]

15 PHONE NO. Home 537 2129 Office

16 LOCATION OF SYSTEM [illegible] 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.

DATE OF APPLICATION

OWNER [illegible]

EHDS-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 19 Sept. 79 Serial 3058

C of A (s) No. 7417

T C. No 215-163-16

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 Roberts (LAST) Bruce (FIRST) (MIDDLE)

Location of Property 13912 Double Gate Ct.

Application Number _____ Permit Number 7417

Inspection Data:

Liquid Capacity of Tank _____ Tank Material REPAIR-SEPTIC

Total Length of Drain Tile 160' + 50' Number of Lines 2 & (3)

Depth of Filter Material 30" - 36" Cover Depth 13"

Water Supply Source well Distance from Water Source 100'

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

Nitrification Field Inspected 19 Sept (DATE)

Washing Machine Line Inspected If Applicable 19 Sept (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 Cancel

Environmentalist

EHD-5-76

Environmental Health Department's Copy