SEE INSTRUCTIONS ON BACK

Date Received 2/20/80

ICAR (S) Application No. 16659

T C No. 199-321-10

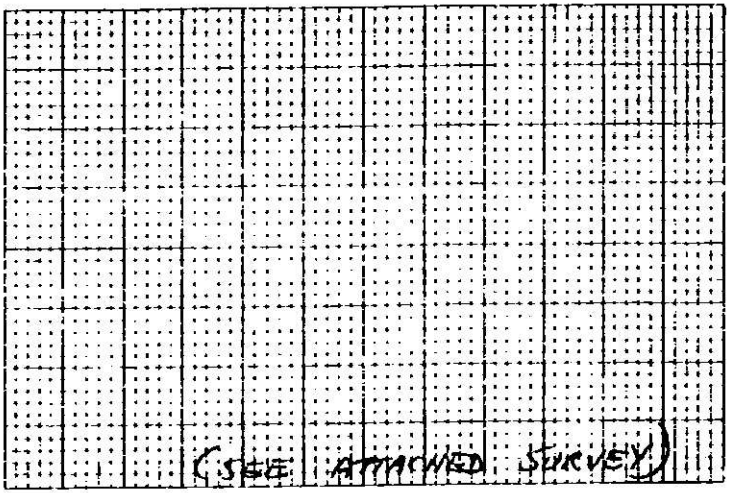
Map Date _____

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) X 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 X Yes ___ No

4) No. of Bedrooms 2
5) Business Use — Max. No Employees N/A
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well X
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 N/A
12) VA Case No N/A

13) NAME OF OWNER STEVENS (LAST) JACK (FIRST) A. (MIDDLE)

14) ADDRESS OF OWNER P.O. BOX 1161, MOORESVILLE NC 28115

15) PHONE NO. Home 588-4655 Office 376-6475 CONTACT JOE HAZZARD

16) LOCATION OF SYSTEM SEE ATTACHMENT (SURVEY)
STREET OR COUNTY ROAD

17) SUBDIVISION LAKE WYLIE Lot No. PART OF LOT 16 Block No. 41

Map Book No. 17 Page No. 595 TAX CODE: 199-321-10

18) DEED REFERENCE — DEED BOOK 4067 / 3952 AT PAGE 393 / 759

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES X 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.

2/19/80
DATE OF APPLICATION

Jack A. Stevens, by Paul H. Ford III, Attorney
OWNER for TRANSAMERICA RELOCATION SERVICE, INC. - SEE ATTACHED AUTHORIZATION

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3/6/80

ICAR (S) Application No 16659

T C No. 199-321-10

MAP

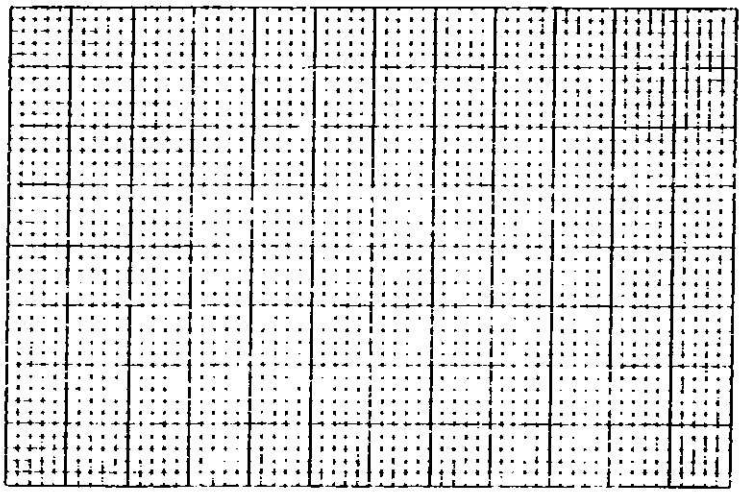
Map Date

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) X Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent dischorge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Mobile Home ___ Yes X No
Residence X Yes ___ No

4) No. of Bedrooms 2

5) Business Use — Max No. Employees No

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System:
1. Well source ___
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer X Yes ___ No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER [redacted] Hazzard Joseph William
LAST FIRST

c/o Creative Printing 2214 Hawthorne St Char. 28203

14) ADDRESS OF OWNER Birling Road Lot 16 Section 41

15) PHONE NO. Home 588-4655 Office 376-6475

16) LOCATION OF SYSTEM Birling Road Lot 16 Section 41
STREET OR COUNTY ROAD

17) SUBDIVISION ___ Lot No. 16 Block No. ___

Map Book No. 17 Page No. 595

18) DEED REFERENCE — DEED BOOK 4284 AT PAGE 73

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.

3/5/80
DATE OF APPLICATION

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

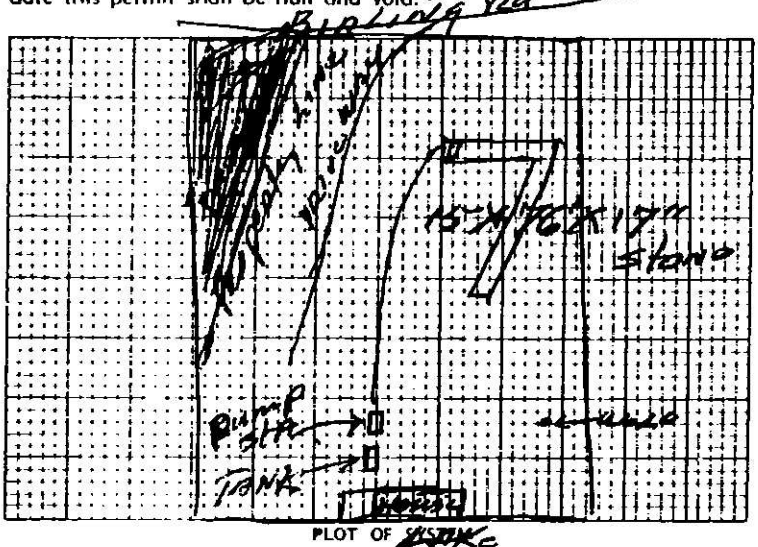
Date Issued 3-27-80 Serial 3703 ICAR(S) Permit No 16659

T C No 99-321-10

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 3-6-80 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 4-27-80, after which date this permit shall be null and void.



Permeability Rate PE

Liquid Capacity of Tank 2 → 1000 1500

Tank Construction P/C

Absorption and/or Nitrification Lines:

Total Line Length 380'

Number of Lines 5

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Joseph William Hassard

LOCATION OF PROPERTY Birling 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.

Washing machine & Septic TANK into same Field 15'X76'X17" (Two)

Division or Section Head ___ Environmentalist Marshall Edwards

* 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 (s) No 16659

Date Issued 4-2-80 Serial 3552

T C N 99-321-10

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL

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

Name of Owner Hazzard (LAST) Joseph (FIRST) William (MIDDLE)

Location of Property Burling Rd.

Application Number 6659 Permit Number 16659

Inspection Data:

Liquid Capacity of Tank 1500-1000 Tank Material P/C

Total Length of Drain Tile 380 Number of Lines 3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Well Distance from Water Source 50'+

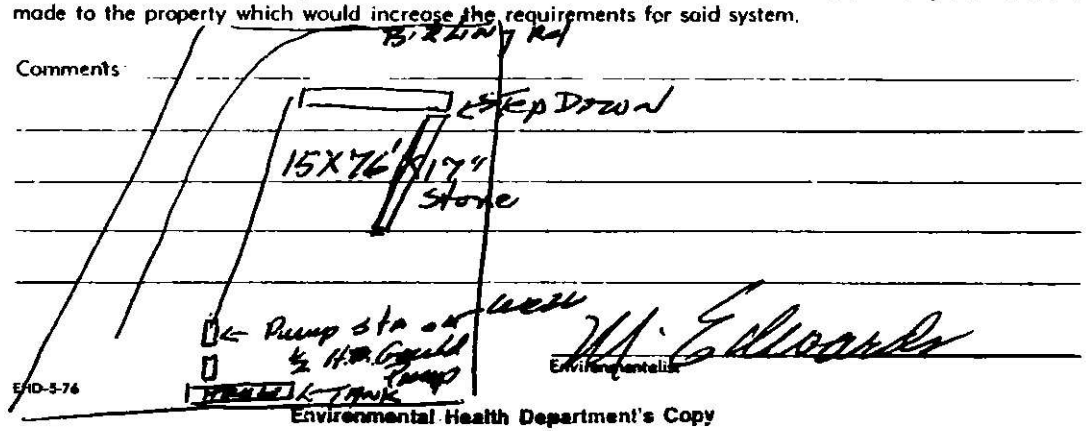
Excavation Inspected 4-2-80 (DATE) Tank Inspected 3-27-80 (DATE)

Nitrification Field Inspected 4-2-80 (DATE)

Washing Machine Line Inspected, If Applicable IN Same System (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been [redacted] 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



Environmentalist

EHD-5-76

Environmental Health Department's Copy