SEE INSTRUCTIONS ON BACK

Date Received 16 May 1977

ICAR (S) Application No 5526

T C No 113-1227

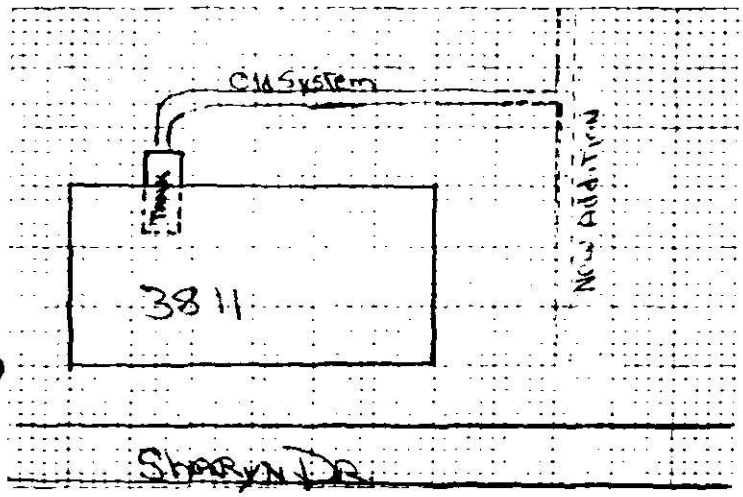
Map Date

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 [illegible] property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to:

1. Install 2. Construct 2 ✓ Alter 4. Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

1. Water Home ✓ Yes ___ No
2. [illegible] Yes ___ No
4 No. of Bedrooms 4
5. Future Use More No. Employees ___
6. Washing Machine ✓ Yes ___ No
7. Garbage Disposal Yes ✓ No
8. Dishwasher Yes ✓ No
9. Water Supply
A. [illegible]
B. Community System
C. Connection to System
Well ✓
D. Connection to Community System
10. Sewage System
Home located within 200 feet of public sewer Yes ✓ No
Home located within 200 feet of community sewer Yes ___ No
11. EHA Code No. ___
12. EA Code No. ___

13) NAME OF OWNER PARKER (LAST) CLINGMAN (FIRST) H. (MIDDLE)

14) ADDRESS OF OWNER 3811 Sharyn Dr. Chas. N.C.

15) PHONE NO Home 392-0237 Office 394-2325

16) LOCATION OF SYSTEM 3811 Sharyn Dr. (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.

18 May 1977
DATE OF APPLICATION

C.H. Parker
OWNER

EHD-5-76

Environmental Health Department's Copy

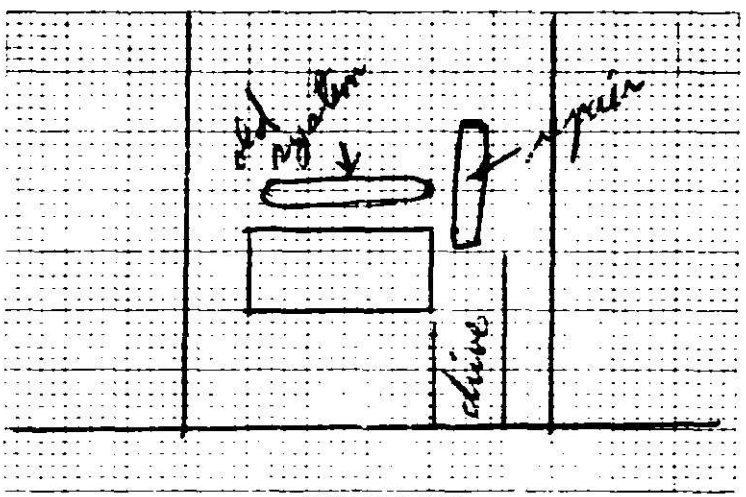
Date Issued 15 May 1972 Serial No. 0731 ICAR(S) Permit No 5526

T C No 113-122-13

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 No. 5526 dated 12 May 72 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 June 72 after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate

Liquid Capacity of Tank

Tank Construction

Absorption Area Computation

Total Line Length 100 ft

Number of Lines 2

Distance from Structure 10

Distance from Property Line 10

Distance from Water Supply NA

Repair

NAME OF OWNER Parker, C. H.

LOCATION OF PROPERTY 5511 Sharyn Drive

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 inspectable 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, and relieves any person, Commissioner, Commission, County, Board of Health, or Employee of the Commission from any liability resulting from the failure of the system to operate properly. * recommend wash line! in bed 5'x17'x48" stone (be removed from septic tank system)

John R. Robinson
Environmentalist

Division or Section Head

* 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

Date Issued 19 May 1977 Serial No. 0472

C of A (s) No. 5526

T C No 113-122-D

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 Parker, C H. (LAST, FIRST, MIDDLE)

Location of Property 3811 Shawn Drive

Application Number _____ Permit Number 5526

Repair Inspection Date:

Liquid Capacity of Tank ✓ Tank Material ✓

Total Length of Drain Tile 100 ± Ft Number of Lines 2

Depth of Filter Material 48" Cover Depth 30" ±

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected ✓ DATE Tank Inspected ✓ DATE

Nitrification Field Inspected 5-19-77 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 none

John R Adkisson
Environmentalist

EHD-5-76

Environmental Health Department's Copy