SEE INSTRUCTIONS ON BACK

Date Received 28 Feb 1980

ICAR (S) Application No. 16694

T. C. No. 109-092-11

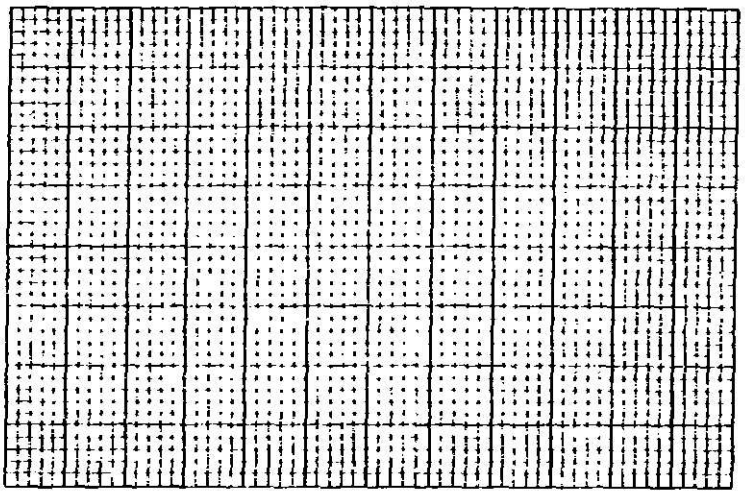
Map Date _____

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 3
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 Kiser Jr (LAST) Frank (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER 9177 Alexander Rd.

15) PHONE NO. Home 536-2042 Office ___

16) LOCATION OF SYSTEM Same (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 Mrs Frank T Kiser Jr

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial 3629

Date Issued 28 Feb 1980

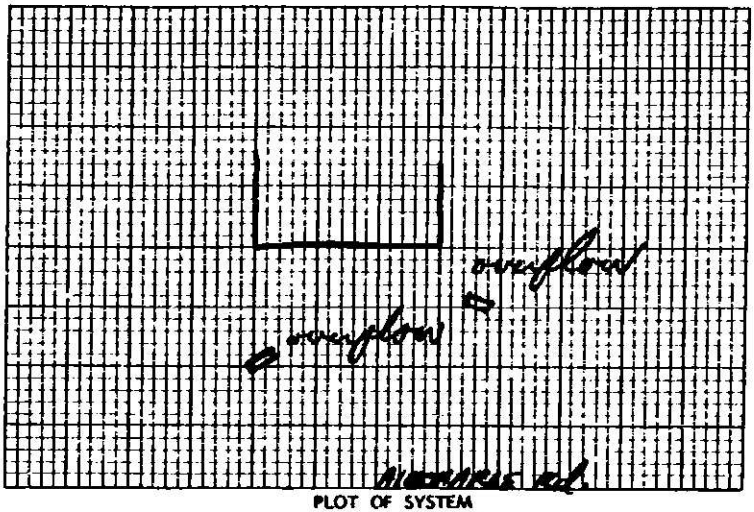
ICAR(S) Permit No. 16694

T. C. No. 109-092-11

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 15 May, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank ___

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 125' & 125'

Number of Lines 2 & 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Kiser

LOCATION OF PROPERTY 9177 Albemarle 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.

2-6'x13'x65" stone as shown

Division or Section Head

Environmentalist Steve Wood

* 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-5-74

Environmental Health Department's Copy

Date Issued 29 Feb 1980 Serial 3461 C of A (s) No. 16694

T. C. No 109-092-11

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 Kiser (LAST) Frank (FIRST) T (MIDDLE)

Location of Property 9177 Albemarle Rd.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 125' & 125' Number of Lines 2

Depth of Filter Material 6.5" Cover Depth 30"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 28 Feb (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 28 Feb (DATE)

Washing Machine Line Inspected, If Applicable 28 Feb + new field added (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: as permitted

Steve Wood
Environmental Specialist

EHD-S-74

Environmental Health Department's Copy