SEE INSTRUCTIONS ON BACK

Date Received 1/25/77

ICAR (S) Application No. 12269

T. C. No. 227-291-19

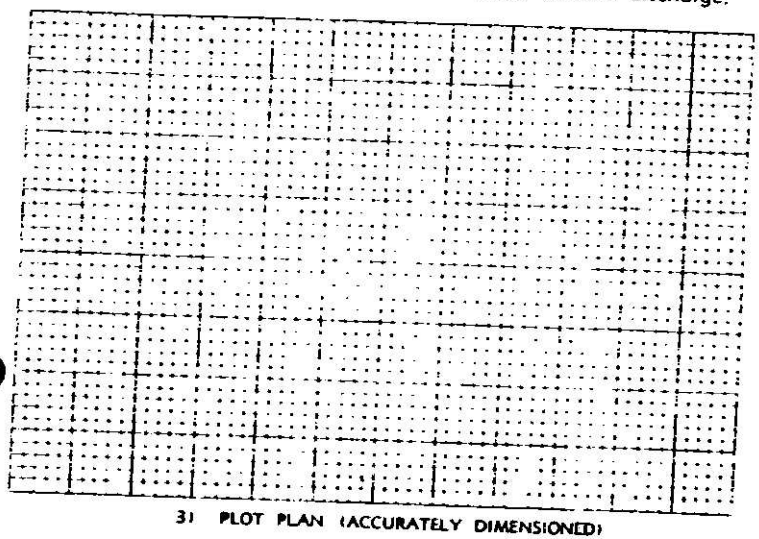
Map Date _____

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) N/A Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge. Add on: 1 Den



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 X No
7) Garbage Disposal ___ Yes X No
8) Dishwasher ___ Yes X 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 Dellinger (LAST) J. (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 416 Morningwood Dr. Mint.

15) PHONE NO Home 521-9438 Office ___

16) LOCATION OF SYSTEM 416 Morning Wood Dr (STREET OR COUNTRY ROAD)

17) SUBDIVISION Eastwood Forest Lot No. 15 Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3732 AT PAGE 313

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 J. W. Dellinger

EHD-5-76

Environmental Health Department's Copy

Serial No. 0720

LA No. 12269

Date Issued May 2, 1977

T. C. No. 227-221-19

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Dellinger (LAST) J. (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 416 Morningwood Dr., Matthews, NC ZIP 28105

LOCATION OF LOT 416 Morningwood Dr. (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO Lot 15 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number _____. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Environmentalist

Environmental Health Director, or Autherized Section Head

EHD-5-76

Environmental Health Department's Copy