SEE INSTRUCTIONS ON BACK

Date Received 8-16-79 RECEIVED AUG 16 1979 ENVIRONMENTAL HEALTH

ICAR(S) Application No. 16091

T C No. 139-217-39

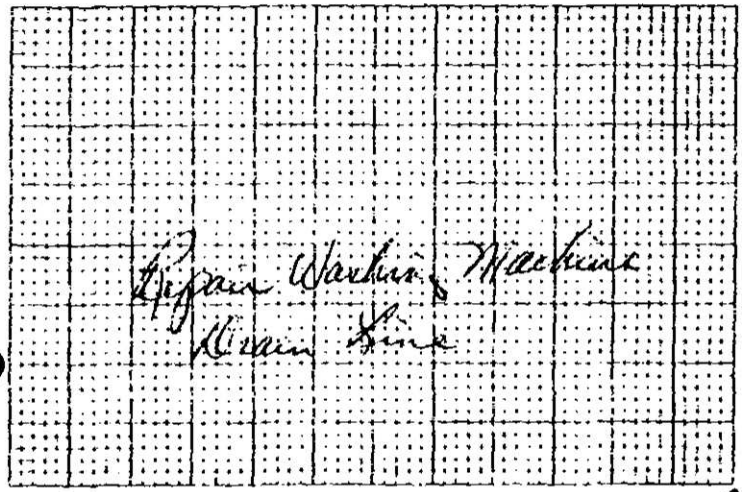
Map Date _____

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 Deck (LAST) Bill (FIRST) B (MIDDLE)

14) ADDRESS OF OWNER 5400 Vagabond Rd, Charlotte N.C. 28212

15) PHONE NO Home 545-6317 Office 588-3635

16) LOCATION OF SYSTEM Same as above
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. 79 Block No. _____

Map Book No. 4 Page No. 497

18) DEED REFERENCE — DEED BOOK 3081 AT PAGE 279

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.

8/13/79
DATE OF APPLICATION

Bill B. Deck Jr
OWNER

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED ON BACK
SEP 28 1981

Date Received 9-28-81

ICAR (S) Application No. [redacted] 16091

T. C. No. 139-27139

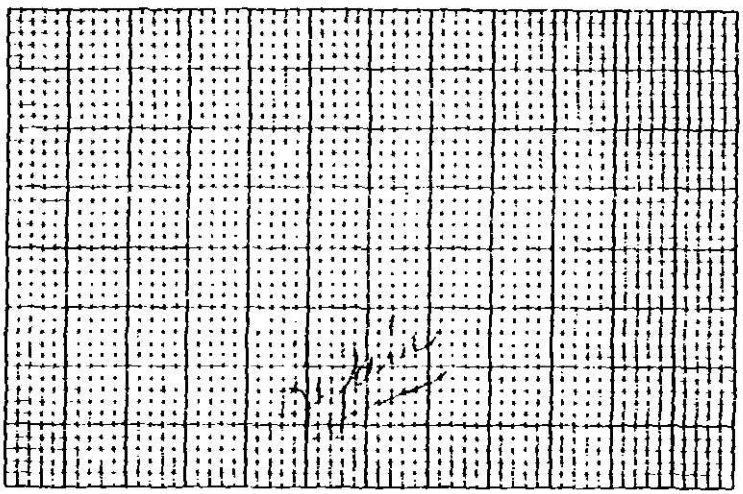
Map Date _____

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 Beck (LAST) Bill (FIRST) B (MIDDLE)

14) ADDRESS OF OWNER 3407 Cleveland Rd

15) PHONE NO. Home 394-6354 Office _____

16) LOCATION OF SYSTEM Cleveland Rd (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 4-1-

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.

9-22-81
DATE OF APPLICATION

Bill B. Beck
OWNER

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5036

ICARIS Permit No. 16091

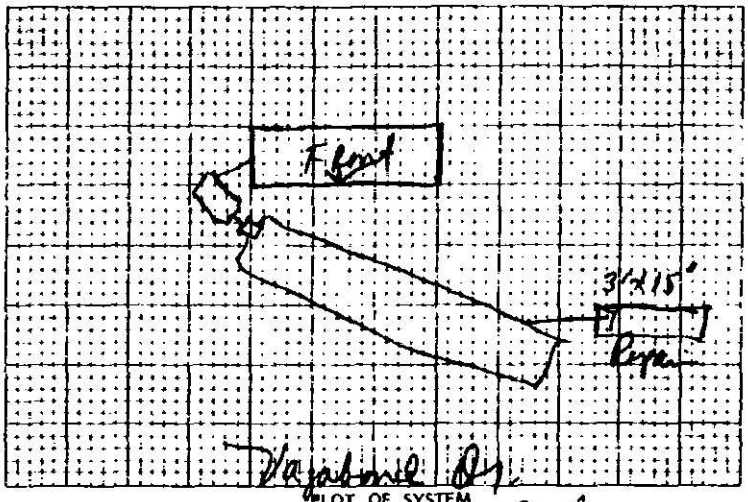
Date Issued 9-28-81

T C No 135-271-35

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



PLOT OF SYSTEM

Permeability Rate N/A

Liquid Capacity of Tank Existing

Tank Construction p.c

Absorption and/or Nitrification Lines

Total Line Length 100' Repair

Number of Lines One

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Bill Dick B.

LOCATION OF PROPERTY 5400 Vagabond Dr.

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.

3' X 15" + 10' Stone on Repaired Septic System

Comments: _____

_____ Bob Mullen

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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 16091

Date Issued 10-2-81 Serial 4767 T C No. 139-271-39

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 Deck (LAST) Bill (FIRST) ____ (MIDDLE)

Location of Property 5400 Vagabond Dr

Application Number 16091 Permit Number 16091

Inspection Data:

Liquid Capacity of Tank Existing Tank Material P.C

Total Length of Drain Tile 100' Repair Number of Lines One.

Depth of Filter Material 10' Cover Depth 15"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 10-2-81 (DATE) Tank Inspected N/A (DATE)

Nitrification Field Inspected 10-2-81 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 ____

Bob Wilson
Environmentalist

EHD-S-76

Environmental Health Department's Copy