Date Received 6/25/79

MECK COUNTY DEPARTMENT OF
RECEIVED
JUN 25 1979
ENVIRONMENTAL HEALTH

APT No. 15832
T. C. No. 223-141-27
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Lee Phyllis O
LAST FIRST MIDDLE

2) ADDRESS OF OWNER P.O. Box 164 Matthews, N.C. ZIP 28105

3) PHONE NO. Home 542-3147 Office

4) LOCATION OF PROPERTY Kell Road
STREET OR COUNTY ROAD

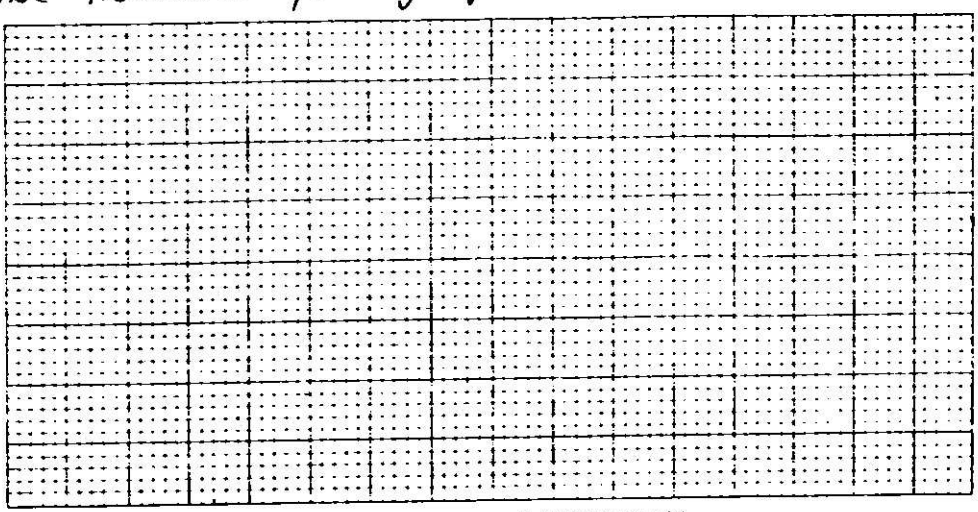
5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK 4135 PAGE NO 0016

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge

#7 Please indicate your proposed house site —



7) ACCURATELY DIAGRAM & DIMENSION LOT

Phyllis O. Lee
OWNER

EHD-5-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 6/25/79

ICAR(S) Application No. 15832

T. C. No. 223-141-27

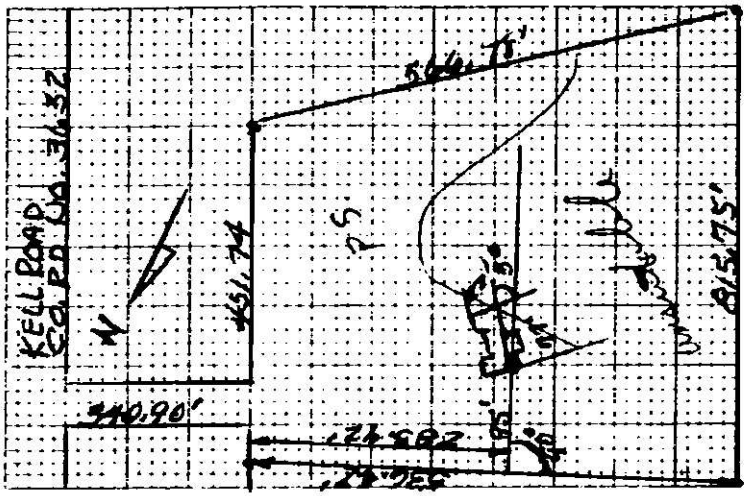
Map Date

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	X Yes	___ No
4) No. of Bedrooms	3	
5) Business Use -- Max No. Employees	___	
6) Washing Machine	X Yes	___ No
7) Garbage Disposal	X Yes	___ 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.	___	
12) VA Case No.	___	

13) NAME OF OWNER Wilson (LAST) Phyllis (FIRST) O. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 164 - Matthews, N.C. 28105

15) PHONE NO. Home 542-5147 Office ___

16) LOCATION OF SYSTEM Kell Road Co. Rd. No. 3632 (STREET OR COUNTY ROAD)

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

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 4135 AT PAGE 0066 Done on a pre-pill basis but will be done when house is built

19) HAS A SOIL INVESTIGATION BEEN RUN? (YES) NO DATE RUN Nov. 2, 1978 Lot 1

20) PTR NUMBER (See Instructions) TC-223-141-27

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.

5 April 1979
DATE OF APPLICATION

Phyllis O. Wilson
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 3029

LA No. 15832

Date Issued May 11, 1979

T. C. No. 223-141-27

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 Wilson, (LAST) Phyllis (FIRST) O. (MIDDLE)

ADDRESS OF OWNER PO Box 164, Matthews, N.C. ZIP 28105

LOCATION OF LOT Kell Road CO #3632 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ 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 15832. 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.

Steve Wood
Environmentalist

Environmental Health Director, or Authorized Section Head

EHC-5-76

Environmental Health Department's Copy

Date Issued 25 Sept 79

Serial 3260

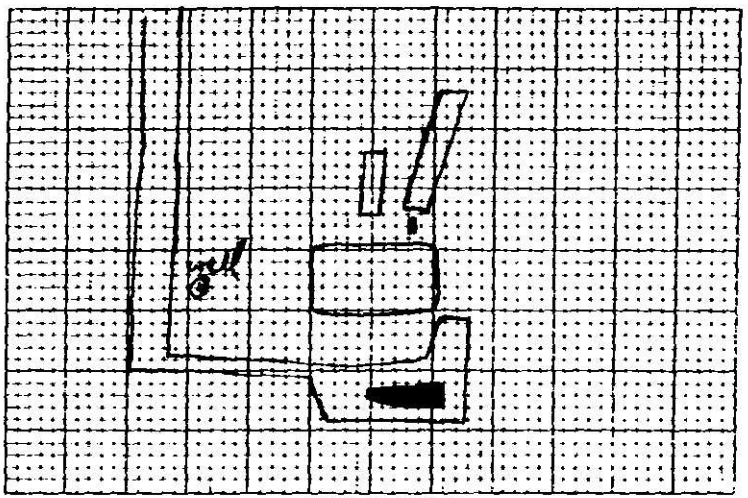
ICAR(S) Permit No. 15832

T. C. No. 223-141-27

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 5 April 79 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 P.S.

Liquid Capacity of Tank 1500 gal

Tank Construction R.C. Conc.

Absorption and/or Nitrification Lines.

Total Line Length 495' & 125'

Number of Lines 5 & 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 90'

NAME OF OWNER Phyllis O. Wilson

LOCATION OF PROPERTY 10322 off (Andy) Kell 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.

(15'x99'x17" stone) (12'x32'x17" stone)

_____ Steve Wood

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-S-76

Environmental Health Department's Copy

Date Issued 10-4-79

Serial 3111

C of A (s) No. 15832

T. C. No. 223-141-27

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 Wilson (LAST) Phillis (FIRST) O (MIDDLE)

Location of Property 10322 Ashley Mill Road

Application Number 15832 Permit Number 15-832

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material P.C.

Total Length of Drain Tile 495 + 125 Number of Lines 5 + 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 10-4-79 (DATE) Tank Inspected 10-4-79 (DATE)

Nitrification Field Inspected 10-4-79 (DATE)

Washing Machine Line Inspected, If Applicable 10-4-79 (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-5-76

Environmental Health Department's Copy