SEE INSTRUCTIONS ON BACK

▼ Date Received 25 May 79

ICAR (S) Application No. 15844

T. C. No. 211-

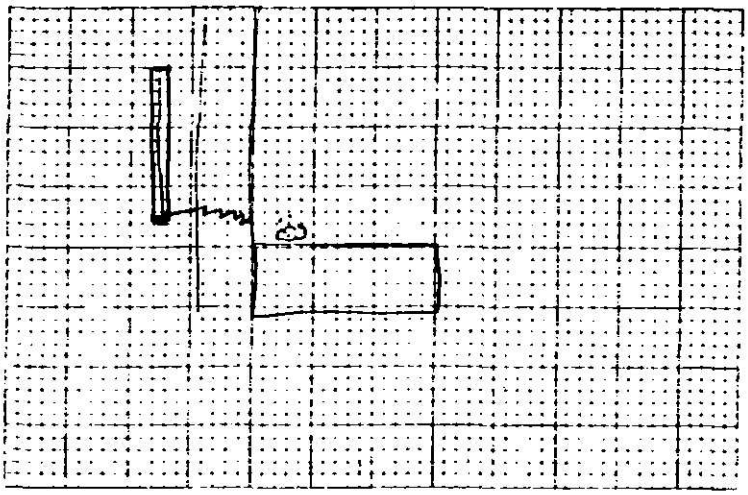
Map Date _____

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 Aske (LAST) Joseph (FIRST) B (MIDDLE)

14) ADDRESS OF OWNER 3725 Bon Rea Dr

15) PHONE NO Home 542-1850 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.

25 May 79
DATE OF APPLICATION

Mrs. J. B. Aske, Jr.
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

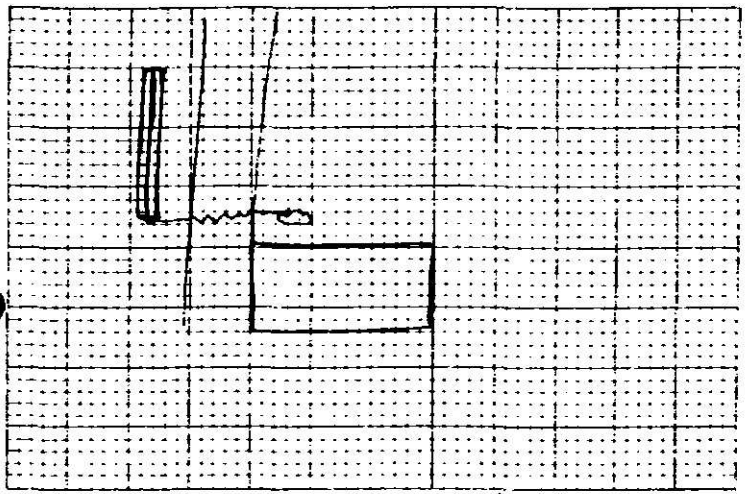
Date Issued 25 May 79 **Serial No. 2764** ICAR(S) Permit No. 15844

T. C. No. _____

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 25 May 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 June 4, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank 1

Tank Construction 1

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 1

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER J. B. Ashe

LOCATION OF PROPERTY 3725 Bon Rea 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.

Comments

3'x25'x34" stone

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-5-76

Environmental Health Department's Copy

Serial No. 2940

C of A (s) No. 15844

Date Issued 8 Aug 79

T. C. No. _____

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 Ashe (LAST) J. (FIRST) B (MIDDLE)

Location of Property 3725 Bob Rea Dr

Application Number _____ Permit Number 15844

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 34" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 8 Aug 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 Ok — good job -

Environmentalist

EHD-5-76

Environmental Health Department's Copy

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