Date Received 4/12/84

SEE INSTRUCTIONS ON BACK

APR 16 1984

ICAR(S) Application No. 26909

T. C. No. 023-092-10

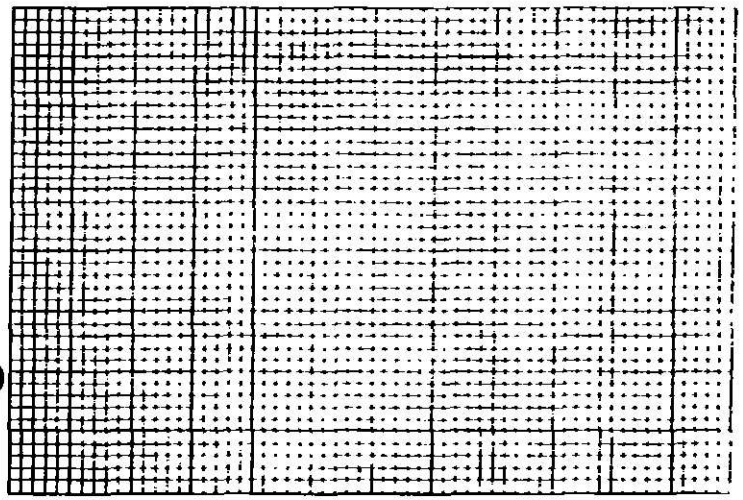
Map Date _____

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) 4 BR 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 38-60-1060.55
12) VA Case No. ___

13) NAME OF OWNER Moore (LAST) Philip Lee + Wife Patricia (FIRST / MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 810 Davidson NC 28036

15) PHONE NO. Home 892-1588 Office (Husband) 892-7100

16) LOCATION OF SYSTEM 19421 Shearer Road (STREET OR COUNTY ROAD) Davidson N.C.

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

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3605 AT PAGE 711

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.

4/12/84
DATE OF APPLICATION

Philip L Moore Jr.
OWNER

EHD-S-76

Environmental Health Department's Copy

Serial No. 07155

ICAR (S) Permit No. 20909

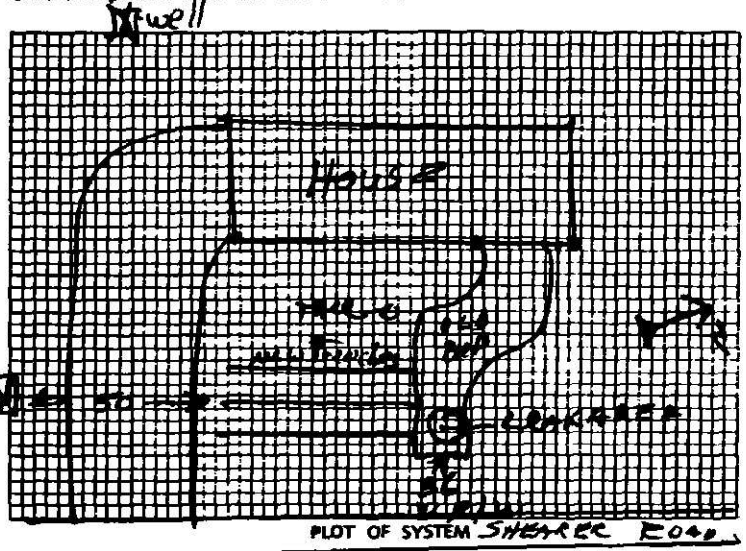
Date Issued 4-25-84

T. C. No. 003-092-10

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, X 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 20904, dated 4-12-84 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 ~~May~~ MAY 11TH 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM SHERRER ROAD

Permeability Rate PS IVA

Liquid Capacity of Tank _____

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length 150 LinFT

Number of Lines Three

Distance from House 40FT

Distance from Property Line 30FT

Distance from Well 50 FT - Neighbors, 100FT own

NAME OF OWNER MOORE PHILLIP

LOCATION OF PROPERTY 19421 SHERRER ROAD

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.

Three Trenches To be 50FTX3FTX 12 inches Stone Approved Stone Cover

Be sure depth of 12" Stone is at 18" old Stone depth

Comments: *COVER LEAK area with 12" COVER

*Be Sure repair is > 50FT from neighbors well

Division or Section Head _____ Environmentalist Ralph Mills

* 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-8-76

Environmental Health Department's Copy

C of A (s) No. 20909

Date Issued 6-1-84 **Serial** 6692 T. C. No 003-092-10

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MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
CERTIFICATE OF COMPLETION

CERTIFICATE OF APPROVAL
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner MOORE, PHILLIP (LAST, FIRST, MIDDLE)

Location of Property 14421 SHEARER ROAD

Application Number 20909 Permit Number 20909

Inspection Date:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 150 LIN FT Number of Lines Three

Depth of Filter Material 12 inches Stone Cover Depth 12 inches

Water Supply Source Well Distance from Water Source 51 FT

Excavation Inspected 6-1-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6-1-84 (DATE)

Washing Machine Line Inspected, If Applicable — (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, X 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

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY