SEE INSTRUCTIONS ON BACK

Date Received 7/15/78

ICAR(S) Application No. 1492

T. C. No. 39-141-13

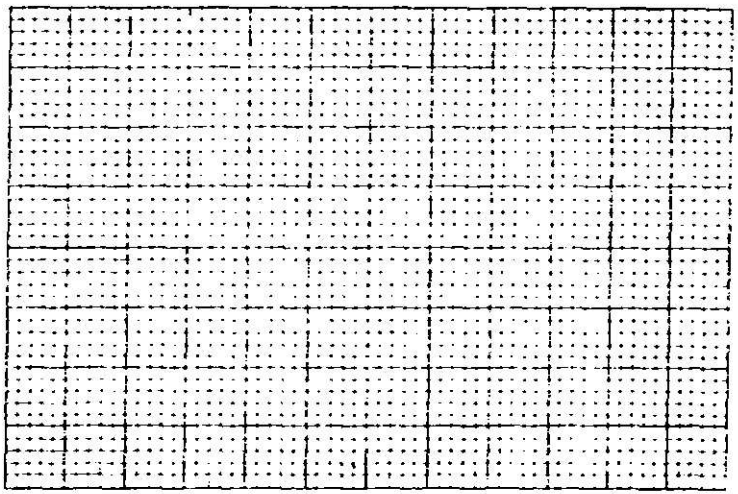
Map Date 8-9-78

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: Use Existing System

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 X Yes ___ No

Residence ___ Yes ___ No

4) No. of Bedrooms 2

5) Business Use — Max No. Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X 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 [illegible] Brent
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 10818 Cable Road 28212

15) PHONE NO. Home 545-2231 Office ___

16) LOCATION OF SYSTEM West Cable Road (County Rd 3100)
STREET OR COUNTY ROAD

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

Map Book No. 134 Page No. 14

18) DEED REFERENCE — DEED BOOK 3141 AT PAGE 410

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 ___

Bessie D Brent
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 2034

LA No. 14292

Date Issued July 14, 1978

T. C. No. 139-141-13

Map Date 8/9/78

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 England, (LAST) Bessie (FIRST) (MIDDLE)

ADDRESS OF OWNER 10506 Coble Road ZIP 28212

LOCATION OF LOT 10514 Coble Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO. 139 PAGE NO. 14

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. MAY USE EXISTING SYSTEM

Eddie Reynolds
Environmentalist

G M Reynolds
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy