SEE INSTRUCTIONS ON BACK

Date Received 8/15/78

ICAR (S) Application No. 14427

T. C No. 175145.06

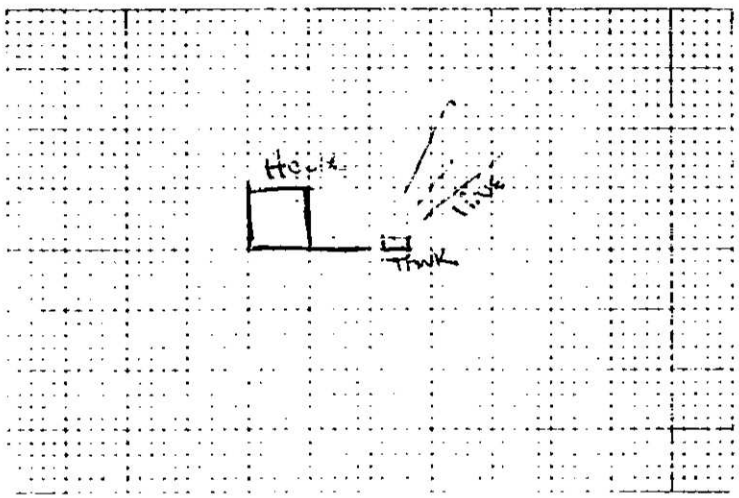
Map Date 3-22-78

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

1. Install 2. Construct 2. X Alter 4. 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 ___
Garbage Disposal Yes ___ No ___
7. Dishwasher Yes ___ No ___
8. Water Supply
A. Individual Well ✓
B. Community System ___
C. Connection to
1. Well ___
2. Governmental source ___
Drainage System
A. Is any part within 100 feet of top of stream? Yes ___ No ✓
B. Is any part within 100 feet of mean high water mark? Yes ✓ No ___
C. Is any part in flood plain? Yes ___ No ✓
D. FHA Case No. ___
E. VA Case No. ___

13. NAME OF OWNER [illegible] LAST [illegible] FIRST F. MIDDLE

14. ADDRESS OF OWNER 4514 Park Rd.

15. PHONE NO. Home 527-4452 Office 523-1492

16. LOCATION OF SYSTEM Park 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 SURVEY BEEN MADE AT THIS SITE? YES ✓ NO DATE OF SURVEY ___

20. OTHER INFORMATION PERTINENT TO THIS APPLICATION ___

The undersigned person hereby agrees that he has read the foregoing application and that the contents thereof are true to the best of his knowledge and understand that any permit applied for herein shall be void and of no effect if any of the above facts are not true

8/15/78
DATE OF APPLICATION

[signature]
OWNER

Form 1-76

Environmental Health Department's Copy

Date Issued 18 Oct 78

Serial No. 2087

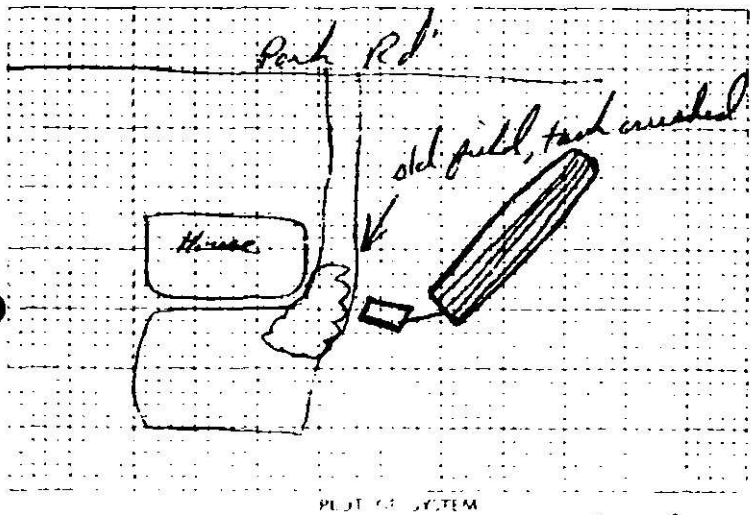
ICAR(S) Permit No. 14427

T C No. 175-145-06

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 14427, dated 9/15/78 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 15 Nov after which date this permit shall be null and void.



PLOT OF SYSTEM

Permission for: ALTERATION

Septic Tank Capacity: 1000 gal

Tank Construction: P.C. Concrete

Absorption Field or Nitrification Lines:

Total Length: 330'

Number of Lines: 4

Distance from Lines to Lines: 10'

Distance from Property Lines: 10'

Distance from Wells: ~~50'~~ 100'

NAME OF OWNER: Munroe F. Graham

LOCATION OF PROPERTY: 4519 Park Rd.

This [illegible] in accordance with the provisions set forth in the Regulations of the Mecklenburg County Health Commission governing the granting of this permit. A certificate of operation may be issued after the system has been approved by the Health Department and otherwise complied with the provisions of the permit. **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: (12' x 53' + 17' clear)

Steve Wood
Environmentalist

Division of Environmental Health

* 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 when an existing system is being altered or repaired.

EHS 5-76

[illegible] Copy

Date Issued 19 Oct 78 Serial No. 2031 C of A (s) No. 14427

T C No. 175-145-06

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 Graham (LAST) Marion (FIRST) F. (MIDDLE)

Location of Property 4519 Park Rd.

Application Number 14427 Permit Number 14427

Inspection Data: Alteration

Liquid Capacity of Tank 1000 gal Tank Material P.C. Concrete.

Total Length of Drain Tile 330' Number of Lines 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 18 Oct 78 (DATE) Tank Inspected 18 Oct (DATE)

Nitrification Field Inspected 18, 19 Oct (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 ~~to be~~ 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, 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: dam, reconstructed to. Raise pipes over rock line, Dam raised over Rock.

Steve Wood
Environmentalist

EHD-5 76

Environmental Health Department's Copy