SEE INSTRUCTIONS ON BACK

Date Received 3 Dec 1979

ICAR(S) Application No 1633-8

T C No 103-134-04

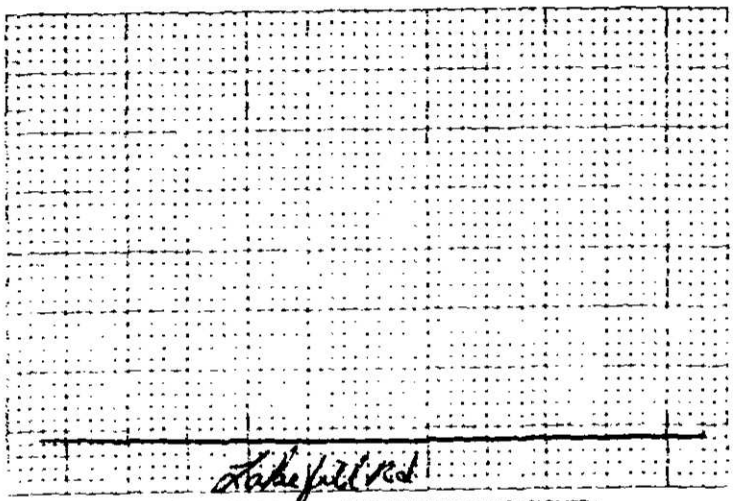
Map Date ____

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 Hunsley (LAST) Mary (FIRST) M. Thomas (MIDDLE)

14) ADDRESS OF OWNER 6322 Lakefield Rd.

15) PHONE NO Home 536-7663 Office 372-2240

16) LOCATION OF SYSTEM ~~Street~~ 6322 Lakefield Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No ____ Block No 3

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.

12/3/79
DATE OF APPLICATION

Mary M. Hunsley
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6/1/81

ICAR (S) Application No 16358

T C No 125-134-

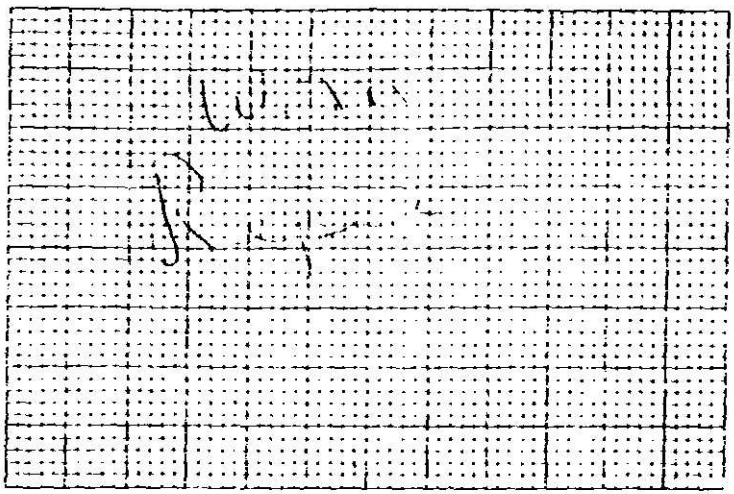
Map Date

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)

4) Mobile Home ___ Yes ___ No
Residence ___ Yes ___ No

4) No of Bedrooms _____

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 [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible] 28212

15) PHONE NO Home 535-1661 Office 372-2240

16) LOCATION OF SYSTEM _____ (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.

2/6/81
DATE OF APPLICATION

[illegible]
OWNER

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 4539

Date Issued _____

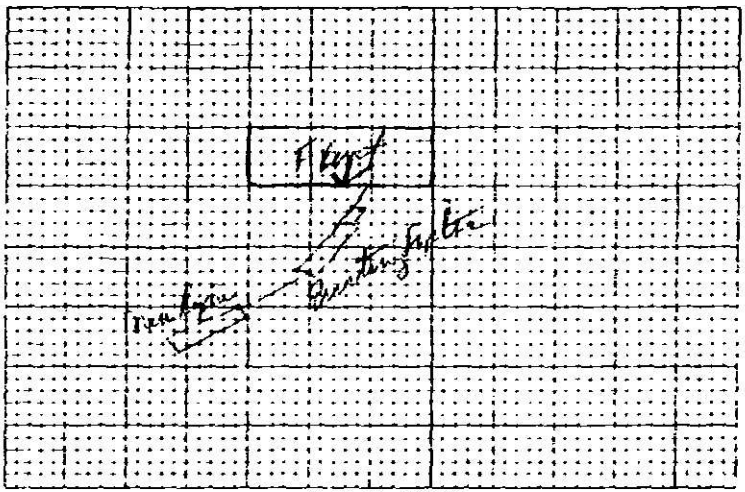
ICARUS Permit No 1635F

T C No 23-134-

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 1635F, dated _____ 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 2/30/81, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and or Nitrification Lines

Total Line Length 100' Repair

Washing Machine

Number of Lines _____

Distance from House _____

Distance from Property Line _____

Distance from Well 50'

NAME OF OWNER Mary Hunter

LOCATION OF PROPERTY 6356 Lakefield 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.

12' + 12' deep 36" wide Septic Filt

Comments: _____

_____ Bob Wilson

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-5-76

Environmental Health Department's Copy

C of A (s) No 16358

Date Issued 2-18-81 Serial 4309

T C No 103-134-04

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 Huntley (LAST) Mary (FIRST) ____ (MIDDLE)

Location of Property 6320 Lakefield Dr.

Application Number 16358 Permit Number 16358

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material P C.

Total Length of Drain Tile 100' Repair Number of Lines one

Depth of Filter Material 12' Cover Depth 15"

Water Supply Source well Distance from Water Source 301

Excavation Inspected 2-18-81 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 2-18-81 (DATE)

Washing Machine Line Inspected, If Applicable 2-18-81 (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