SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR (5) Application No 20568

T. C. No. 141-114-37

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 _____
5. Business Use — Max No Employees N/A
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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM 4521 _____ (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.

_____ DATE OF APPLICATION

_____ OWNER

EHB-5-76

Environmental Health Department's Copy

Date Issued 4-30-84

Serial No. 07135

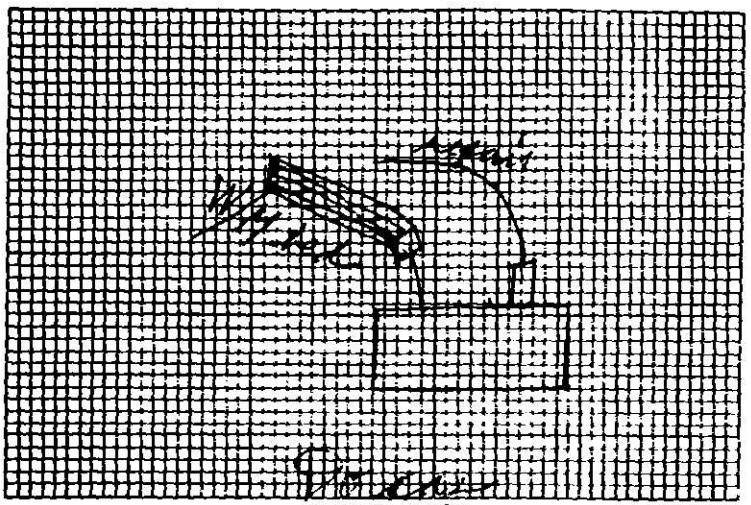
ICAR(S) Permit No. 20868

T. C. No. 141-114-39

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 20868, dated 4-6-84 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 5-30-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate repair

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines

Total Line Length 100 + 125

Number of Lines 1 + 3

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Dalton Conrad

LOCATION OF PROPERTY 9521 Torcai Ln.

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.

1 trench 3'X100'X12" stone, straw cover

Comments: 1 bed 9'X42'X12" stone, straw cover

Division or Section Head

B. K. Ferguson
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. 20868

Date Issued 5-14-84 **Serial** 6609 T C No. 141-114-39 L

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 Conrad Dalton (LAST, FIRST, MIDDLE)

Location of Property 9521 Dorcas Ln.

Application Number 20868 Permit Number 20868

Inspection Data:

Liquid Capacity of Tank repair Tank Material —

Total Length of Drain Tile 100' + 125' Number of Lines 1 + 3

Depth of Filter Material 12" + 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50' +

Excavation Inspected 5-14-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5-14-84 (DATE)

Washing Machine Line Inspected If Applicable 5-14-84 (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

B.R. Ferguson
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Last one left -

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

We afford equal opportunity services and programs without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 20868
TC: 141-114-39
SERIAL: № 12958 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 9521 Deans Ln (STREET NO / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: Coltdale ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Dalton (FIRST) L (MIDDLE) Conrad (LAST)
⑨ MAILING ADDRESS: 9521 Deans Ln
⑩ CITY: Charlotte ⑪ STATE N.C. ⑫ ZIP: 28269
⑬ PHONE: (WORK) 588-2149 ⑭ (HOME) 588-2149

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 2 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well — Repair Permit Issued 4/3/87
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Dalton L. Conrad

Date: 3/25/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions.

No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and or Repair permit is issued by this Department.

This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist — Date

Director or Authorized Section Head — Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

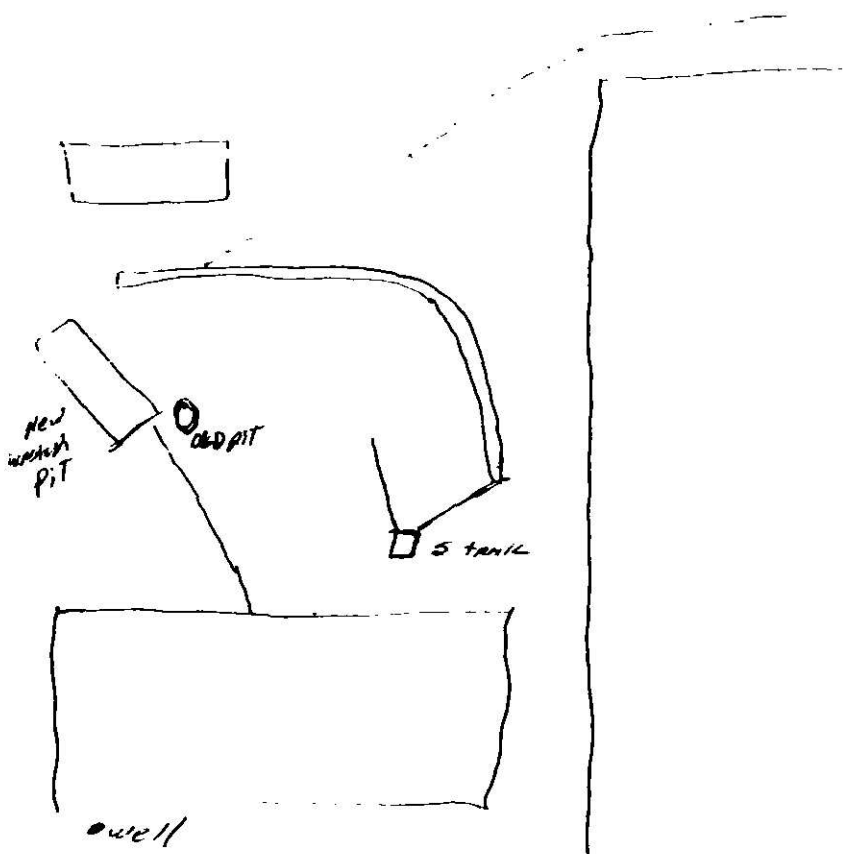
PROPOSED PLOT PLAN

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20868

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: _____

Date: _____

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

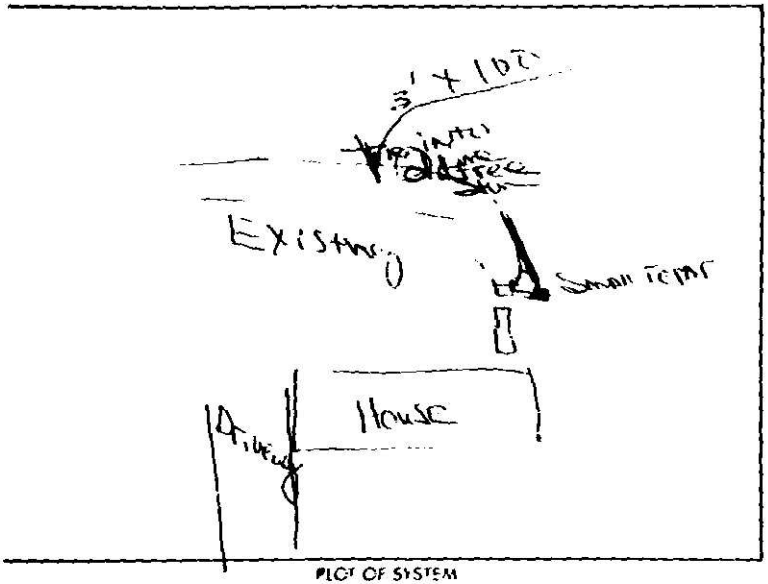
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20868 DATE: 3/26/87

TC: 141-114-391 Ø L

SERIAL № 10728

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 the application dated 3/25/87. All work shall be completed on or before 4/25/87, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Repair

Liquid Capacity of Septic Tank ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction ____

Absorption and or Nitrification Lines:

Trench Width 3 feet

Total Line Length 100' feet

Number of Lines 1

Depth of Stone 12" inches

Distance from House 10+ feet

Distance from Property Line 10+ feet

Distance from Well 50+ feet

NAME OF OWNER Dalton E. Conrad

LOCATION OF PROPERTY 9521 Dorcas Lane

Comments: Install Repair to Septic System one (1) 3' x 100' Trench, 12" Stone, Strac. Cover

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.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 20868 DATE: 5/7/87

TC: 141-114.39 ☑ L ☐ CRT

SERIAL № 10155

Name of Owner Conrad Dana G. Juris.:

Address of Property 9521 Dorcas Lane

Inspection Data: Repair Data

Tank Material

Total Length of Drainfield 100'

Number of Lines 1 @ 100'

Cover Depth 24"

Water Supply Source 50'+

Distance to Water Source well

Excavation Inspected 5/7/87

Tank(s) Inspected N/A

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: CTR#

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☑ installed or constructed ☐ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☑ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document 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: Repair to existing drainfield

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.