Date Received 2/20/80 (Rec 14373) APT No. 16665

T. C. No. 053-042-08

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Seay (LAST), Faset (FIRST) Thomas (MIDDLE) (Jr.)

2) ADDRESS OF OWNER P.O. Box 338 Mt Holly, N.C. ZIP 28120

3) PHONE NO. Home 827-8235 Office

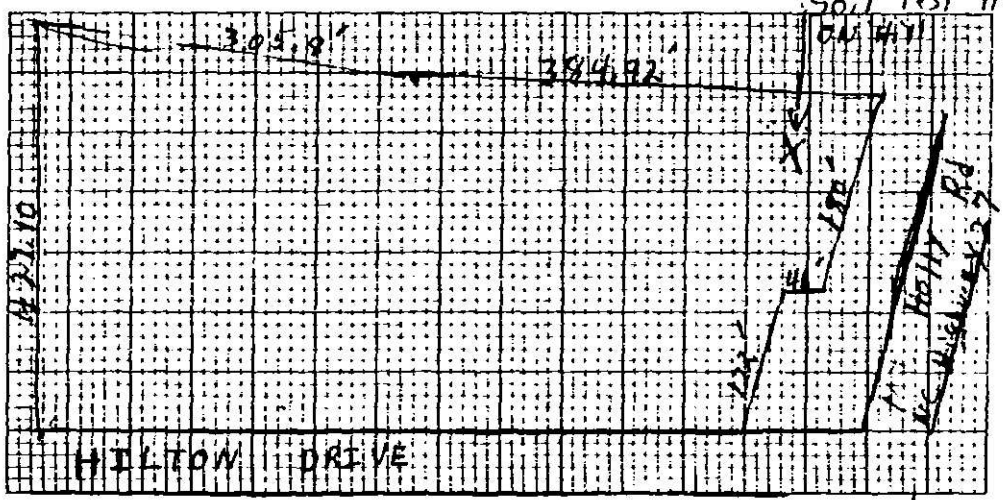
4) LOCATION OF PROPERTY Hilton Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO PAGE NO.

6) DEED REFERENCE DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Please Call prior to coming And I will be glad to meet you on site.

Faset Thomas Seay
OWNER

ENG-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 2/26/80

ICAR(S) Application No. 16675

T C No. 143-011-13

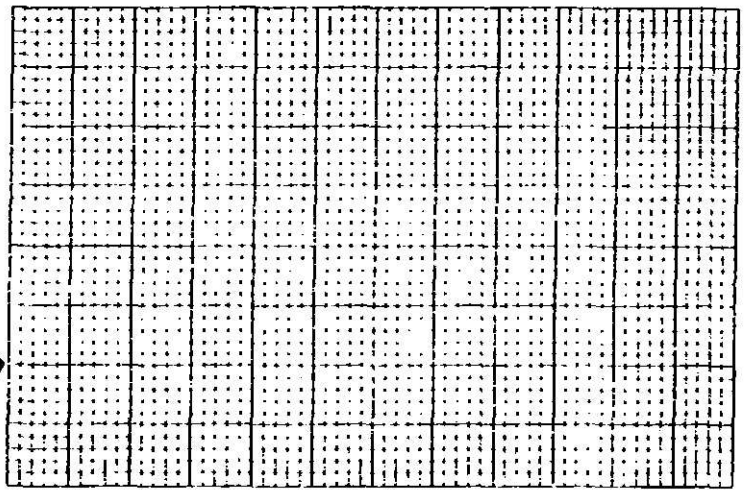
Map Date _____

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

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 Rick (LAST) Baxter (FIRST) Sanford (MIDDLE)

14) ADDRESS OF OWNER 912 Yorkmont

15) PHONE NO. Home 525-0407 Office _____

16) LOCATION OF SYSTEM 912 Yorkmont 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 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)

B S Rickard (OWNER)

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

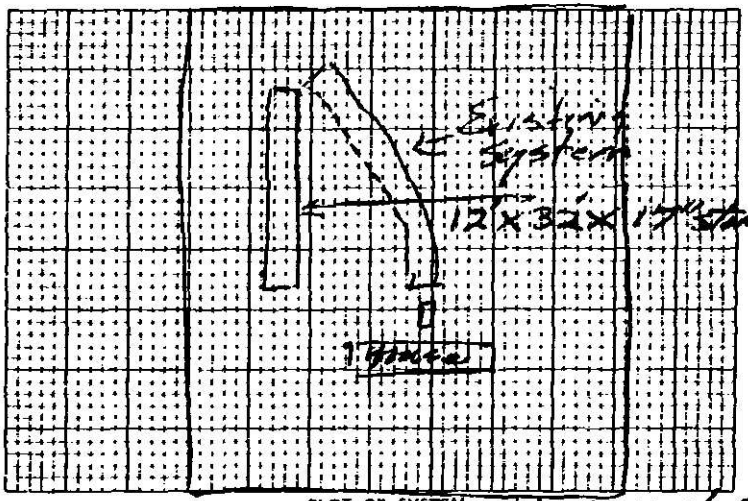
Date Issued 2-27-80 Serial 3685 ICAR (S) Permit No. 16675

T C M&S 3-011-13

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 16675 dated 2-26-80 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 5-27-80, after which date this permit shall be null and void.



PLOT OF SYSTEM Yorkmont Rd

Permeability Rate P/S

Liquid Capacity of Tank Existing

Tank Construction Existing

Absorption and/or Nitrification Lines:

Total Line Length 125'

Number of Lines 4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER BAXTER SAMford Reavis

LOCATION OF PROPERTY 912 Yorkmont

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.

Division or Section Head

Marshall Edwards
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