Date Received 11-21-83

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ENVIRONMENTAL HEALTH

CAR(S) Application No. 20321

T. C. No. 061-211-08

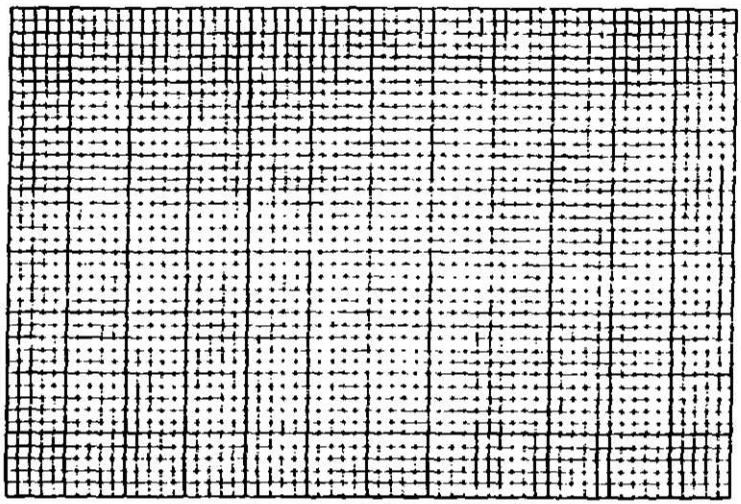
Map Date _____

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 4

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 N/A

12) VA Case No. N/A

13) NAME OF OWNER BEAM (LAST) MARTIN T MYRA(S.) (FIRST) Douglas (MIDDLE)

14) ADDRESS OF OWNER 5417 Tuckaseegee Rd. 08

15) PHONE NO. Home 399-3626 Office 373-6163

16) LOCATION OF SYSTEM 5417 Tuckaseegee Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION N/A Lot No. _____ Block No. _____

Map Book No. 15 Page No. 163

18) DEED REFERENCE — DEED BOOK 4174 AT PAGE 709

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES ✓ NO DATE RUN _____

20) PTR NUMBER (See Instructions) N/A

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.

11-21-83
DATE OF APPLICATION

Martin and Myra Beam
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 3-15-84

Serial No. 07035

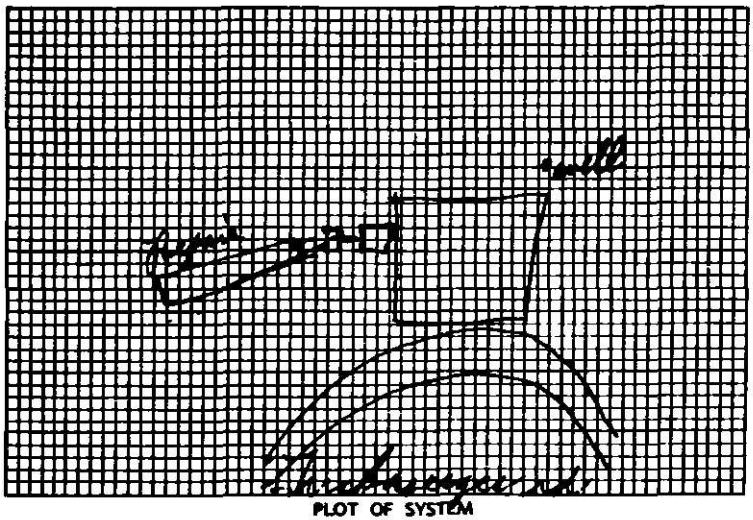
ICAR(S) Permit No. 2032-1

T. C. No. 061-211-08

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 2032-1, dated 11-21-83 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 4-15-84, 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

Number of Lines 2

Distance from House 10+

Distance from Property Line 10+

Distance from Well 50'

NAME OF OWNER Martin Beam

LOCATION OF PROPERTY 5417 Tuckaseegee Rd.

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.

2 lines 6'X25'X34" stone, straw cover. D box if needed

Comments: _____

_____ B. R. Ferguson

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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 20321

Date Issued 4-19-84 Serial 6556 T. C. No. 061-211-08 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 Beam (LAST) Martin (FIRST) (MIDDLE)

Location of Property 5417 Tuckaseegee Rd

Application Number 20321 Permit Number 20321

Inspection Data:

Liquid Capacity of Tank repair Tank Material PCC

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 34" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 4-19-84 (DATE) Tank Inspected 4-19-84 (DATE)

Nitrification Field Inspected 4-19-84 (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 ____ 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 COPY