Date Received 4-5-83 ENVIRONMENTAL HEALTH — SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 19522

T. C. No 061-201-02

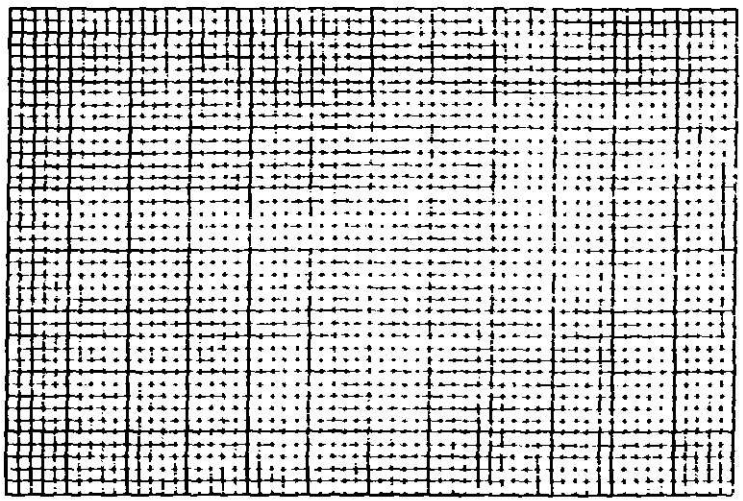
Map Date _____

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 2

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 Gilbert (LAST) Doris (FIRST) Mauney (MIDDLE)

14) ADDRESS OF OWNER 4901 Withrow Rd. Charlotte, N.C. 28208

15) PHONE NO. Home 392-8523 Office 588-0620

16) LOCATION OF SYSTEM 4901 Withrow Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 1 & Pt 2 Block No. ___

Map Book No. 6 Page No. 691

18) DEED REFERENCE — DEED BOOK 2790 AT PAGE 456

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.

3-31-83
DATE OF APPLICATION

Doris M. Gilbert
OWNER

END-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 4-1-83

Serial No. 6150

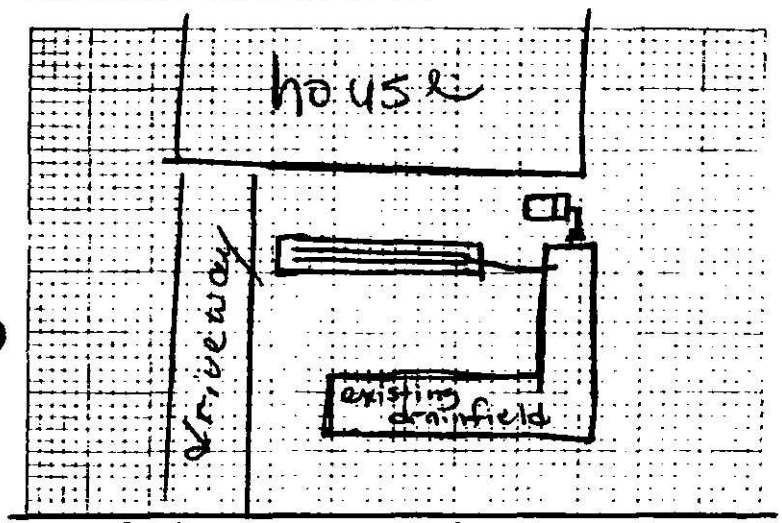
ICAR(S) Permit No. 19522

T. C. No. 061-201-02

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 19522, dated 3-31-83, 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 4-26-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Withrow Road

Permeability Rate ___

Liquid Capacity of Tank ___

Tank Construction REPAIR

Total Line Length 100'

Number of Lines 2

Distance from ___ >5'

Distance from Property Line >10'

Distance to Well ___

NAME OF OWNER Gilbert, Doris Mauney

LOCATION OF PROPERTY 4901 Withrow Road

The system shall meet all of the construction requirements 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. It 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.

add a 6' wide x 25' long x 34" of stone repair

Comments: flush 2 lbs. copper sulfate annually

Grade to drain all surface water

Division or Section Head

Mike Sexton
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

HEALTH DEPARTMENT'S COPY