MECK CO. HEALTH DEPT
SEE INSTRUCTIONS ON BACK
RECEIVED

Date Received 4 4 84

ICAR (S) Application No. 20559 P.O.

T. P. No. 037-251-20

Map Date _____

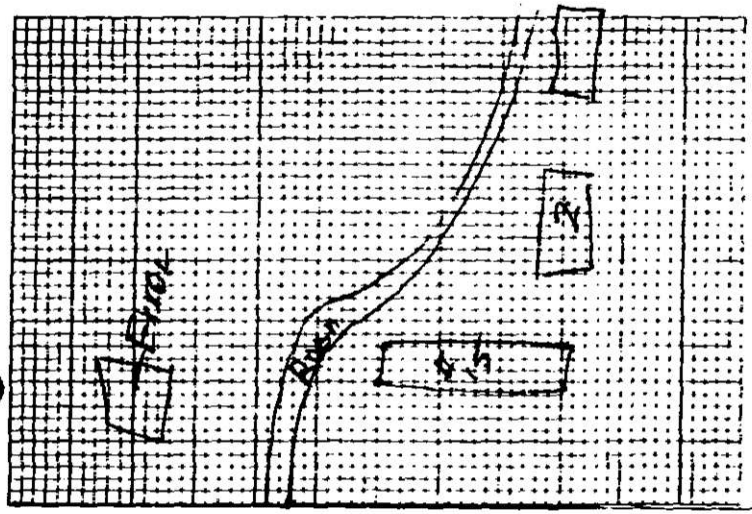
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**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 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 Russell (LAST) Cecilia (FIRST) Tate (MIDDLE)

14) ADDRESS OF OWNER 9321 Ridgecliff Dr. Char, N.C. 28212

15) PHONE NO. Home 566-2987 Office ___

16) LOCATION OF SYSTEM SC 15 E of Statesville Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. #15 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.

4-4-84
DATE OF APPLICATION

Mrs. Cecilia T. Russell
OWNER

EHD-S-76

Environmental Health Department's Copy

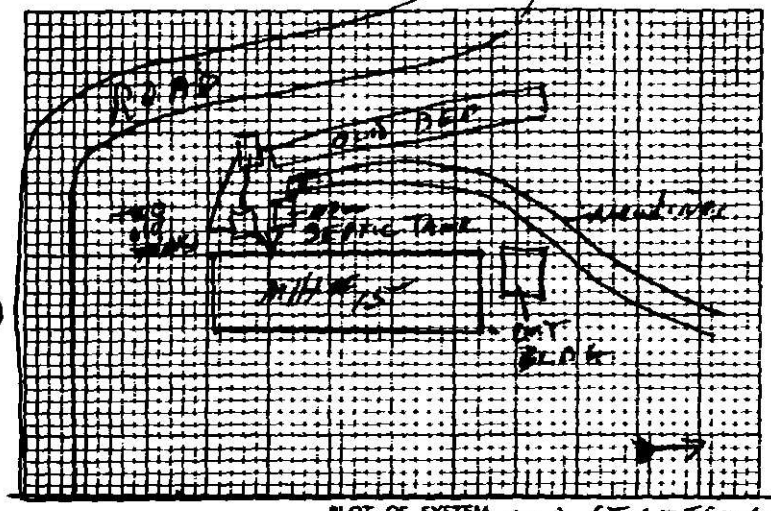
Date Issued April 4th 1984 Serial No. 07102 ICAR(S) Permit No. 20859

T C No. 037-39220

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, X 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 20859, dated 4-4-84 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 APRIL 11th 1984, after which date this permit shall be null and void.




PLOT OF SYSTEM OLD STATESVILLE ROAD.

Permeability Rate 4 IN/B

Liquid Capacity of Tank 1500 gal.

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines

Total Line Length 250 LIN FT

Number of Lines Five

Distance from House 10 FT

Distance from Property Line 50 FT

Distance from Well COMMUNITY

NAME OF OWNER RUSSELL, CECILIA

LOCATION OF PROPERTY 8015 OLD STATESVILLE RD. LOT #15

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.

Comments: Two Trenches # bo. 125 FT x 3FT x 18 inches Stone - bury w/ Filter cover grade Ads - New Tank & Dist Box - Cut off old system completely - Keep Trenches shallow

Division or Section Head

Ralph Miller
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-S-76

Environmental Health Department's Copy

C of A (s) No. 20859

Date Issued MAY 2nd 1984 Serial 6596

T. C. No 037-251-20

# 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 RUSSELL (LAST), CECILIA (FIRST) ____ (MIDDLE)

Location of Property 8015 OLD STATESVILLE ROAD

Application Number 20859 Permit Number 20859

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material Pre-Cast Concrete

Total Length of Drain Tile 250 LIN FT Number of Lines FIVE

Depth of Filter Material 18 inches Cover Depth ONE FOOT

Water Supply Source well Distance from Water Source Community

Excavation Inspected 5-2-84 (DATE) Tank Inspected 5-2-84 (DATE)

Nitrification Field Inspected 5-2-84 (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 ~~X~~ installed ~~X~~ constructed ~~X~~ 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 FIELD changed to 2-80 FT Trenches & one 4 130 FT Bed due to spring in Trenches at 100 FT mark

Ralph Mills
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH SUPPLY CO., INC.