Date Received _____

RECEIVED
AUG 2 1984
ENVIRONMENTAL HEALTH

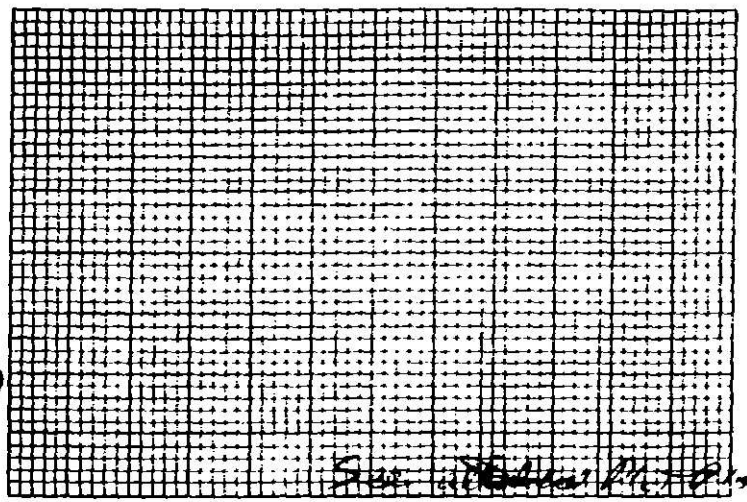
ICAR(S) Application No. 21377
T. C. No. 001-145-12
Map Date L

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: use existing system or

1) ___ Install or Construct 2) X 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 X No
Residence ___ Yes X No
4) No of Bedrooms _____
5) Business Use — Max No 65
Employees 5 FULL - 2 PART TIME
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 Smith (LAST) Walter (FIRST) William (MIDDLE)

14) ADDRESS OF OWNER 3448 Teakwood Dr. Kannapolis, N.C. 28081

15) PHONE NO. Home 788-3538 Office 932-8000

16) LOCATION OF SYSTEM 20801 Torrence Chapel Rd. (STREET OR COUNTY ROAD) Davidson, N.C. 28036

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.

8-24-84
DATE OF APPLICATION

Walter W. Smith
OWNER

BHD-5-76

Environmental Health Department's Copy

Date Issued 9-12-84

Serial No. 7838

SIR No. 21377

T. C. No. 001-145-12

Map Date L CRT

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Smith, (LAST) Walter (FIRST) W. (MIDDLE)

ADDRESS OF OWNER 3448 Teakwood Dr., Kannapolis, NC ZIP 28081

LOCATION OF LOT 20801 Torrence Chapel Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO._____ BLOCK NO._____

MAP BOOK NO._____ PAGE NO._____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 21377. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altered, and/or repaired and that the system be installed in accordance with same.

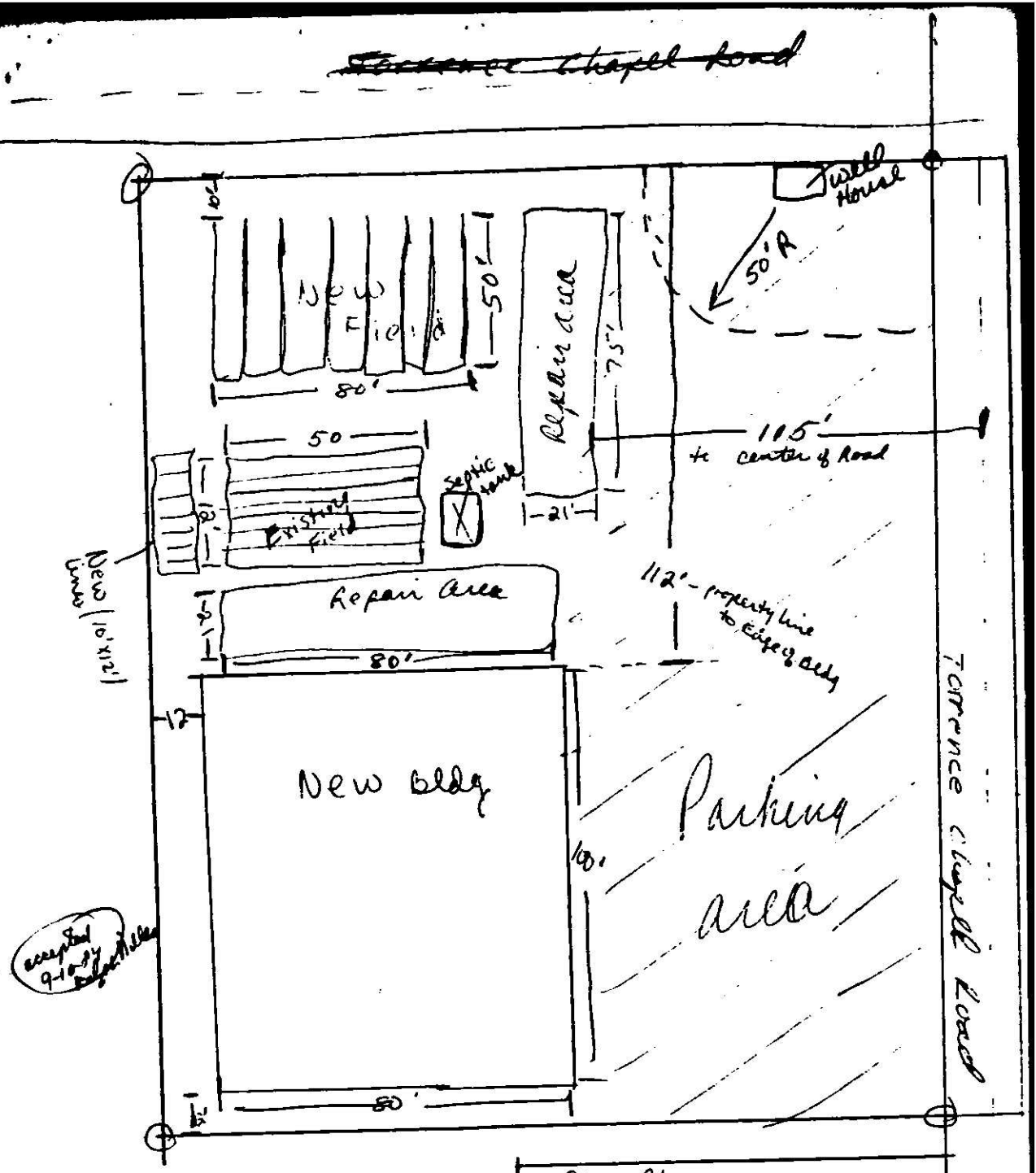
This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Ralph Nicholas
Environmentalist

Bruce D. Hamilton Jr.
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy



ICAR # 21377
TC 001-145-12

Date 9-10-84

Plot Plan

Nautilus Fitness Center
20801 Torrence Chapel Rd.
Cabarrus Construction Co
Contractor's Statement

Date Issued 1-25-85

Serial No. 07870

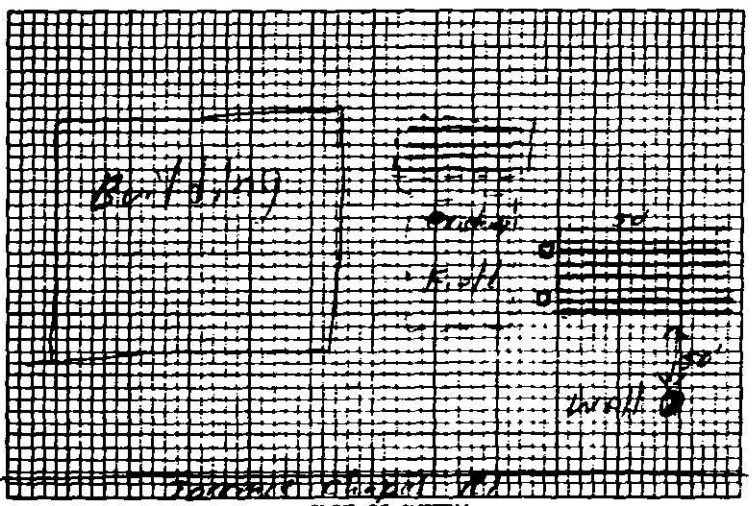
ICAR(S) Permit No. 21377

T. C. No. 001-145-12

Map Date L

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 21377, dated 1- _____ 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 2-25-85, 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 400'; 10'x12' bed

Number of Lines eight; Four

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Smith, Walter W.

LOCATION OF PROPERTY 20801 Terrance Chapel 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.

Eight Trenches 50'x3'x12" Stone; Bed 12'x10'x12" Stone

Comments: Pump, Inspect septic tank, inspect existing D-Box

D. Hardister
Division or Section Head

Jim Ervin
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. 21377

Date Issued 2-14-85 **Serial** 7267 T. C. No. 001-145-12

CET

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

OPERATION PERMIT

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner Smith (LAST) Walter (FIRST) (MIDDLE)

Location of Property 20801 Torrence Chapel Rd

Application Number 21377 Permit Number 21377

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 450 sq ft Number of Lines Ten

Depth of Filter Material 36" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 2-14-85 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 2-14-85 (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 Two beds 15'X15'X3" Stone; insufficient area to install as permitted

Jim Erickson
Environmentalist

8HD-5-76

Environmental Health Department's Copy