SEE INSTRUCTIONS ON BACK

Date Received 6-26-84

ICAR(S) Application No. 21193

T. C. No. 215-102-05

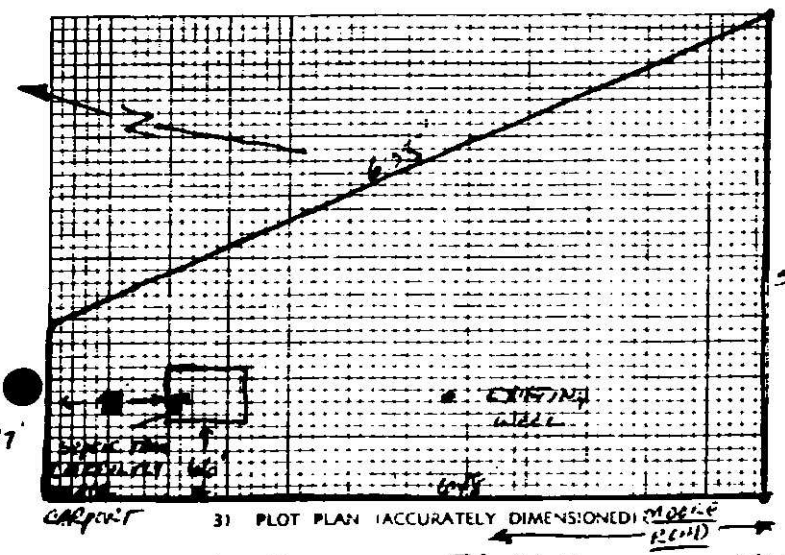
Map Date 1

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) _X_ Install or Construct 2) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



Mobile Home ___ Yes _X_ No
Residence _X_ Yes ___ No
4 No of Bedrooms 3
5 Business Use — Max No Employees ___
6 Washing Machine ___ Yes _X_ No
7 Garbage Disposal ___ Yes _X_ No
8 Dishwasher ___ Yes _X_ No
9 Water Supply
A Individual Well _X_
B Governmental System ___
C Community System
1 Well source ___
2 Governmental source ___
10 Sewage System
House located within 200 feet of public sewer ___ Yes _X_ No
House located within 200 feet of community sewer ___ Yes _X_ No
11 FHA Case No ___
12 VA Case No ___

13) NAME OF OWNER Baucom (LAST) Kathryn (FIRST) Deese (MIDDLE)

14) ADDRESS OF OWNER 1901 Moore Rd - Matthews, N.C. 28106

15) PHONE NO. Home 847-4822 Office 332-2104

16) LOCATION OF SYSTEM 1901 Moore Rd. - Matthews, N.C. (STREET OR COUNTY ROAD)

17) SUBDIVISION N.A. Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 1165 AT PAGE 127

19) HAS A SOIL INVESTIGATION BEEN RUN? ___ YES _X_ 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.

6-25-84
DATE OF APPLICATION

Kathryn Deese Baucom
OWNER

EHD-S-76

Environmental Health Department's Copy

Date Issued 6-27-84

Serial No. 07284

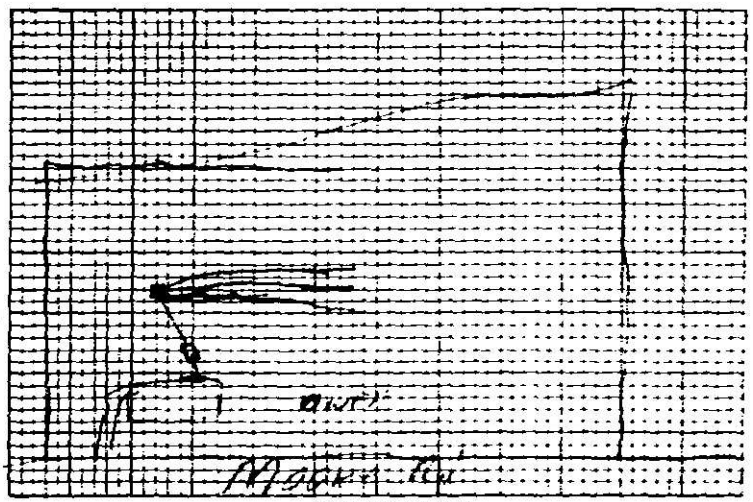
ICAR(S) Permit No. 21193

T. C No. 215-102-05

Map Date 1

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 _____, dated 6-25-84 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 7-25-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Perk

Liquid Capacity of Tank 1500 gal

Tank Construction P.C.C

Absorption and/or Nitrification Lines

Total Line Length 300'

Number of Lines Three

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Baucom, Katheryn

LOCATION OF PROPERTY 1901 Moore Rd. Matthews

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.

Three Trenches 100' x 3' x 2' Stone, 24" Maximum Cover

Comments:

B. Hayhurst
Division or Section Head

Jim Ellerson
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or c 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. 21193

Date Issued 6-29-84 **Serial** 6755 T C No. 215-102-55

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 [illegible] [illegible] _____
LAST FIRST MIDDLE

Location of Property [illegible]

Application Number 21193 Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank [illegible] Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines [illegible]

Depth of Filter Material [illegible] Cover Depth [illegible]

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected [illegible] Tank Inspected [illegible]
DATE DATE

Nitrification Field Inspected [illegible]
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, 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 _____

[illegible]
Environmentalist

EHO-5-76

ENVIRONMENTAL HEALTH [illegible]