

21507 Tuskarora Tr.

1/29/08

thomatc

Groundwater and Wastewater Services File Imaging Project
May 2007
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Date Received 3-5-84

SEE INSTRUCTIONS ON BACK

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MAR 5 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20664

T. C. No 001-381-60

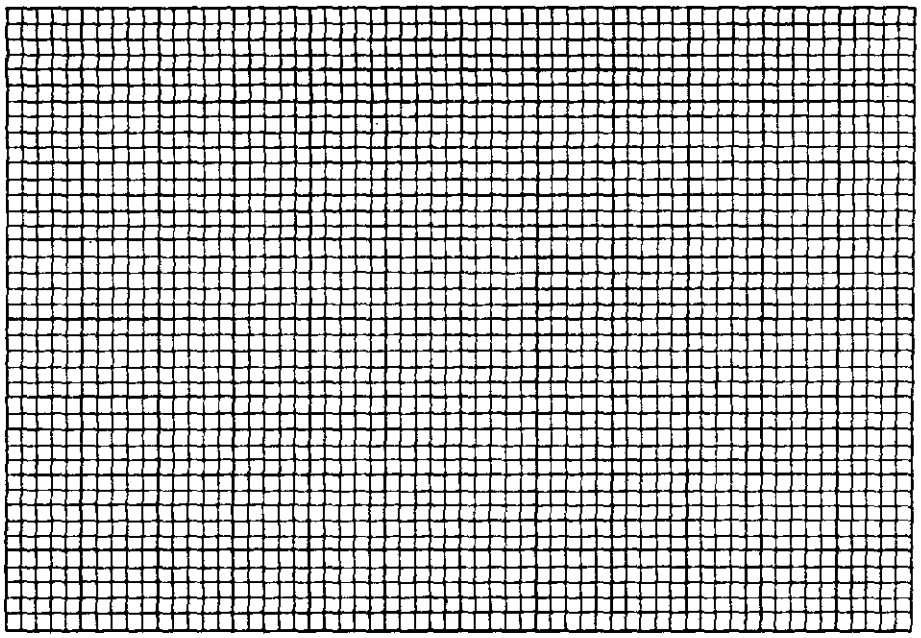
Map Date _____

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 3
5) Business Use — Max No. Employees N/A
6) Washing Machine ✓ Yes ____No
7) Garbage Disposal X Yes X No (removed as per Frank Williamson)
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 Williamson (LAST) Frank (FIRST) Lane (MIDDLE)
14) ADDRESS OF OWNER 2319 Hassell Place Charlotte, NC 28209
15) PHONE NO. Home 332-1839 Office 333-8453
16) LOCATION OF SYSTEM 21507 Instarora Trail (STREET OR COUNTY ROAD)
17) SUBDIVISION ? Lot No. _____ Block No. _____
Map Book No. 17 Page No. 622
18) DEED REFERENCE — DEED BOOK _____ AT PAGE ~~622~~
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.

March 5, 1984
DATE OF APPLICATION

Frank Lane Williamson
OWNER

EHD-5-76

Environmental Health Department's Copy

AT 3-8-84

SIR No. 20664

Serial No. 7280

T. C. No. 001-381-60

Date Issued 3-8-84

Map Date

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 Williamson, (LAST) Frank (FIRST) Lane (MIDDLE)

ADDRESS OF OWNER 2319 Hassell Place, Charlotte, NC ZIP 28209

LOCATION OF LOT 21507 Tuskarora Trail (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 20664. 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. *** 165 feet of drainfield and new septic tank will be needed and septic tank system ***

Ralph Nelles
Environmentalist

William B Ramsey
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

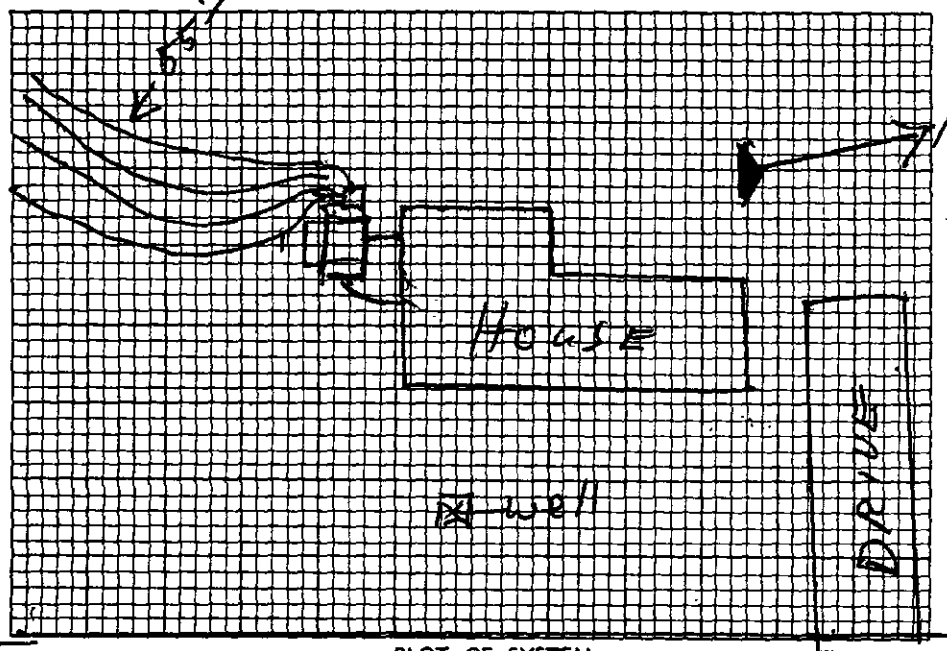
Date Issued MAY 1ST 1984 Serial No. 07182 ICAR(S) Permit No. 20664

T. C. No. 001-381-60

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 20664, dated 4-5-84 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 JUNE 1ST 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate P.S. IVA

Liquid Capacity of Tank

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length 300 LIN. FT.

Number of Lines FOUR

Distance from House 7 FT

Distance from Property Line 20 FT

Distance from Well 755 FT

NAME OF OWNER WILLIAMSON, FRANK

LOCATION OF PROPERTY 21507 TUSKARORA TRAIL

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: FOUR TRENCHES TO BE 75 FT X 3FT X 12 inches stone hay on slow COVER grade bds- use existing Tank use new DIST BOX

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-5-76

Environmental Health Department's Copy

C of A (s) No. 20664

Date Issued Aug 27th 1984 Serial 6866 T. C. No. 001-381-60

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 WILLIAMSON (LAST), FRANK (FIRST), (MIDDLE)

Location of Property 21507 TUSKARORA TRAIL

Application Number 20664 Permit Number 20664

Inspection Data:

Liquid Capacity of Tank Repair Adequate Tank Material Repair.

Total Length of Drain Tile 300 lin FT. Number of Lines Four

Depth of Filter Material 12 inches Cover Depth 12 inches

Water Supply Source Well Distance from Water Source 90 FT.

Excavation Inspected 8-27-84 (DATE) Tank Inspected 8-27-84 (DATE)

Nitrification Field Inspected 8-27-84 (DATE)

Washing Machine Line Inspected, If Applicable — (DATE) 8/28/84

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: SANITARY TEE ADDED - AS OLD ONE NOT USABLE

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY