Date Received 5-5-83

MECK COUNTY GOVERNMENT BLDG
RECEIVED
MAY 5 1983
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19633

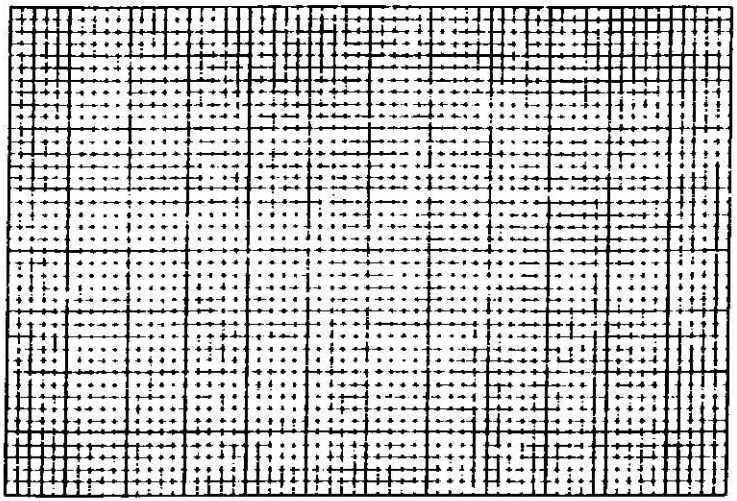
T. C. No. 115-141-04

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: 10'X55' ADDITION TO REAR OF HOUSE EXISTING DECK
1) None Install or Construct 2) No 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 X Yes ___ No
4) No of Bedrooms 3
5) Business Use — Max No Employees ___ ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes X No
8) Dishwasher X 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 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 GREENE (LAST) PRESTON (FIRST) LAWRENCE (MIDDLE)

14) ADDRESS OF OWNER 14902 IDLEWILD RD MATTHEWS, NC

15) PHONE NO. Home 847-4185 Office ___

16) LOCATION OF SYSTEM 14902 IDLEWILD RD (STREET OR COUNTY ROAD)

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

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN MAY '73

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.

5-5-83
DATE OF APPLICATION

Preston L. Greene
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 6274

ICAR(S) Permit No. 19633

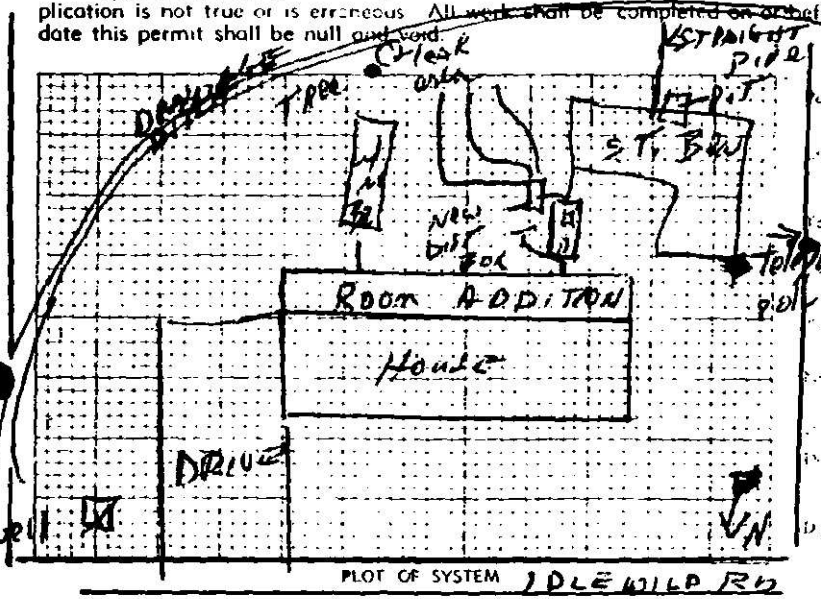
Date Issued 5-6-83

T. C. No. 215-141-04

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 19633 dated 5-5-83 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 MAY 20 1983 after which date this permit shall be null and void.




Permeability Rate 4 IVB

Liquid Capacity of Tank

Tank Construction Repair

Absorption and or Nitrification Lines

Total Line Length 100 lin FT

Number of Lines Three

Distance from House 10 FT

Distance from Property Line 30 FT

Distance from Well 90 FT

NAME OF OWNER GREENE, PRESTON

LOCATION OF PROPERTY 14402 IDLEWILD 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.

Three Trenches 4 ft x 90, 30, & 30 FT x 3FT wide - 12 inches stone due to high water table - use new Dist Box keep on stone cover - abode BDS

Comments:

Disconnect Straight pipe & pack area also pack w/n 10ft of Tee

Division or Section Head

Ralph Hollis
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

Serial No. 6436

SIR No. 19633

Date Issued 5-16-83

T. C. No. 215-141-04

Map Date

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**TO THE BUILDING INSPECTION DEPARTMENT**
**IMPROVEMENT PERMIT**
APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Greene, (LAST) Preston (FIRST) Lawrence (MIDDLE)

ADDRESS OF OWNER 14902 Idlewild Rd., Matthews, NC ZIP 28105

LOCATION OF LOT 14902 Idlewild 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 19633 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.

*** 10' x 55' addition to rear of house ***

Ralph Miller
Environmentalist

John R Adkinson
Environmental Health Director, or Authorized Section Head

EHD-5-76

**Environmental Health Department's Copy**

BE 5-17-83

C of A (s) No. 19633

Date Issued 5-16-83 **Serial** 5808 T. C. No. 215-141-04

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

## CERTIFICATE OF APPROVAL
**(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)**

Name of Owner GREENE (LAST) PRESTON (FIRST) (MIDDLE)

Location of Property 14902 IDLEWILD ~~ROAD~~ RD

Application Number 19633 Permit Number 19633

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 150 Lin Ft. Number of Lines Three

Depth of Filter Material 30 inches Cover Depth 12 inches

Water Supply Source well Distance from Water Source well

Excavation Inspected 5-16-83 (DATE) Tank Inspected 5-16-83 (DATE)

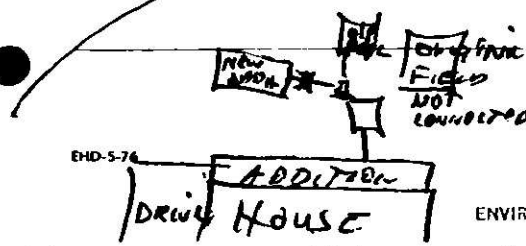
Nitrification Field Inspected 5-16-83 (DATE)

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, 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 NEW TANK INSTALLED DUE TO ROOM ADDITION PUT IN OLD TANK AREA - BED INSTALLED RATHER THAN TRENCHES due to space limitation.

Ralph Miller
Environmentalist




EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY