SEE INSTRUCTIONS ON BACK

Date Received 7/9/79

ICAR(S) Application No. 15888

T C. No. 25357.29

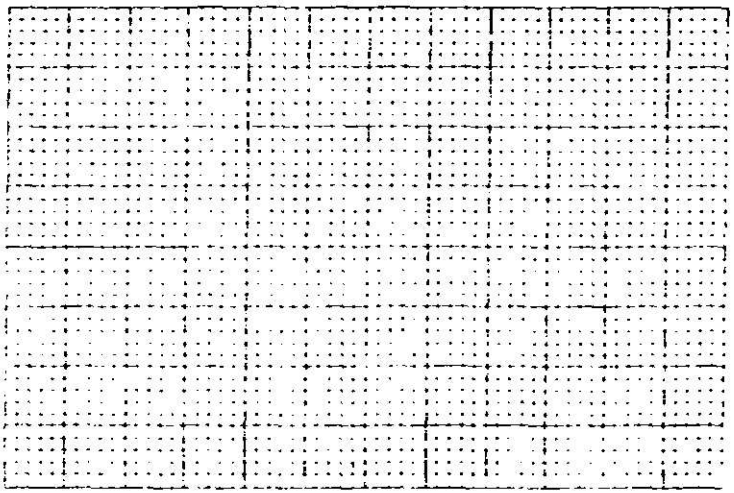
Map Date 6.4.79

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 ___
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 McLellan (LAST) Judith (FIRST) A. (MIDDLE)

14) ADDRESS OF OWNER 5320 Quail Ridge

15) PHONE NO. Home 545-5970 Office ___

16) LOCATION OF SYSTEM ___ (STREET OR COUNTY ROAD)

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.

7 July 79
DATE OF APPLICATION

Judith A. McLellan
OWNER

EHD-5-2

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

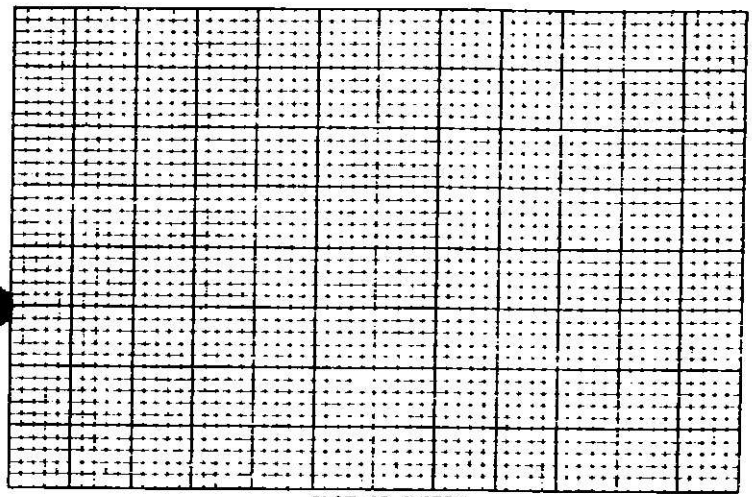
Date Issued _____

Serial No. 2903

15838
ICAR(S) Permit No. _____
T. C. No. _____
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, ____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 _____ 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Length 75'

Number of Lines 1

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER _____

LOCATION OF PROPERTY _____

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.

Comments: _____

_____

_____

Division or Section Head _____ 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

Environmentalist's Copy