


4315 GIBBON RD

04545218

6/6/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

9227

Groundwater & Wastewater Services
Septic Project File & Data Review Worksheet

2007 REPAIR

GWS File #: [redacted]

WASPS App #: [redacted]

Primary ES assigned to project:

Secondary ES assigned to project:

Project Type: New System ☐ Alteration ☐ Repair ☑ Modified Plot Plan ☐

I. File Review:

| Rule or Law | | | | |
|---|---|---|---|---|
| | **Permit Application** | | | |
| .1937(d) | Is the Application complete | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is there a Site plan/Plat with application | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Is the Facility shown? | Yes ☑ | No ☐ | N/A ☐ |
| .1937(d) | Are appurtenances shown | Yes ☑ | No ☐ | N/A ☐ |
| | **Site Evaluation Information** | | | |
| .1939 (a)(1) | Topography and Landscape Position Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1940 (a-g) | Slope % Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Texture Class Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Structure type Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Consistence Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(2) | Mineralogy Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(3) | Soil Wetness Condition Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(4) | Soil Depth to Rock or Parent Material Recorded When Encountered | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(5) | Depth to Restrictive Horizons Recorded When Encountered? | Yes ☐ | No ☐ | N/A ☐ |
| .1939 (a)(6) | Sufficient Available Space Recorded? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(m) | Are the Profile Locations Shown? | Yes ☐ | No ☐ | N/A ☐ |
| .1939(a) | Are the S/PS Profiles in system & in repair area? | Yes ☐ | No ☐ | N/A ☐ |
| & .1945(b) | Number of auger borings made: _____ Were sufficient auger borings made? | Yes ☐ | No ☐ | N/A ☐ |
| .1939(d), .1955, .1956, .1957 | LTAR | Yes ☐ | No ☐ | N/A ☐ |
| | **Improvement Permit/Construction Authorization** | | | |
| .1937(g) 130A-336(a) | Proposed System Type stated-Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1945(b) | Proposed System Type stated-Repair | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336 (a)(3) | System location identifiable by setbacks - Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) .1945(b) | System components shown – Initial | Yes ☐ | No ☐ | N/A ☐ |
| .1945(b) | Repair area shown | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g). | Does System design match facility, flow & WWcharacteristics? | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is System design consistent with soil/site conditions? | Yes ☐ | No ☐ | N/A ☐ |
| .1937 (f)(g) | Is the System located in the approved area? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a) | Is the Design flow (gpd) indicated? | Yes ☐ | No ☐ | N/A ☐ |

| | | | | |
|---|---|---|---|---|
| 130A-336(a) | Number of Bedrooms, employees, seats, etc. indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench depth indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench width indicated? | Yes ☐ | No ☐ | N/A ☐ |
| .1937(g) | Trench length indicated? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Proposed/existing well shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a)(1) | Property line lengths shown? | Yes ☐ | No ☐ | N/A ☐ |
| 130A-336(a) | Facility/appurtenance setbacks shown from fixed points? | Yes ☐ | No ☐ | N/A ☐ |
| | Operation Permit | | | |
| .1937(i) | System type as described in table V(a) of rule .1961 | Yes ☐ | No ☐ | N/A ☐ |
| .1937(i) | Conditions for system performance, operation, maintenance, monitoring and reporting. | Yes ☐ | No ☐ | N/A ☐ |

II. WASPS Review:

| | | | |
|---|---|---|---|
| Construction authorization issued | Yes ☐ | No ☐ | N/A ☐ |
| Installation approval issued | Yes ☐ | No ☐ | N/A ☐ |
| Operation permit issued | Yes ☐ | No ☐ | N/A ☐ |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

# Items requiring correction/modification: _____

Comments:

IA issued date: 1-10-08

OP issued date: 1-15-08

Review performed by: _____

Date performed: 1-17-08

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

**INSTALLATION APPROVAL for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 9227 Permit #: _____ Tax Parcel #: 045-452-18

Property Owner: CHARLES BOWERS

Job Location Address: 4315 GIBBON ROAD

City: CHARLOTTE State: NC Zip Code: 28269

**Installation Approval Issuance Date:** 1/10/08

Permission is hereby given to ☐ install ☐ alter ☒ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 2/10/08, after which date this approval shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

***NOTICE: This system shall not be installed while soils are in a wet condition.**

Permitted Design Flow: 360 GPD

Site LTAR: 0.3 GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: ——— gallons

Drainfield Design ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 36 inches

Bed Width: 6 feet

Total line length: 160 feet

# of Lines: 2 @ 80 feet

Depth of Media: 12 inches (Type) 25% Rd.

Distribution Device: D-Box

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

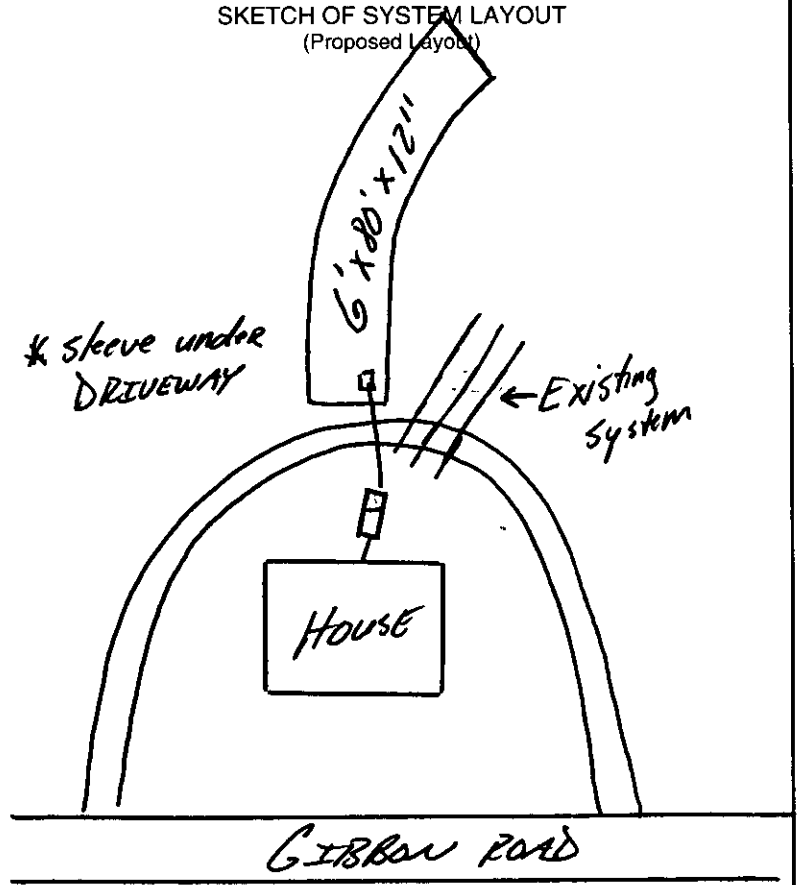
Minimum System Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: 710' feet

Distance from Water Supply Source: >100 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)




Comments: System Classification & Type: III g 25% Rd. System

2008 REPAIR

DENR Authorized Agent: Jeremy Michael, RS Signature: Jeremy Michael, RS

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**OPERATION PERMIT for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 9227 Permit #: _____ Tax Parcel #: 045-452-18

Property Owner: CHARLES BOWERS

Job Location Address: 4315 GIBBON ROAD

City: CHARLOTTE State: NC Zip Code: 28269

**Operation Permit Issuance Date:** 1/15/08 Contractor Name: STANLEY SEPTIC

Permitted Design Flow: 360 GPD

Liquid Capacity of Septic Tank: existing gallons

Liquid Capacity of Dosing Tank: — gallons

Effluent Pump Model: —

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: 1/15/08

Pump & Controls Inspected: —

Bed Installation *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: 30 inches

Bed Width: 6' feet

Total line length: 160 feet

# of Lines: 2 @ 80 feet

Depth of Media: 12 inches (Type) E-2 FLOW

Depth of Cover: 18 inches

Distribution Device: D-BOX

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

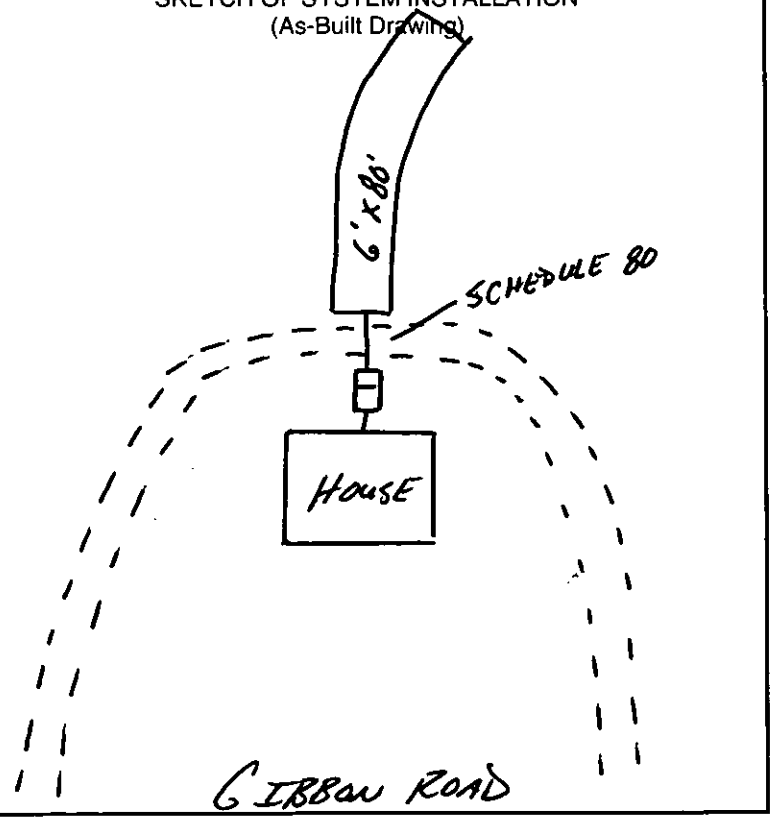
System Installation Setbacks

Distance from Building Foundation: >5' feet

Distance from Property Line: >10' feet

Distance from Water Supply Source: >50' feet

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)




The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☐ repaired ☐ as detailed in the plot above ☐ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit 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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document 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.

**Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.**

Comments: System Classification & Type: IIIg 25% Red.
2008 REPAIR

DENR Authorized Agent: Jeremy Nicholson, R.S. Signature: Jeremy Nicholson, R.S.

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DENR
Division of Environmental Health
On-Site Wastewater Section

**OPERATION PERMIT for an**
**ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

File #: 9227 Permit #: _____ Tax Parcel #: 045-452-18

Property Owner: CHARLES BOWERS

Job Location Address: 4315 GIBBON ROAD

City: CHARLOTTE State: NC Zip Code: 28269

**OPERATION PERMIT CONDITIONS:**

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: III-9

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☒ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

_____

_____

_____

_____

DENR Authorized Agent: Jeremy Nicholson RS Date: 1/15/08

Signature: Jeremy Nicholson RS

FILE NUMBER: 9227 Revised On: August 31, 2007 APPLICATION NUMBER: 3162

SEPTIC FEE: DATE: 1-18-08

**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**
**APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

WELL FEE: DATE:

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☑ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 045-452-18
STREET ADDRESS: 4315 Gibbon Rd.
CITY: Charlotte
STATE: NC ZIP: 28269
SUBDIVISION NAME: Crater Park
LOT #: LOT SIZE (acres): 225-90
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☑ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:
BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☑ HOUSE ☐ OTHER
HEATED SQUARE FOOTAGE:
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: ____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: ____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

| | ☒ ANY TYPE | ☐ CONVENTIONAL | ☐ ACCEPTED | ☐ INNOVATIVE | ☐ ALTERNATIVE | ☐ OTHER |
|---|---|---|---|---|---|---|
| 8A. RANK: | X | ____ | ____ | ____ | ____ | ____ |

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

| | | | | |
|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES ☐ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES ☐ NO |
| EXISTING WASTEWATER (SEPTIC) SYSTEMS | ☐ YES ☐ NO | JURISDICTIONAL WETLANDS | ☐ YES ☐ NO |
| WELLS, SPRINGS, OR WATER LINES | ☑ YES ☐ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ☐ YES ☐ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES ☐ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ☐ YES ☐ NO |

10. PROPERTY OWNER:
NAME: Charles and Virginia Bowers, Sr
ADDRESS: 4315 Gibbon Rd.
CITY: Charlotte
STATE: N.C. ZIP: 28269
HOME PHONE: 704-599 4741 WORK PHONE: Retired
MOBILE PHONE: ____ FAX: ____

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? ____
13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? ____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Charles M Bowers Virginia P Bowers 1-15-08
Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:
If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

Date Received 4/22/75

ICARIS Application No. 9227

T. C No 045-452-78

Map Date 23Sep71

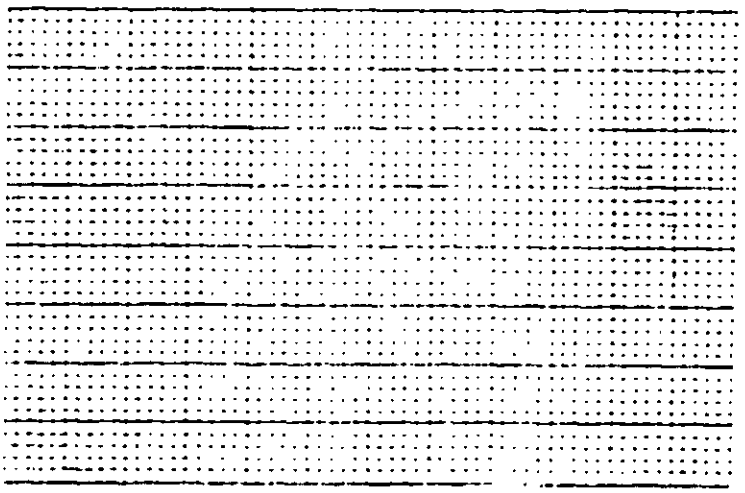
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**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 Health Department for a permit to

Install or Construct ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

4 No. of Bedrooms 3

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 Bowers, Charles (Last, First, Middle)

14 ADDRESS OF OWNER Rt# 13 Box 628 (Gibbon Rd)

15 PHONE NO Home Office

16 LOCATION OF SYSTEM Gibbon Road (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 PERCOLATION TEST 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.

22 Apr 75
DATE OF APPLICATION

Rev. Charles Bowers
OWNER

FORM NO E 4-4-74

**HEALTH DEPARTMENT'S COPY**

Date Issued 22 Apr 75 Serial No. ICAR(S) Permit No. 9227

T C No 095-459-18

Map Date 22 Sept 71

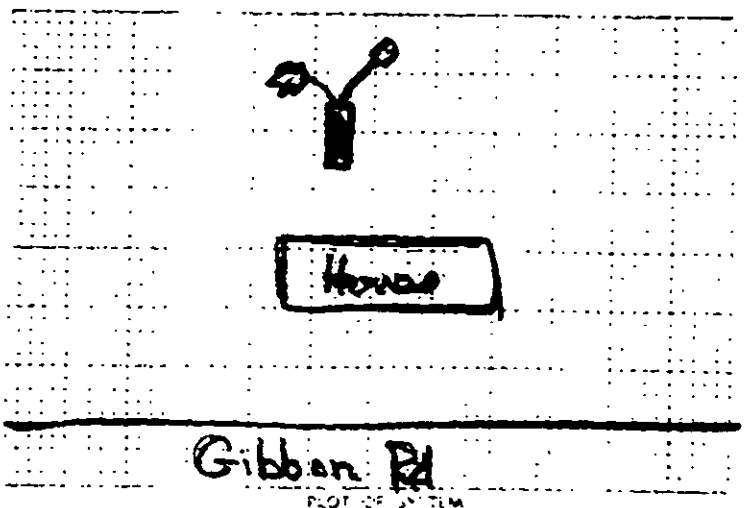
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

**(Individual Septic Tank Systems 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 22 Apr 75 and this permit shall be void and of no effect if the information provided in the application is in any way erroneous. All work shall be completed on or before _____ after which date this permit shall be null and void.




PLOT OF SYSTEM

Proposed Rate _____

Liquid Capacity of Tank _____

Type of Tank _____

Absorption Area Required

Min. Length 100'

No. 2 5'x50'

Distribution Box 10'

Trench Spacing 10'

Distance from Well 50'+

NAME OF OWNER Bowers, Charles

LOCATION OF PROPERTY Lot #13 Box 628 (Gibbon Rd)

The system is approved subject to all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments Owner may add additional footage if desired

G. M. Reynolds
Environmentalist

District Sanitarian

If this permit is for the installation or construction of a new system it must be signed by the division or a district supervisor of Environmental Health Department to be valid. This is the signature of the Environmentalist where an existing system is being altered or repaired.

E-5-8-1-72

rec'd 6/10/75

Date Issued 28 Apr 75 Serial No. 5770 C of A (s) No. 9227

T C No 045-452-18

Map Date 22 Sept 71

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Bowers, Charles (LAST, FIRST, MIDDLE)

Location of Property Rt 13 Box 628 (Gibbon Rd)

Application Number 9227 Permit Number 9227

**Inspection Date:**

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 1000' Number of Lines @ 5' x 50'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 28 Apr 75 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 28 Apr 75 (DATE)

Washing Machine Line Inspected If Applicable 2 (DATE)

The undersigned hereby approves the Individual Septic Tank System with subsurface soil absorption effluent disposal as described above and as shown on the plot plan which has been submitted ✓ and approved by the Mecklenburg County Board of Health. This approval is valid for a period of one year from the date of issuance of the permit. The issuance of this Certificate of Approval does not guarantee that the system will operate properly or relieve any person who owns, operates, or is using such system from any liability arising from the failure of said system. This Certificate of Approval is issued subject to the restrictions and conditions listed below and in addition to those listed below under which the Certificate of Approval was issued. This Certificate of Approval shall be 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 septic tank drain line additions

R M Reynolds
Environmentalist

FORM NO E-6-8-1-72

(OVER) DEPARTMENT COPY

Date Received 7/7/22

ICAR(S) Application No. 9229

T C No. 045-452-18

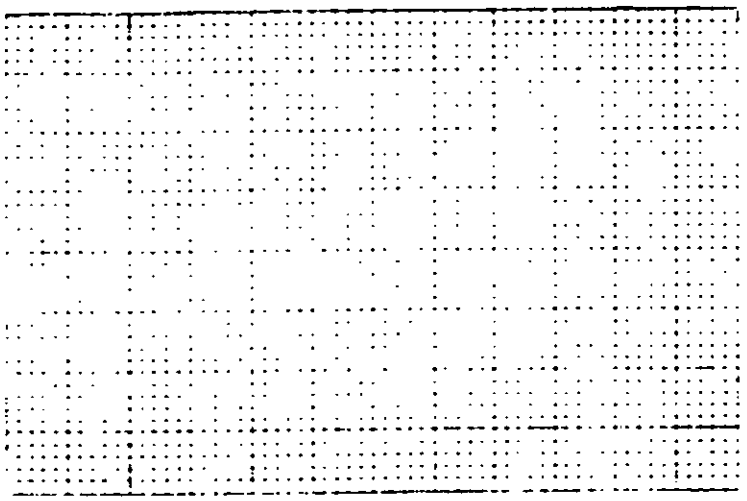
Map Date _____

# 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) 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___ ___No
___ Yes ___ No
___ Yes ___ No
___ Yes ___ No
___ Yes ___ No
___ Yes ___ No
___ Yes ___ No
___ Yes ___ No

13. NAME OF OWNER Erskine (LAST) Frank (FIRST) Nickerson (MIDDLE)

14. ADDRESS OF OWNER 5[illegible] [illegible] Creek Rd.

15. PHONE NO Home 5[illegible]-0[illegible] Office 3[illegible]-7[illegible]

16. LOCATION OF SYSTEM [illegible] Creek Rd. (STREET OR COUNTY ROAD)

17. SUBDIVISION _____ Lot No 44 Block No 2

Map Book No 5 Page No. 357

18. DEED REFERENCE — DEED BOOK 2315 AT PAGE [illegible]

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.

7/9/22
DATE OF APPLICATION

Charles M. Erskine Jr.
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 7-10-79

Serial No. 2942

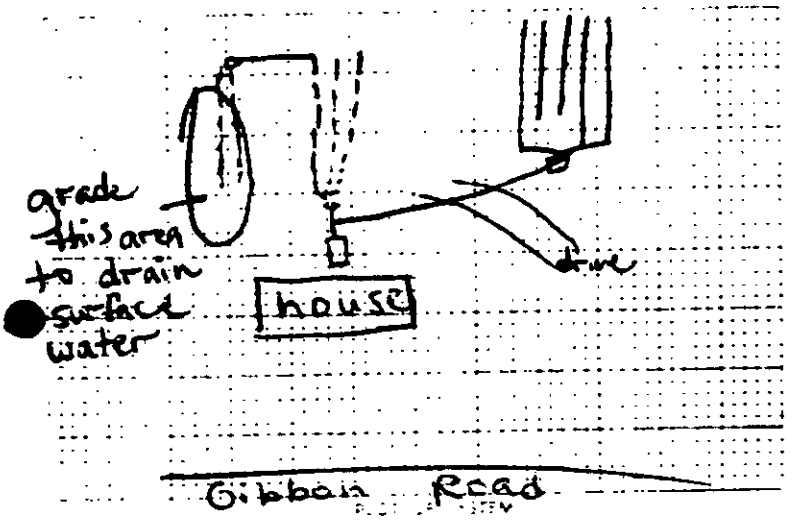
ICAR (S) Permit No. 9227

T C No 045-452-18

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 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 property. This permit is granted based upon the information supplied in application 9227 dated 7-9-79 and is void if the information provided in the application is found to be incorrect before 7-20-79 after which date the permit is void.




Absorption Trench Length 100'

Number of Lines 3

Distance from House 10'

Distance from Property Line >5'

Distance from Well 100'

Owner Bowers, Charles M.

Property Location 4315 Gibbon Road

Construction shall be in accordance with the Regulations of the Mecklenburg County Board of Health governing the granting of this permit. A certificate of approval for the septic tank system can be covered up or otherwise put into use until it has been approved by the Environmentalist.

THIS DEPARTMENT DOES NOT IN ANY WAY GUARANTEE THAT THE SYSTEM CONSTRUCTED WILL OPERATE SATISFACTORILY OR IN ACCORDANCE WITH THE REGULATIONS, NOR DOES IT ASSUME ANY RESPONSIBILITY OR LIABILITY FOR ANY DAMAGES RESULTING FROM THE FAILURE OF THE SYSTEM TO OPERATE PROPERLY.

Comments 9' x 34' x 17" of stone with grade boards + 9' x 3' x 5' auxiliary pit

Michael C. Sexton
Environmentalist

Division or Section Head

* 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-5-78

Environmental Health Department's Copy

C of A (s) No. 9223

Serial No. 2855

T C. No. 045-452-18

Date Issued 12 July 1979

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH
## ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Bowers (LAST) Charles (FIRST) M. (MIDDLE)

Location of Property 4315 Gibbon Road

Application Number _____ Permit Number _____

**Inspection Date:** repair

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100' Number of Lines 3

Depth of Filter Material 12" Cover Depth 24" to 36"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected ✓ (DATE) Tank Inspected ✓ (DATE)

Nitrification Field Inspected 11 July 1979 (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. ✓ ... installed 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, operating 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 the restrictions and conditions set forth on the permit 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 as permitted

John P. Adkisson
Environmental Specialist

EHD-S-76

Environmental Health Department's Copy