

1223 DALE AV

03513407

6/5/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5740A DATE: 3/21/90

TC: 0351340 ☒ L ☐ CRT

SERIAL № 13209

Name of Owner Ron Lawing Juris.:

Address of Property 1223 Dale Ave

Inspection Data:

Tank Material –

Total Length of ~~Drainfield~~ Bed 180'

Number of Lines 3 @ 60

Cover Depth 12"

Water Supply Source well

Distance to Water Source >50

Excavation Inspected 3/21/90

Tank(s) Inspected –

Wash Line Inspected –

High Water Alarm Inspected –

PLOT

Design: 1990 Repair CTR# 103

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ 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 10 NCAC 10A .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.

COMMENTS:

Phila A. Walker R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 5740A
035-134-07
TC:

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 11 1989
ENVIRONMENTAL HEALTH DIVISION

SERIAL: № 18368 ☑ CRT ☐ CRT

JOB LOCATION

① ADDRESS: 1223 (STREET NO.) Dale Ave (STREET) ② BLK: ____

③ JURISDICTION: ____ ④ TAX PARCEL NO.: ____

⑤ SUBDIVISION: OAKDALE ⑥ LOT: ____ ⑦ BLOCK: ____

OWNER

⑧ NAME: RONALD (FIRST) LAFAY (MIDDLE) LAWING, JR (LAST)

⑨ MAILING ADDRESS: 1223 Dale Ave

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28206

⑬ PHONE: (WORK) 372-2343 ⑭ (HOME) 391-0215

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☑ Repair or alteration permit ⑱ ☐ Other (specify) ____

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 ㉕ Type? ____

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees? ____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? ____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Ronald LaFay Lawing Jr

Date: 5-9-89

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head / Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.