Date Received 4-28-83

MECK. COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
APR 28 1983

ICAR (S) Application No. 19618

T. C. No. 031-012-17

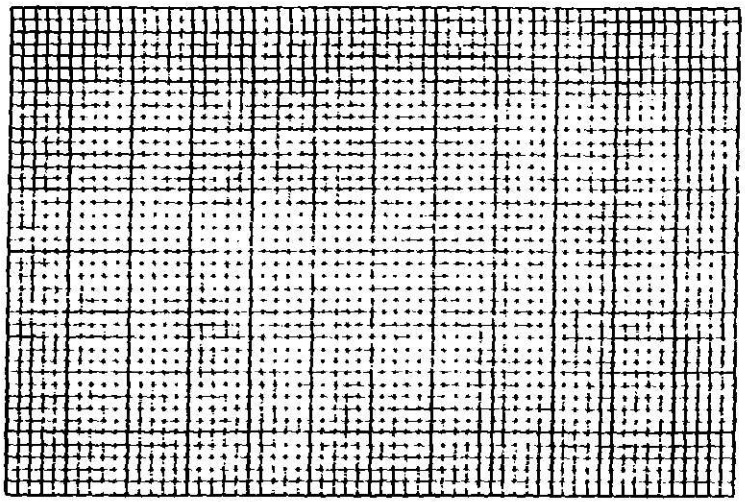
Map Date _____

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 ___
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 BLACKMAN (LAST) LINDA (FIRST) ___ (MIDDLE)

14) ADDRESS OF OWNER RT 3 Bx 332 CONSTANTIA, N.C. 28050

15) PHONE NO. Home CALL SECRETARY 375-4518 Office ___

16) LOCATION OF SYSTEM [illegible] MORNINGSIDE RD (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 40 41-45 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.

April 26, 1983
DATE OF APPLICATION

Donald Blackman
Linda Blackman
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 5/23/83

Serial No. 6295

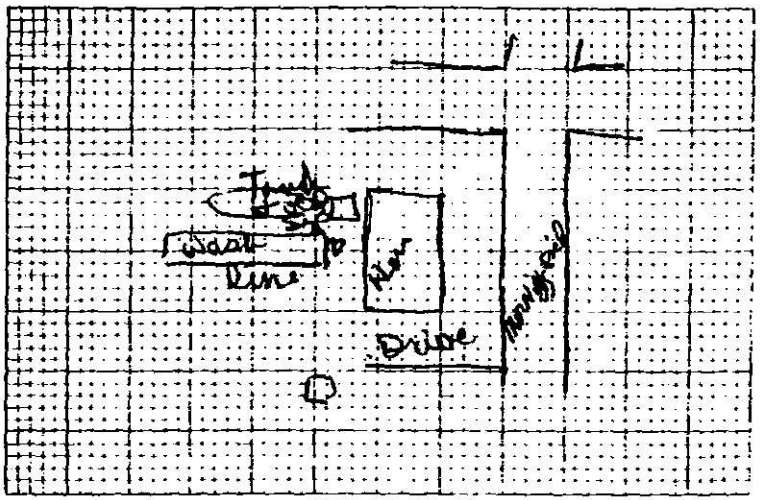
ICAR(S) Permit No. 19618

T. C. No. 031-06-17

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 19618 dated 4/26/83 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 6/23/83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank ↓

Tank Construction _____

Absorption and or Nitrification Line

Total Line Length 125 lin ft

Number of Lines 2

Distance from House >5'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Blackman Linda c/o Joel murphy

LOCATION OF PROPERTY Rt 3 Box 332 Gastonia NC 28050
200 Morningside 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.

Comments: 2 lines 21 ft 15" stone Straw Cover Remove overflow from tank remove wash line pipe / use New D box from house

Randy C Pool RS
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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19618

Date Issued 5/26/83 Serial 5870 T. C. No. 031-012-17

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 Blackman (LAST) Linda (FIRST) c/o Joel murphy (MIDDLE)

Location of Property 200 Morningside Rd.

Application Number 19618 Permit Number 19618

Inspection Data:

Liquid Capacity of Tank Wash line Tank Material Repair (returned in)

Total Length of Drain Tile 125' Number of Lines 3

Depth of Filter Material 15' Cover Depth 1½'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 5/26/83 (DATE) Tank Inspected Repair (DATE)

Nitrification Field Inspected 5/26/83 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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, ✓ 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: _____

Randy C Poole RS
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY