

3910 VOYAGER RD

1/29/08

thomatc

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

Date Received 2-22-84

SEE INSTRUCTIONS ON BACK

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FEB 22 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 20647

T. C. No. 113-173-06

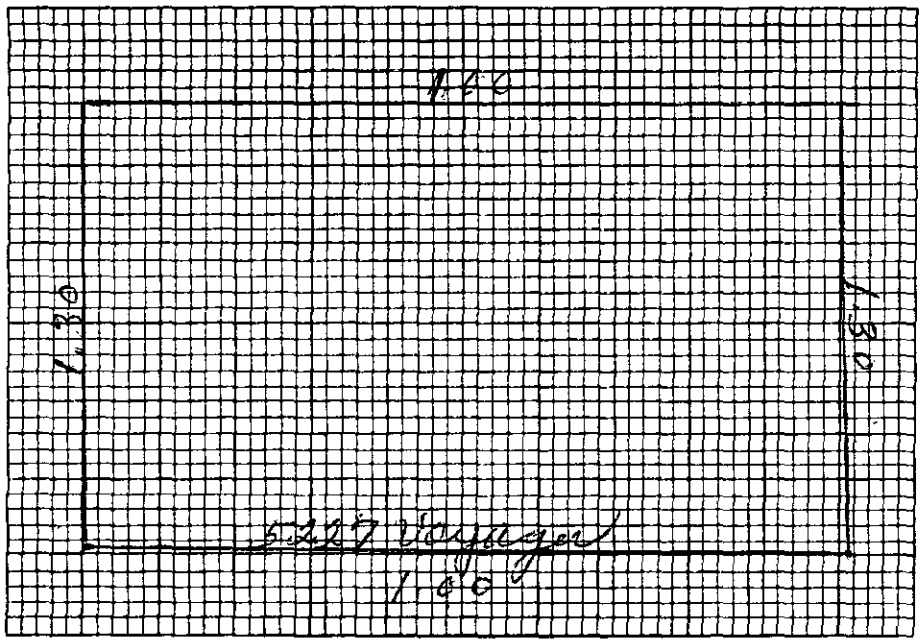
Map Date

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 2
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 Mauney (LAST) Jr. W. (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 1042 Kings Mtn, N.C. 28086

15) PHONE NO. Home 399-3181 Office 399-3181

16) LOCATION OF SYSTEM 5227 Voyager Rd Charlotte, NC. 28214 (STREET OR COUNTY ROAD)

17) SUBDIVISION Berryhill Mobile Hyt Lot No. #10 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3852569 AT PAGE 14

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.

2/21/84
DATE OF APPLICATION

W. K. Mauney, Jr.
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 22 Feb 84

Serial No. 6961

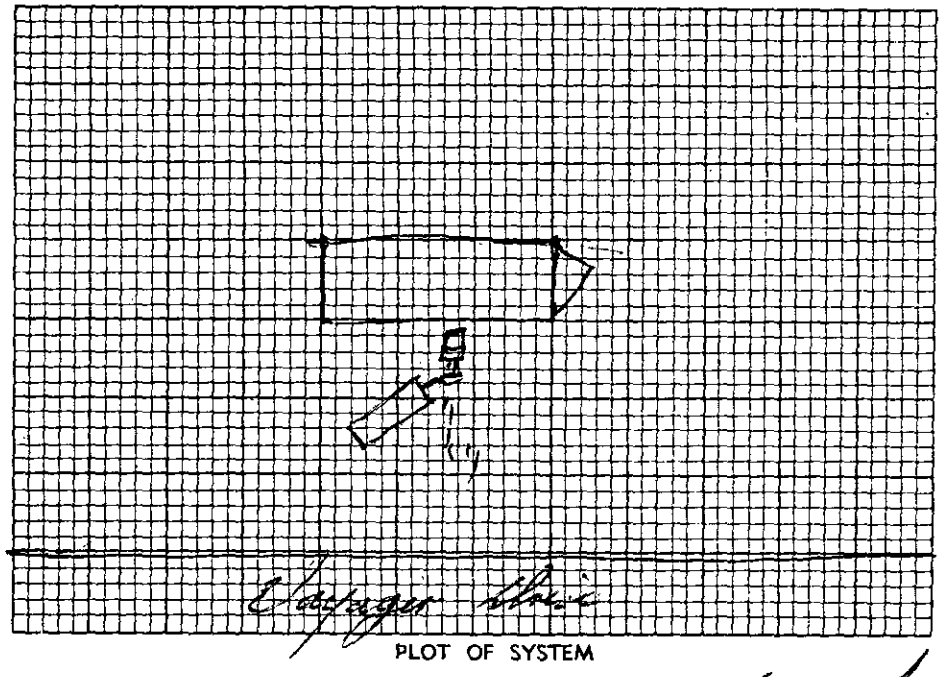
ICAR (S) Permit No. 20647

T. C. No. 113-173-06

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 22 Feb 84 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 22 Mar 84, 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 100'

Number of Lines 2

Distance from House 210'

Distance from Property Line 210'

Distance from Well NA

NAME OF OWNER Mauney W. H. Jr.

LOCATION OF PROPERTY (Lot 10) 5227 Voyager ~~Haven~~ 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.

1 Bed 6'X30'X42"

Comments: _____

_____ Division or Section Head

W. H. Hardy 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

C of A (s) No. 20647

Date Issued 3-26-84 Serial 6460 T. C. No. 113-173-06

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 Mauney (LAST) W. (FIRST) K. (MIDDLE)

Location of Property 5227 Voyager Dr. (Lot 10)

Application Number 20647 Permit Number 20647

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 42" Cover Depth 24"

Water Supply Source comm. Distance from Water Source —

Excavation Inspected 3-26-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3-26-84 (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, ✓ 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:

B. R. Ferguson
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY