SEE INSTRUCTIONS ON BACK

Date Received 7-20-83

ICAR(S) Application No. 19838

T. C. No 203-151-04

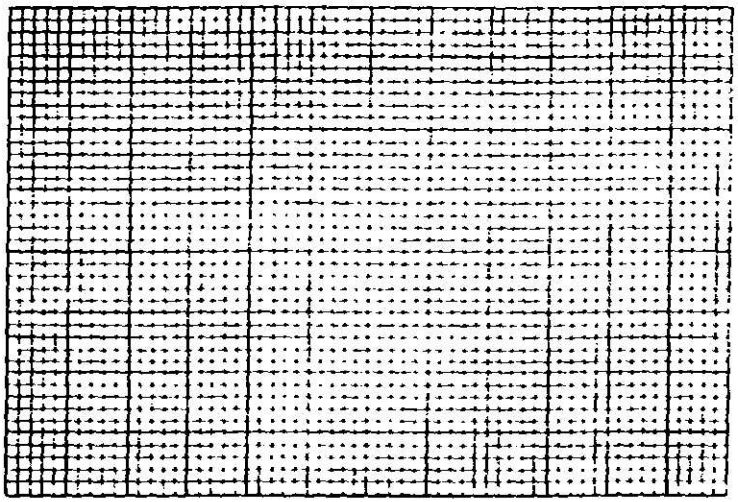
Map Date _____

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 BOYD, Mrs. WILMA M
LAST FIRST MIDDLE

14) ADDRESS OF OWNER RT 1 BOX 123 PINEVILLE NC 28134

15) PHONE NO. Home 588-2883 Office 323-3562

16) LOCATION OF SYSTEM 10N6 ROAD SOUTH
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.

7/20/83
DATE OF APPLICATION

Mrs W M Boyd
OWNER

W M Boyd III (Son)

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

19838 /

Serial No. 6445

ICAR(S) Permit No. 19839

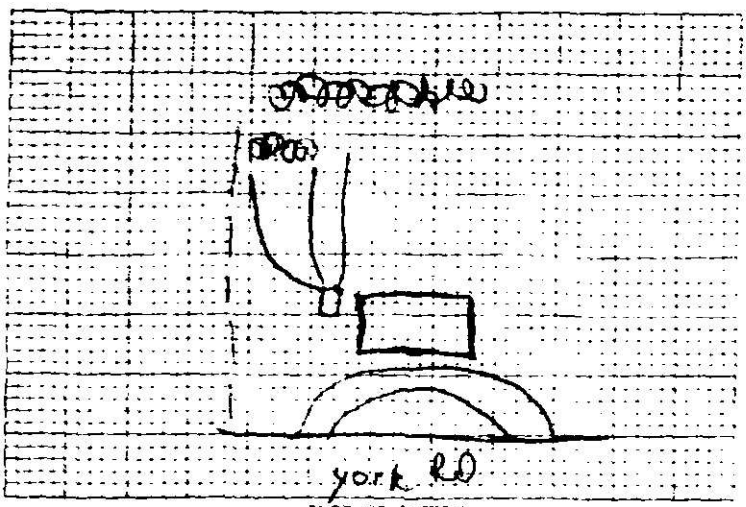
Date Issued 9/21/83

T C No. 203-151-04

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 19839, dated 7/20/83 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 8/1/35, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank Repair

Tank Construction ___

Absorption and/or Nitrification Line

Total Line Length 150'

Number of Lines 3

Distance from House >10'

Distance from Property Line >0'

Distance from Well >50'

NAME OF OWNER Boyd mrs. William M

LOCATION OF PROPERTY York Road South

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.

3/50' 3' wide x 50' long 2½ max cover 12" stone Strawn

Comments: _____

Division or Section Head

Randy C Poole
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19838 ✓

Date Issued 7/22/83 **Serial** 5996 T C No 023-151-04

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 Boyd (LAST) Mrs William (FIRST) M (MIDDLE)

Location of Property York Road South

Application Number 19338 Permit Number 19838

Inspection Data:

Liquid Capacity of Tank Repair Tank Material —

Total Length of Drain Tile 150 Number of Lines 3

Depth of Filter Material 12" stone Cover Depth 1'

Water Supply Source well Distance from Water Source >50'

Excavation Inspected 7/22/83 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7/23/83 (DATE)

Washing Machine Line Inspected, If Applicable in trench (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

EHO-5-74

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY