SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR (S) Application No. 12341

T. C. No. 035-134-14

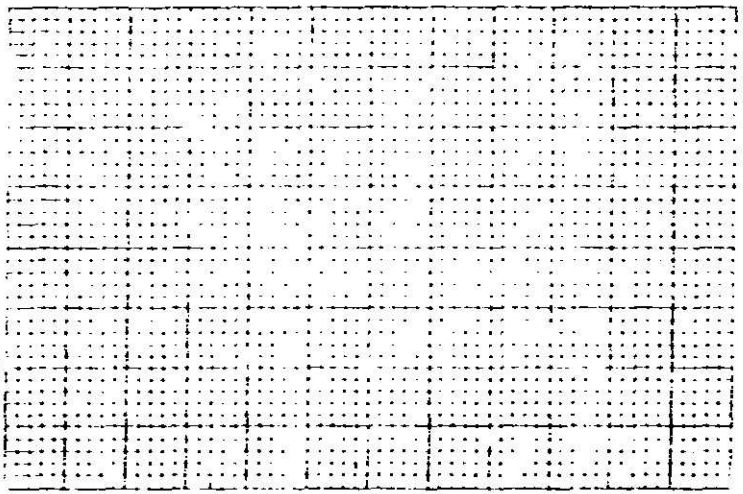
Map Date ___ _____

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) Repair 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 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 Auton (LAST) William (FIRST) Adison (MIDDLE)

14) ADDRESS OF OWNER 955 Oakdale Rd

15) PHONE NO. Home 377-3174 Office ___

16) LOCATION OF SYSTEM 955 Oakdale Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 574 AT PAGE 174

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.

DATE OF APPLICATION ___

W A Auton
OWNER

EHD-5-74

Environmental Health Department's Copy

Date Issued 10 Nov 71

Serial No. 0719

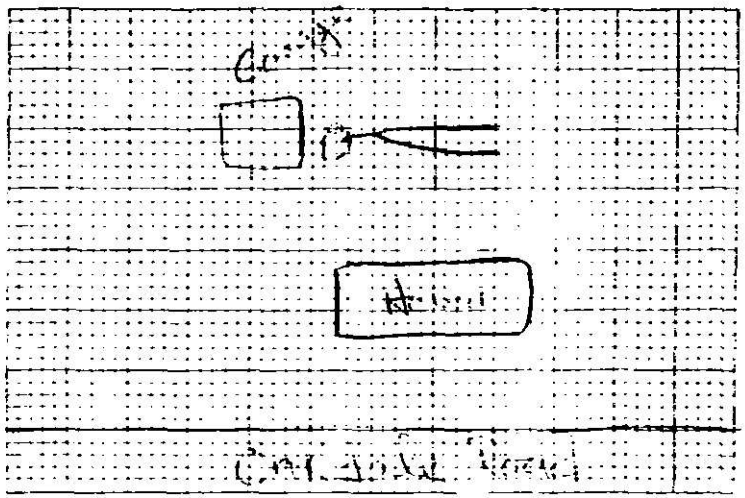
ICAR (S) Permit No. 12341

T. C. No. 035-134

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 _____ 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 ___ _____ ____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank 2-1'

Tank Construction _____

Absorption and or Nitrification Lines

Total Line Length 80'

Number of Lines 2 X 40'

Distance from House 15'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Commissioners 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 inspectable 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** Comments **now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.**

[signature]

Division or Section Head

[signature]

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-5-74

Environmental Health Department's Copy

Date Issued 16 May 77 Serial No. 0638

C of A (s) No. 12341

T. C. No. 035-134-K

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 Auten, W.A. (LAST, FIRST, MIDDLE)

Location of Property 955 Oakdale

Application Number 12341 Permit Number 12341

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 80ft Number of Lines 2

Depth of Filter Material 17"+ Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 16 May 77 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 16 May 77 (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

J. M. Aycock
Environmentalist

EHD-5-76

Environmental Health Department's Copy