SEE INSTRUCTIONS ON BACK

Date Received 1-23-80

ICAR(S) Application No 16494

T C No 10057-151-09

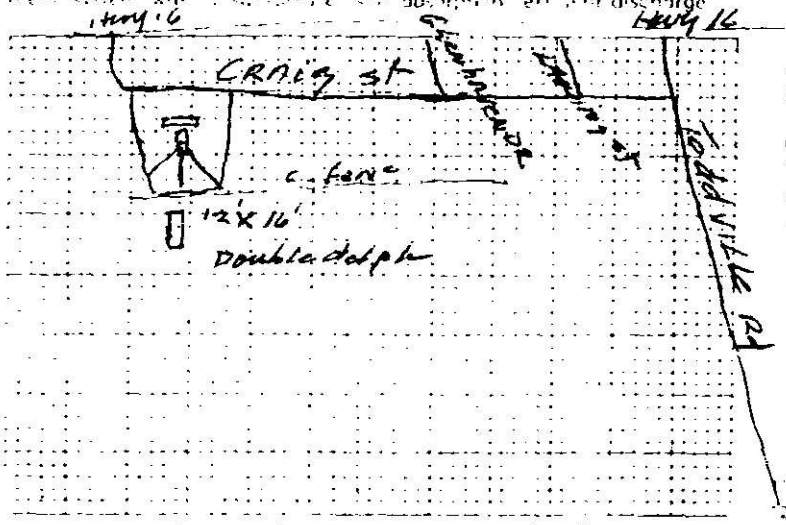
Map Date

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 the property described hereinafter hereby applies to the Mecklenburg County Department of Environmental Health for a permit to

1. Install 2. Construct 3. Alter 4. Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



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 ___
Sewage System
Home located within 200 feet of public sewer ___Yes ___No
Home located within 200 feet of community sewer ___Yes ___No
FHA Case No ___
VA Case No ___

3. PLOT PLAN ACCURATELY DIMENSIONED

13. NAME OF OWNER Willie Power — OLLINS (LAST) JAMES (FIRST) P (MIDDLE)

14. ADDRESS OF OWNER 1149 Craig St.

15. PHONE NO Home 399-7509 Office 344-7550

16. LOCATION OF SYSTEM 1149 (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.

DATE OF APPLICATION ___

OWNER James P Ollins

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial 3562

Date Issued 7-24-80

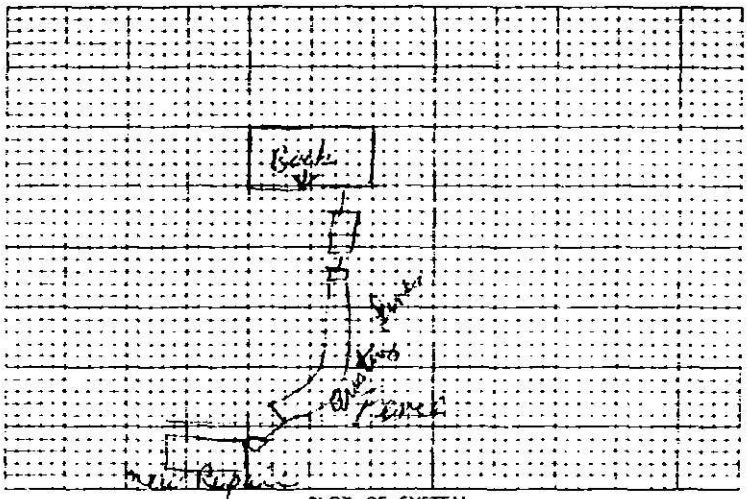
ICARIS Permit No 16494

T C No 057-151-09

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, X 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 1500 gal

Tank Construction RC

Absorption and or Nitrification Lines

Total Line Length 16' Double Width

Number of Lines 4

Distance from House 10'

Distance from Property Line 15'

Distance from Well 50'

NAME OF OWNER Jane E Allison for Eula Mae C.

LOCATION OF PROPERTY 6127 Mary Ct

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.

12' x 16' Double Length Stone

_____ Division or Section Head

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. 16494

Serial 3382

Date Issued 1-25-80

I C No 057-151-01

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 Gillin (LAST) James (FIRST) R. C. Buchanan (MIDDLE)

Location of Property 6749 Long Shoals

Application Number 16494 Permit Number 16494

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile _____ Number of Lines 4 Double Depth Lines

Depth of Filter Material 34" Cover Depth 5"

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 1-25-80 (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 1½" x 6' with trouble light time

Environmentalist

EHO-5-76

Environmental Health Department's Copy