Date Received 10-29-84

RECEIVED OCT 29 1984 ENVIRONMENTAL HEALTH

Application No. 21544

T. C. No. 031-085-02

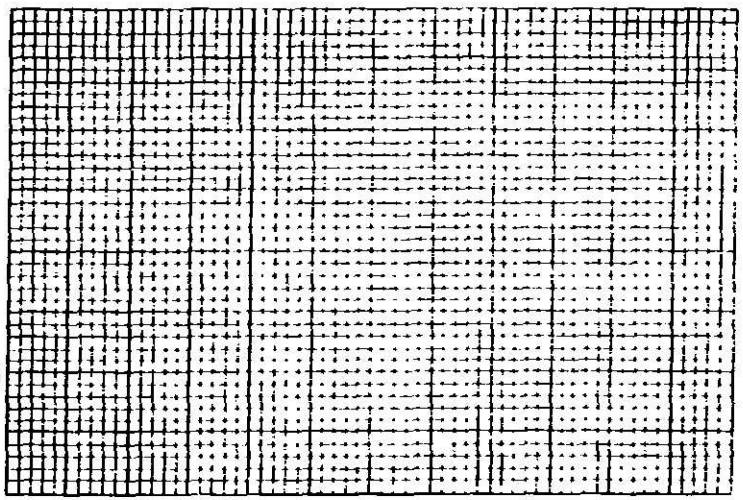
Map Date

# 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 Ballard (LAST) Rachel (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER 113 Scottsmoor Dr Char 28214

15) PHONE NO. Home 393-5240 Office 394-2129

16) LOCATION OF SYSTEM 113 Scottsmoor Dr (STREET OR COUNTY ROAD) Char 28214

17) SUBDIVISION Southwood 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.

10-29-84
DATE OF APPLICATION

Rachel C Ballard
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 10-31-84

Serial No. 07695

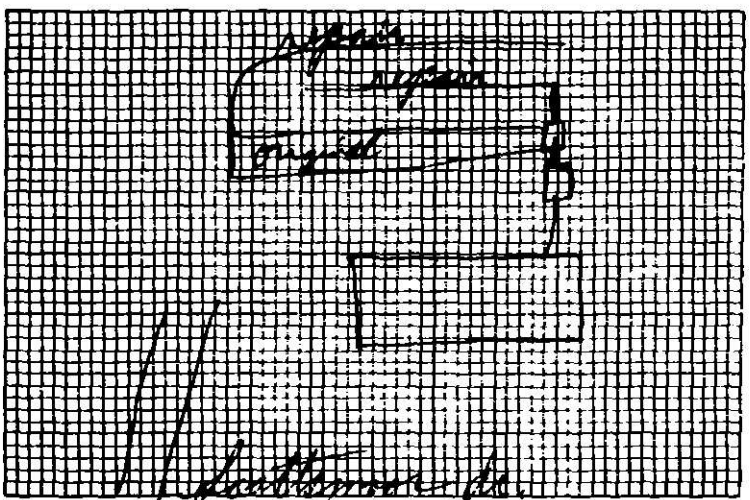
ICAR(S) Permit No. 21544

T. C. No. 031-085-02

Map Date L

# 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 21544, dated 10-29-84 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 11-30-84, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate regain

Liquid Capacity of Tank ———

Tank Construction ———

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 2

Distance from House 5'

Distance from Property Line 10'

Distance from Well city

NAME OF OWNER Rachel Ballard

LOCATION OF PROPERTY 113 Scattermoor Dr.

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.

2 lines 3'X50'X24" stone

Comments: ———

T. S. Hardister
Division or Section Head

D. R. Ferguson
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-S-76

Environmental Health Department Copy

C of A (s) No. 21544

Date Issued 11-1-84 **Serial** 7059 T. C. No. 031-085-02 L

# 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 Ballard (LAST) Rachel (FIRST) _____ (MIDDLE)

Location of Property 113 Scottsmoor Dr.

Application Number _____ Permit Number _____

**Inspection Data:**

Liquid Capacity of Tank repair Tank Material _____

Total Length of Drain Tile 200' Number of Lines 2

Depth of Filter Material 24" Cover Depth 15"

Water Supply Source city Distance from Water Source _____

Excavation Inspected 11-1-84 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 11-1-84 (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-S-76

Environmental Health Department Copy