Date Received 4-29-83

MECK COUNTY DEPARTMENT OF, RECEIVED ON BACK
APR 29 1983
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 19620

T. C. No. 005-201-27

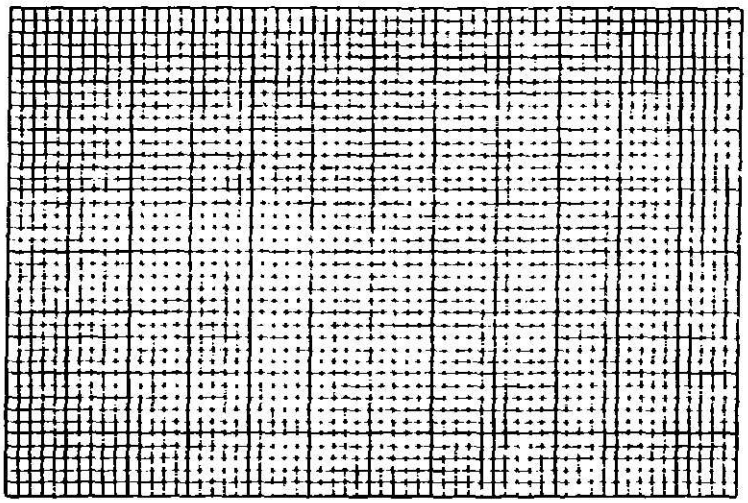
Map Date

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 X Yes ___ No
4) No of Bedrooms 3
5) Business Use — Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal ___ Yes ___ No
8) Dishwasher ___ Yes ___ No
9) Water Supply
A) Individual Well ___
B) Governmental System X
C) Community System.
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer X Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No
11) FHA Case No ___
12) VA Case No. ___

13) NAME OF OWNER White (LAST) Crawford (FIRST) A (MIDDLE)

14) ADDRESS OF OWNER 826 Airport St NE Concord N.C.

15) PHONE NO. Home 782 6824 Office 892-0196 (Knox Realty)

16) LOCATION OF SYSTEM 1960 Smith Circle Cornelius N.C. (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.

4-26-83
DATE OF APPLICATION

Crawford A. White
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

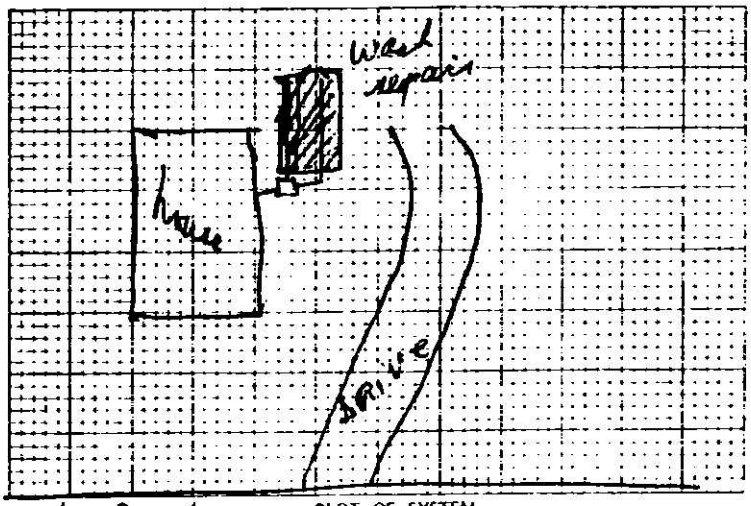
Date Issued 4-29-83 Serial No. 6215 ICAR(S) Permit No. 19620

T C No 005-201-27

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 4-26-83 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 5-29-83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate —

Liquid Capacity of Tank Repair

Tank Construction —

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 2

Distance from House >5'

Distance from Property Line >10'

Distance from Well >50'

Smith Circle

NAME OF OWNER Crawford A. White

LOCATION OF PROPERTY 19600 Smith Circle, Cornelius

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.

Weak bed repair – 6 ft wide x 15 ft long x 5 ft stone

Comments:

Division or Section Head

Environmentalist R P Kelly

* 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. 19620

Date Issued 5-2-83 **Serial** 5796 T. C. No. 005-201-27

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 White (LAST) Crawford (FIRST) A. (MIDDLE)

Location of Property 19600 Smith Circle

Application Number 19620 Permit Number 19620

Inspection Data:

Liquid Capacity of Tank — Tank Material Concrete

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 5' Cover Depth 1½-2'

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 5-2-83 (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

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 5-16-84

RECEIVED
MAY 16 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19620

T. C. No. 005-201-27

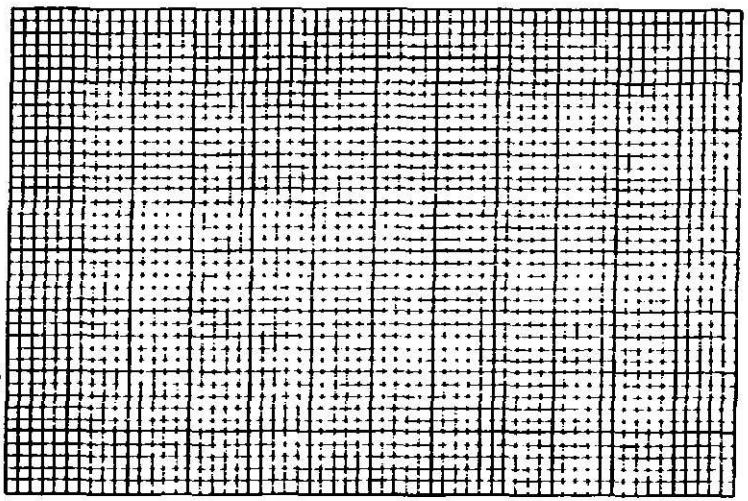
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an
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(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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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 4
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 Tant (LAST) Brian Jeffery and Nancy Beam Tant (FIRST MIDDLE)

14) ADDRESS OF OWNER 19600 Smith Circle, Cornelius, NC 28031

15) PHONE NO. Home 704-892-4370 Office 704-525-8120 (Brian)

16) LOCATION OF SYSTEM 19600 Smith Circle, Cornelius NC (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 9 Block No. ___

Map Book No. 4 Page No. 129

18) DEED REFERENCE — DEED BOOK 4669 AT PAGE 0359

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.

May 15, 1984
DATE OF APPLICATION

Nancy Beam Tant
OWNER

EHD-5-76

Environmental Health Department's Copy