SEE INSTRUCTIONS ON BACK

Date Received 12 Oct 92

ICAR(S) Application No. 19045

T. C. No. 017-173-04/05

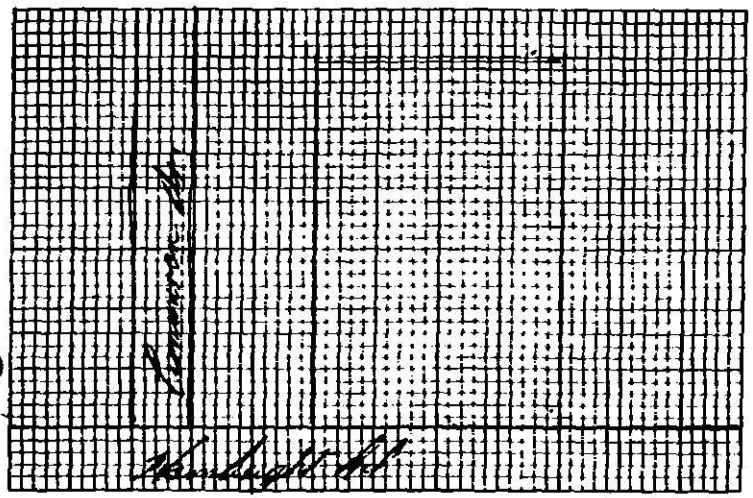
Map Date _____

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 1 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 Kevin Turner (LAST) John (FIRST) D. (MIDDLE)

14) ADDRESS OF OWNER Rte 3 Huntersville Box 374-41 28078

15) PHONE NO. Home 875-1764 Office _____

16) LOCATION OF SYSTEM Hardingtt Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION Fieldcrest Farm Lot No. 86, 87 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.

12 Oct 92
DATE OF APPLICATION

Rodger Knopf
OWNER

EHD-5-76

Serial No. 5830

Date Issued 19 Oct 82

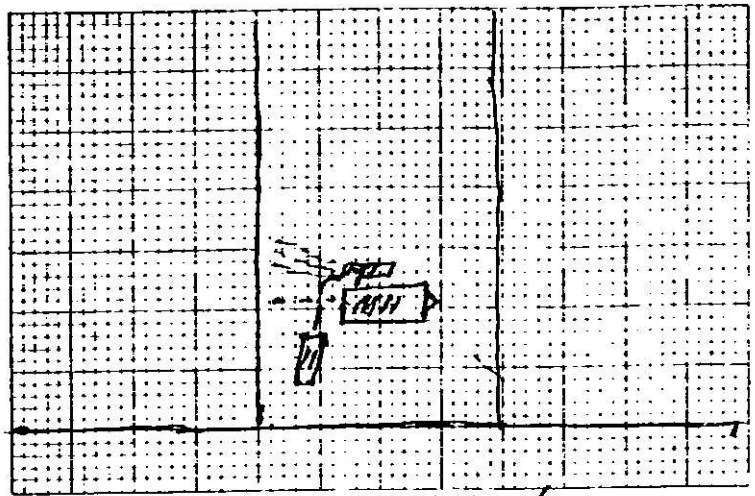
ICAR (S) Permit No. 19045

T. C. No. 017.273-04-05

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 19045, dated 12 Oct 82 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 20 Dec 82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 3

Distance from House 210'

Distance from Property Line 210'

Distance from Well _____

NAME OF OWNER Turner Johnson

LOCATION OF PROPERTY Rockwright Rd

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.

Comments: 9' x 33' x 17"

_____ Division or Section Head

M. A. Gurley 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. 19045

Date Issued 3 Nov 82 **Serial** 5491 T. C. No. 017-273 04/05

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Farmer, John (LAST, FIRST, MIDDLE)

Location of Property Wheelwright Rd.

Application Number 19045 Permit Number 19045

Inspection Data:

Liquid Capacity of Tank _____ Tank Material —

Total Length of Drain Tile 100' Number of Lines 3 (9'x23'x12")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 3 Nov 82 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 3 Nov 82 (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 _____

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY