SEE INSTRUCTIONS ON BACK

Date Received 5-2-77

ICAR (S) Application No. 12299

T. C. No. 231-034-06

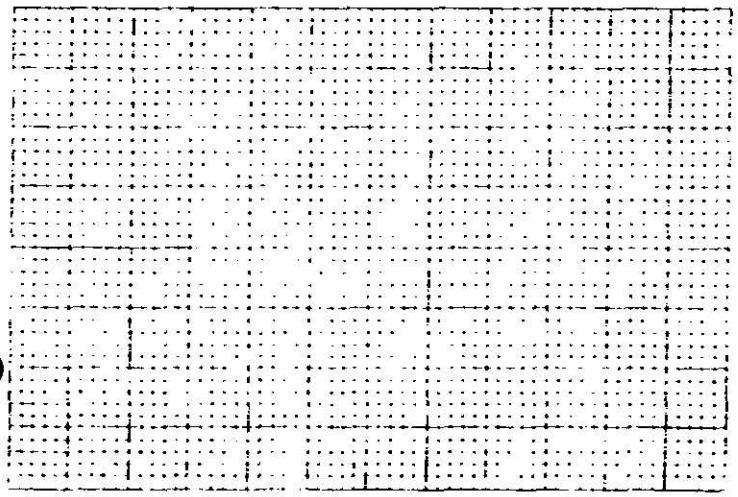
Map Date 3-9-76

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 Blair (LAST) Edwin (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER 4706 Verley Lane, Pineville, NC

15) PHONE NO Home 541-6277 Office Airport

16) LOCATION OF SYSTEM Same as above address (STREET OR COUNTY ROAD)

17) SUBDIVISION Verley Colony 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.

5/2/77
DATE OF APPLICATION

E. T. Blair
OWNER

EHD-5-76

Environmental Health Department's Copy

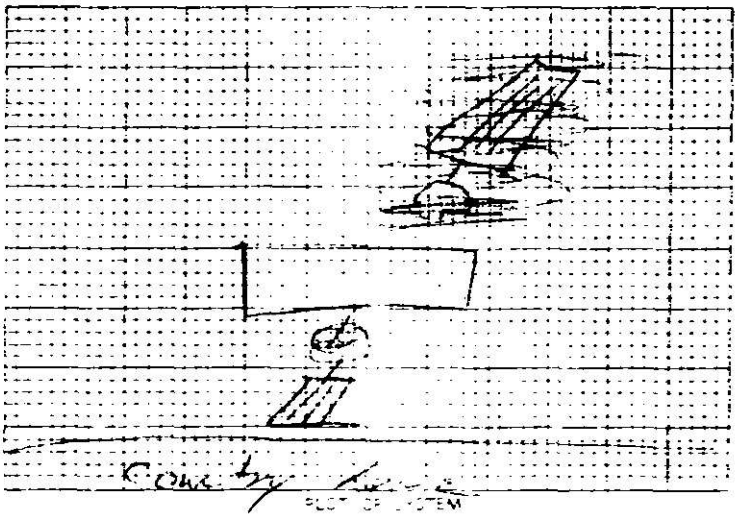
Date Issued 5-2-77 Serial No. 0696 ICAR (S) Permit No. 12299

T. C. No. 231-034-06

Map Date 3-9-76

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 12299, dated 5-2-77, 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 6-2-77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate Repair

Liquid Capacity of Tank ——

Tank Construction ——

Absorption and/or Nitrification Lines

Total Line Length 100

Number of Lines 4

Distance from House 10

Distance from Property Line 10

Distance from Well 50'

NAME OF OWNER Edwin T. Blair

LOCATION OF PROPERTY 4726 County Line

The system shall meet all the 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 occupancy must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable. **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.**

~~Repeat as previously~~

10'x13'x34'

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

Date Issued 5-2-77

Serial No. 0672

C of A (s) No. 12299

T. C. No. 231-034-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Black (LAST) Edwin (FIRST) T (MIDDLE)

Location of Property 4700 Country Lane

Application Number 12299 Permit Number ____

Inspection Date:

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 100 Number of Lines 4

Depth of Filter Material 34" Cover Depth 18"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected ____ (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 5-2-77 (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 repaired as permitted

Environmentalist

EHD-S-76

Environmental Health Department's Copy