

18522 Rosapenny Rd.

1/29/08

thomatc

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Date Received 2-20-84

SEE INSTRUCTIONS ON BACK
MECK COUNTY ENVIRONMENTAL HEALTH
RECEIVED
FEB 20 1984

CAR(S) Application No. 20637

T. C. No. 217-143-23

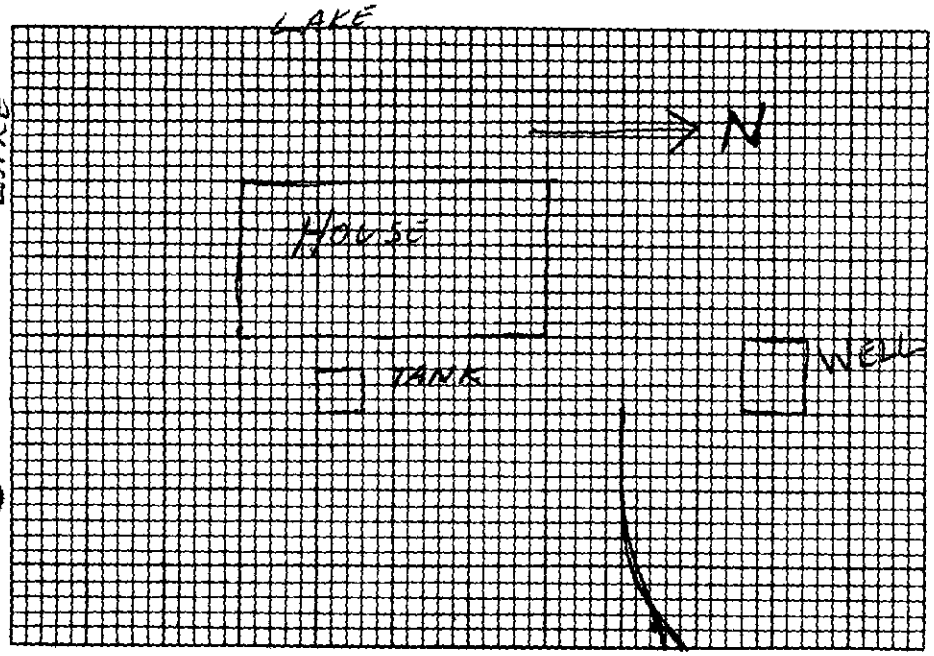
Map Date _____

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 2
5) Business Use — Max No Employees _____
6) Washing Machine ____Yes ✓No WILL ADD LATER
7) Garbage Disposal ____Yes ✓No
8) Dishwasher ____Yes ✓No WILL ADD LATER.
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 PROFFITT (LAST) RALPH (FIRST) HENDERSON (MIDDLE)

14) ADDRESS OF OWNER RT 1 Box 85-W PINEVILLE N.C. 28134

15) PHONE NO. Home 588-0244 Office 375-0663

16) LOCATION OF SYSTEM 18522 ROSEAPENNY RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 70 Block No. See 44

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.

2-20-84
DATE OF APPLICATION

W. R. Proffitt
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 2-24-84

Serial No. 07005

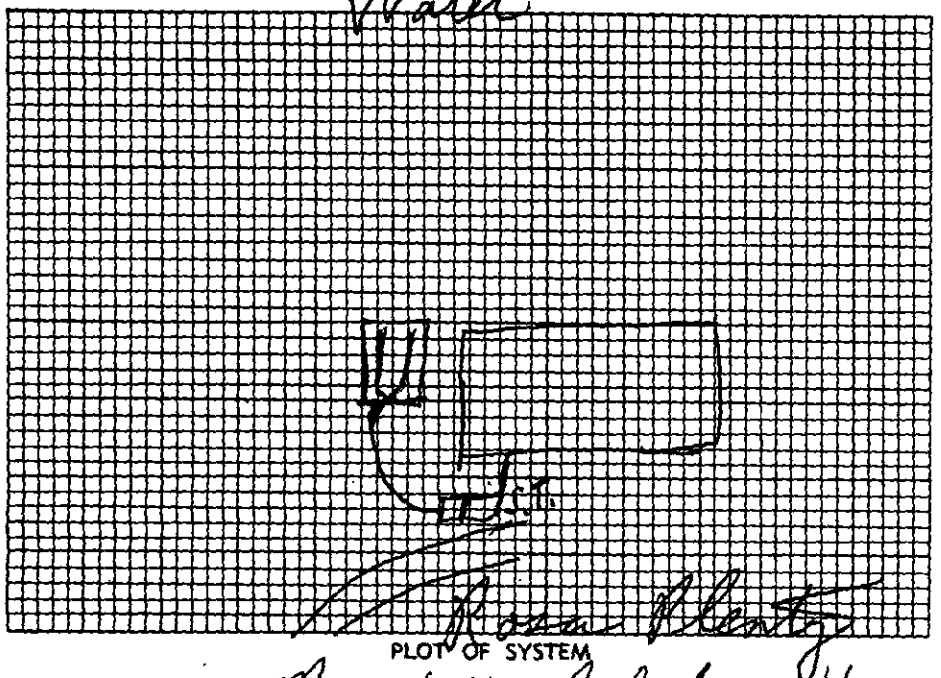
ICAR(S) Permit No. 20637

T. C. No. 217-143-23

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 20637, dated 2-20-84 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 3-[redacted]9-84, 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 150

Number of Lines 2

Distance from House 10 +

Distance from Property Line 10 +

Distance from Well 50

NAME OF OWNER Pruitt, Ralph H.

LOCATION OF PROPERTY 18522 Rosa Penny 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.

6 X 25 X 48

Comments: _____

_____ B. R. Ferguson

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

MPBR

Environmental Health Department's Copy

BJ 3-7-84

C of A (s) No. 20637

Date Issued 3-5-84 **Serial** 6455 T. C. No. 217-143-23

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Proffitt (LAST) Ralph (FIRST) H. (MIDDLE)

Location of Property 18522 Rosa Penny Rd.

Application Number 20637 Permit Number 20637

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 150 Number of Lines 2

Depth of Filter Material 48" Cover Depth 24"

Water Supply Source well Distance from Water Source 50

Excavation Inspected 3-5 (DATE) Tank Inspected 3-5 (DATE)

Nitrification Field Inspected 3-5 (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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

WBR