SEE INSTRUCTIONS ON BACK

Date Received 5-15-86

ICAR (S) Application No 21058

T. C No. 047-221-20

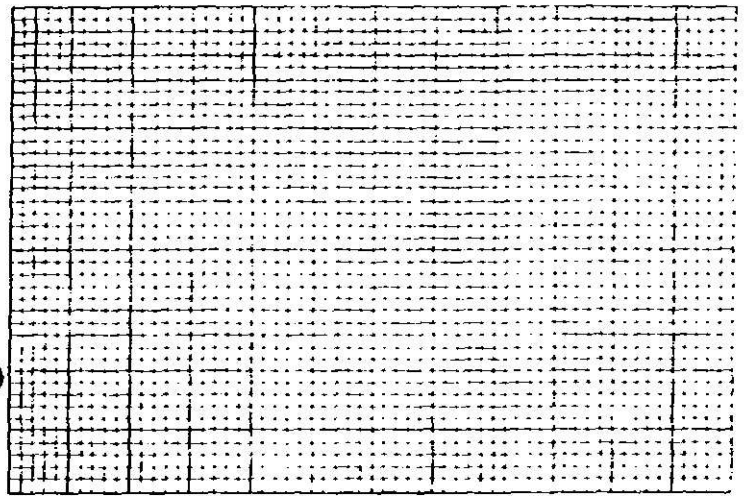
Map Date

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 herein after hereby applies to the Mecklenburg County Department of Environmental Health for a permit to use existing system

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

13) NAME OF OWNER TC Construction Company (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 2743 W. Sugar Creek Rd.

15) PHONE NO Home ___ Office 596-1441

16) LOCATION OF SYSTEM 1169 Hwy 29 1 south of Statesville (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.

DATE OF APPLICATION ___ OWNER ___

EHD-5-76

SEE INSTRUCTIONS ON BACK

Date Received 4-14-84

ICAR(S) Application No. 21058

T.C. No. C42-22-20

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 [illegible] Existing System

1) ___ Install or Construct 2) X 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 X No
Residence X Yes ___ No

4 No. of Bedrooms ___

5 Business Use — Max. No. Employees ___

6 Washing Machine ___ Yes X No

7 Garbage Disposal ___ Yes X No

8 Dishwasher ___ Yes X No

9 Water Supply
A Private Sub. Well ___
B Governmental System City
C Community System
1. Well source ___
2. Governmental source ___

10 Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11 FHA Case No. ___

12 VA Case No. ___

13) NAME OF OWNER T & C Construction Company, Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home ___ Office 596-1774

16) LOCATION OF SYSTEM 2113 Camp Ct. off Conway St. Pl.
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.

4-24-84
DATE OF APPLICATION

T & C Construction Co., Inc.
OWNER

EHD-5-76

Copy

C of A (s) No 21058

Date Issued 5-30-84 **Serial** 6672 T C No 04-321-20 L

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner T. J. Construct., Co. (LAST / FIRST / MIDDLE)

Location of Property [illegible] 7109 Lismore

Application Number 21058 Permit Number 21058

Inspection Data:

Liquid Capacity of Tank 1000 gal. Tank Material Concrete

Total Length of Drain Tile 150' Number of Lines 1 @ 150'

Depth of Filter Material 24" Cover Depth 12" - 24"

Water Supply Source Well Distance from Water Source —

Excavation Inspected 5-30-84 (DATE) Tank Inspected 5-30-84 (DATE)

Nitrification Field Inspected 5-30-84 (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, installing 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

Serial No. 07254

Date Issued 5-24-84

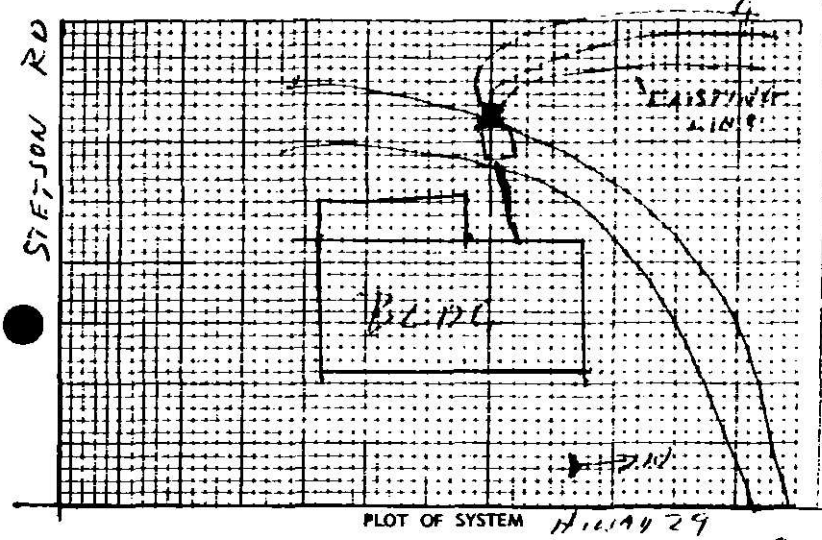
ICAR(S) Permit No. 21058

T C No. 047-221-20

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 21058, dated 5-15-84 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 June 15th, after which date this permit shall be null and void. Proposed New Trenches 1984



PLOT OF SYSTEM Hiway 29

Permeability Rate PS IDA

Liquid Capacity of Tank

Tank Construction Repair

Absorption and or Nitrification Lines

Total Line Length 150 Lin FT

Number of Lines Two

Distance from House 40 FT

Distance from Property Line 15 FT

Distance from Well City Source

NAME OF OWNER T.C Construction Co

LOCATION OF PROPERTY 7609 Hiway 29

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: Two Trenches to be 75 FT x 3 FT x 18 Inches stone - hay or straw cover new dist Box - Tie in existing field

Division or Section Head

Ralph Mills
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

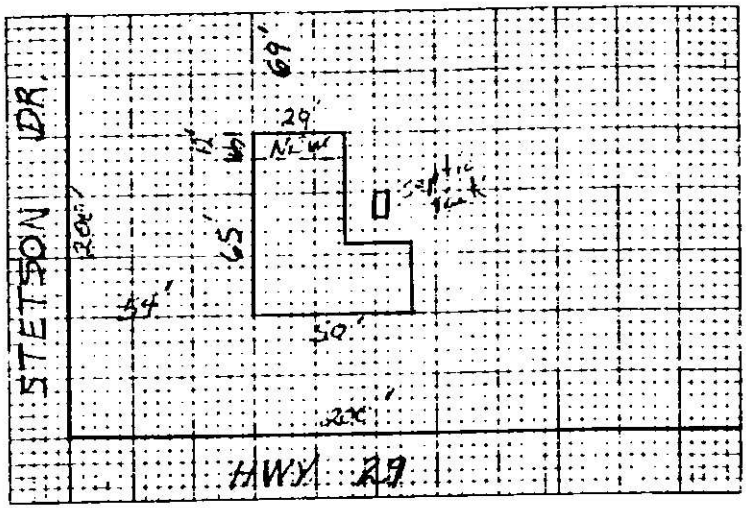
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 21058

TC: N/S 30.130

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE 5-14-91 T.D.T.

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid 05/08/91 a2.11 11.00

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 21058
TC:
SERIAL: Nº 19005
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 7305 Hwy 29 (STREET NO / STREET) ② FILE:
③ JURISDICTION: Mecklenburg ④ TAX PARCEL NO.: 047-221-20
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Alfred (FIRST) Mark (MIDDLE) Green DVM (LAST)
⑨ MAILING ADDRESS: 7305 Hwy 29
⑩ CITY: Charlotte ⑪ STATE: N. C. ⑫ ZIP: 28262
⑬ PHONE: (WORK) 598-6525 ⑭ (HOME) 536-3647

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Addition for more boarding space for Animals. Vertical location existing system. No Plumbing Added

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? ㉕ Type?
㉓ Maximum occupancy? ㉖ Maximum number of employees? 6
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☑ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Alfred M Green DVM

Date: 5/7/91

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and / or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing system

D. R. Ferguson 5-22-91
Environmentalist(s) Date

5-22-91
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.