SEE INSTRUCTIONS ON BACK

Date Received 9-14-84

FEE RECEIPT(S)

Application No. 21456

T. C. No. 113-080-21

Map Date L

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: Replace Sig System With New Tank & Main Line

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 1 No
8) Dishwasher ___Yes 1 No
9) Water Supply 2 people living here
A) Individual Well 1
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___
10) Sewage System
House located within 200 feet of public sewer ___Yes 1 No
House located within 200 feet of community sewer ___Yes 1 No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office 704-522-7546

16) LOCATION OF SYSTEM 6401 [illegible] Rd 9751 (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 14 Block No. ___
Lewis Lot is N. of Mrs. Roper's Phone # 704-348-2169
Map Book No. ___ Page No. ___
Lot behind Mrs. Roper's

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.

9-14-84
DATE OF APPLICATION

[illegible] - Mrs. [illegible]
OWNER

EHD-S-76

Bob Brigman - Contractor - 704-392-1405

Environmental Health Department's Copy

C of A (s) No. 21456

Date Issued 9-26-84 **Serial** 6975 T C. No. 113-082-21 L

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 Mc Manus (LAST) Ray (FIRST) (MIDDLE)

Location of Property 6403 Amos Smith Rd

Application Number — Permit Number —

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PVC

Total Length of Drain Tile 200' Number of Lines 3

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 50

Excavation Inspected 9-26-84 (DATE) Tank Inspected 9-26-84 (DATE)

Nitrification Field Inspected 9-26-84 (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, 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

D. R. Ferguson
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 9-18-84

Serial No. 07577

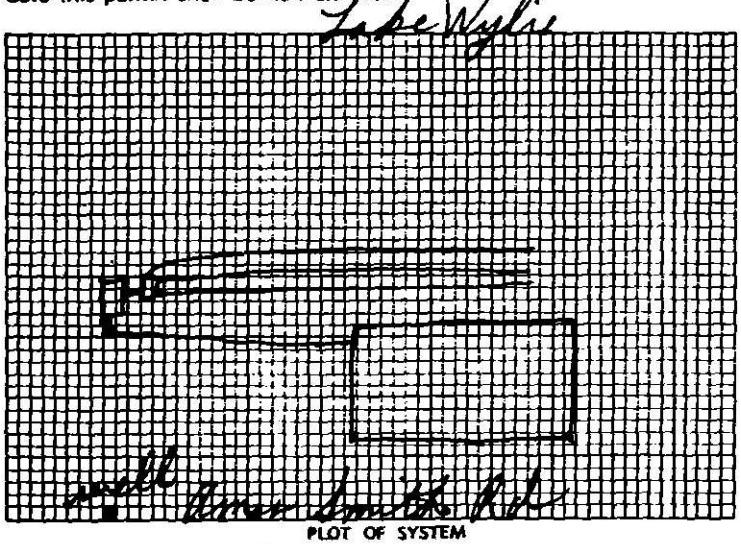
ICAR(S) Permit No 21456

T. C. No. 113-082-21

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 21456, dated 9-11-84 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 10-18-84, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate alter

Liquid Capacity of Tank 1500

Tank Construction PCC

Absorption and/or Nitrification Lines:

Total Line Length 200'

Number of Lines 3

Distance from House 5'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Ray McManus

LOCATION OF PROPERTY 6403 Amos Smith 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.

3 line 3'X67'X12" stone

Comments:

Division or Section Head

D R Ferguson
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.

EHB-5-76

Environmental Health Department's Copy

WMR

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4/10/90

Name/Company: Cecil Korg

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: ~~mfg~~ replacing A/C
house at 2146

ENVIRONMENTAL HEALTH DIVISION
PAID
APR 10 1990

Fee: $ 25.00 Cash 25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 21456
TC:
SERIAL: № 20621 ☐ I ☐ CRT

JOB LOCATION

① ADDRESS: 6413 Amos Smith Rd (STREET NO / STREET) ② FILE: 21456

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Cecil & Carol Weaver Long (FIRST / MIDDLE / LAST)

⑨ MAILING ADDRESS: 13019 Carrowbeth Ln.

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 704-377-0006 ⑭ (HOME) 704 545 6411

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☑ Other (specify) Replace old house with New

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? three ㉕ Type?

㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?

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: Cecil W Long

Date: 4-10-96

The HE… Rec… gra… Sew… issu… …N… stall… Dep… …T… mor…

Mr. Long abandoned plans for this property, application not to be used.

…JRG COUNTY approved the his approval is s For Sanitary t the time of sions: n until an In- issued by this and void 36

Envir… Date

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.