Date Received 8/1/83

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AUG 1 1983
ENVIRONMENTAL HEALTH

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 19919

T. C. No. 025/122-04

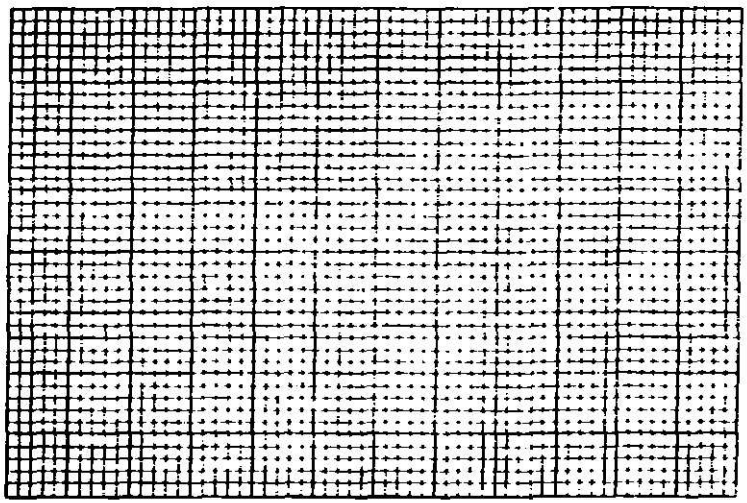
Map Date _____

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 ____ Yes X No
7) Garbage Disposal ____ Yes X No
8) Dishwasher ____ Yes X 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 Cox (LAST) Charles (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER Rt. 7 Box 513 Charlotte NC. 28213

15) PHONE NO. Home 596-2789 Office ____

16) LOCATION OF SYSTEM Lemmon Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. ____ Block No. ____

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 025 AT PAGE 122

19) HAS A SOIL INVESTIGATION BEEN RUN? ____ YES X 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.

7/28/83
DATE OF APPLICATION

Charles L. Cox
OWNER

BHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

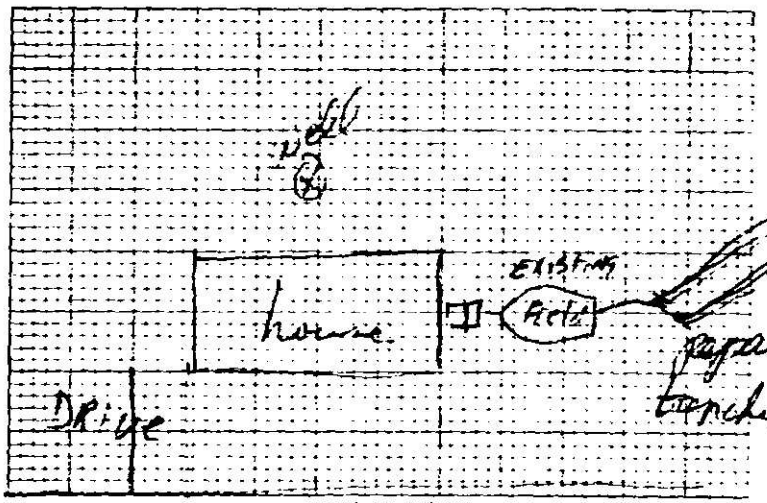
Date Issued 8-3-83 Serial No. 6498 ICAR(S) Permit No. 19919

T C No. 025-122-04

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 19919 dated 7-28-83 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 9-3-83, 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 2

Distance from House 5' +

Distance from Property Line 10' +

Distance from Well 50' +

LAKEview Rd

NAME OF OWNER Charles L. Cox

LOCATION OF PROPERTY Lakeview 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.

2 - 50' x 3' x 12' stone trenches overflow

Comments: from existing field

_____ _____

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-S-76

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