SEE INSTRUCTIONS ON BACK

Date Received 2/18/80

ICAR(S) Application No 16649

T. C. No _____

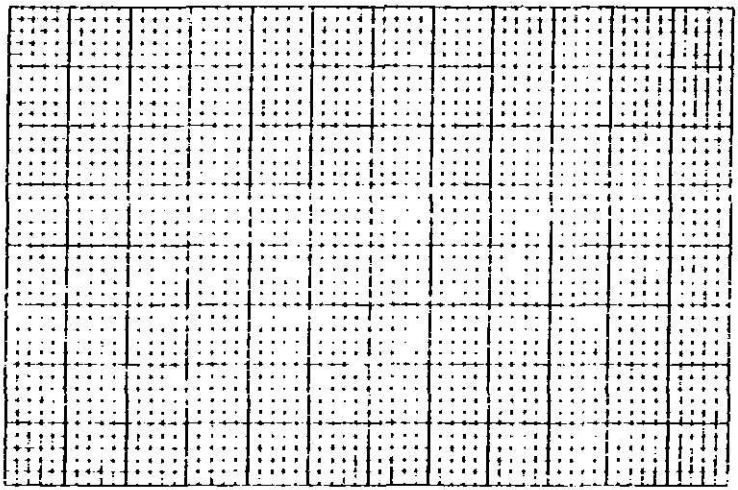
Map Date _____

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 Repair INSTALL NEW DRAINFIELD

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 NOLAND (LAST) JOE (FIRST) THOMAS (MIDDLE)

14) ADDRESS OF OWNER 3820 Carmel Acres Drive, Charlotte, NC 28211

15) PHONE NO. Home 542-3987 Office 372 3300

16) LOCATION OF SYSTEM 3820 Carmel Acres Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION N/A Lot No. N/A Block No. N/A

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.

2-18-80
DATE OF APPLICATION

Joe T. Noland
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial 3664

Date Issued 2-28-80

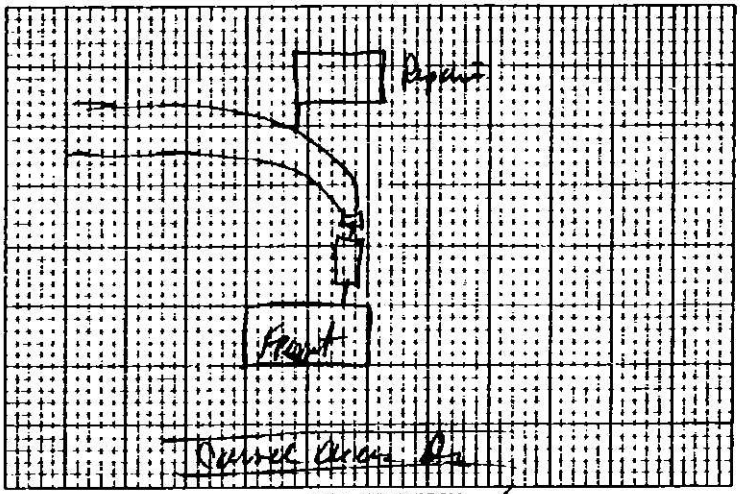
ICAR(S) Permit No 16649

T. C No —

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, L Alter or Repair (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 16649 dated 2/18/80* 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 2/29/80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate US

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines.

Total Line Length 12'+20'+12'+9' Stone

Number of Lines —

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Joel Thomas Noland

LOCATION OF PROPERTY 3820 Camel Acres Dr.

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.

12' x 20' + 12 + 9' Stone Sewage Pit

Division or Section Head

Bob Wilson
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

C of A (s) No. 16649

Date Issued 2-25-80 Serial 3487 T C No

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Roland (LAST) Joe (FIRST) Thomas (MIDDLE)

Location of Property 3830 Daniel Owen Dr.

Application Number 16649 Permit Number 16649

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material R C.

Total Length of Drain Tile Number of Lines 12' 170' 12 + 9' Stub.

Depth of Filter Material 9' Cover Depth Suppose Not.

Water Supply Source Distance from Water Source 50'

Excavation Inspected 2-25-80 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 2-25-80 (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

Bob Wilson
Environmentalist

EHD-5-76

Environmental Health Department's Copy