SEE INSTRUCTIONS ON BACK

Date Received 7/3/78

ICAR(S) Application No. 14263

T. C. No. 011-082-05

Map Date _____

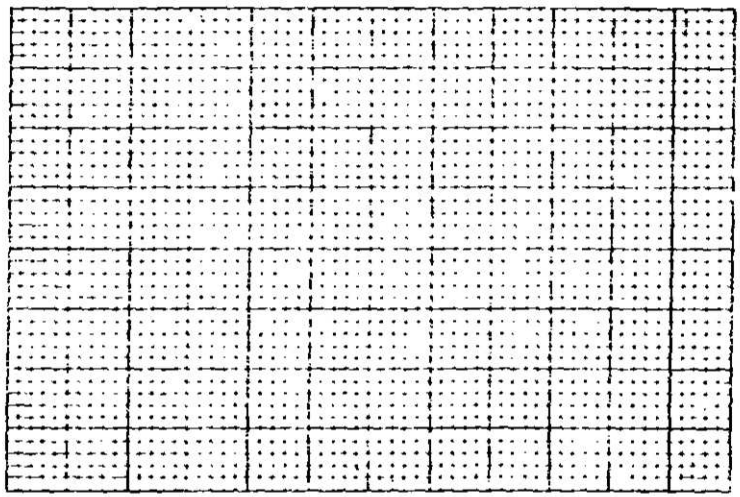
MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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:

ADD TWO BATHROOMS & WASH-ROOM-

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 _____

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 ~~Sloan~~ SLOAN (LAST) Wendell (FIRST) D (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 361 Huntersville NC 28078

15) PHONE NO. Home 365-0611 Office SAME

16) LOCATION OF SYSTEM MAYES Road (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.

_____ Wendell D Sloan

DATE OF APPLICATION — OWNER

EHD-5-76

Environmental Health Department's Copy

Date Issued 7/3/78

Serial No. 2010

LA No. 14263

T. C. No. 011-042-05

Map Date -

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Sloan (LAST) Wendell (FIRST) D. (MIDDLE)

ADDRESS OF OWNER Rt. 2, Box 361, Huntersville, N. C. ZIP 28078

LOCATION OF LOT Mayes Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 14263. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*May use existing system

A. M. Reynolds
Environmentalist

A. M. Reynolds
Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

SEE INSTRUCTIONS ON BACK

Date Received 8 June 1979

ICAR (S) Application No. 14263

T. C. No. 011-042-05

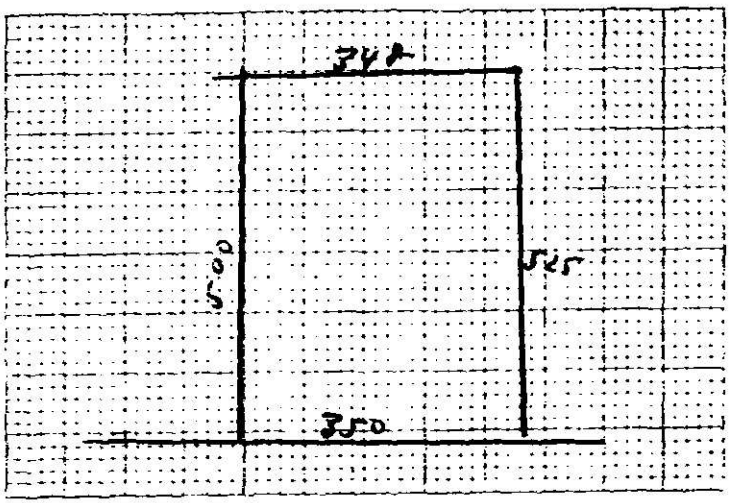
Map Date —

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: adding Washing machine 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 X Yes ___ No

4) No of Bedrooms 3
5) Business Use - Max No Employees ___
6) Washing Machine X Yes ___ No
7) Garbage Disposal X Yes ___ No
8) Dishwasher X Yes ___ No
9) Water Supply
A) Individual Well X
B) Governmental System ___
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 SLOAN (LAST) WENDELL (FIRST) DuRand (MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 361 (12300 MAYES Rd)

15) PHONE NO Home 892-3507 Office SAME

16) LOCATION OF SYSTEM 12300 MAYES Rd (South Side)
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.

6-8-79
DATE OF APPLICATION

Wendell D. Sloan
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 8 June 1979

Serial No. 2819

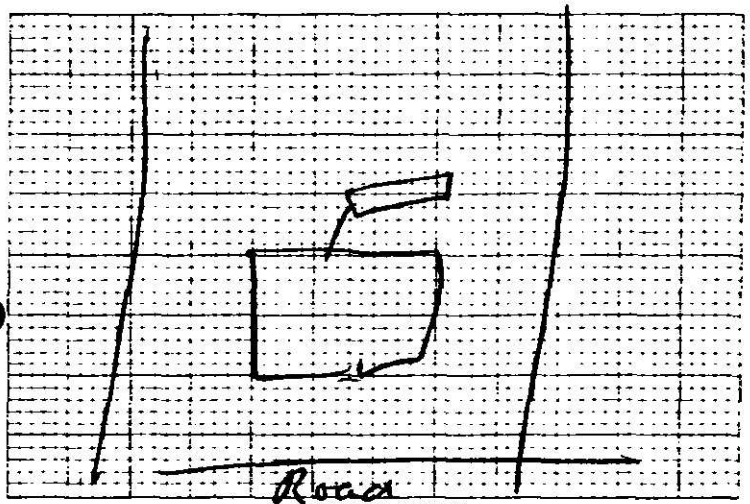
ICAR(S) Permit No. 14263

T. C. No 011-042-05

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 14263, dated 6 June 79 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction wash line

Absorption and or Nitrification Lines

Total Line Length 100'

Number of Lines 4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Sloan, Wendell D.

LOCATION OF PROPERTY 12300 Mayes 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.

Comments: Grinder 12'x32'x12"

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.

_____ Division or Section Head

John A Atkinson 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

Environmental Health Department's Copy

Date Issued 6-13-79 Serial No. 2750 C of A (s) No. 14263

T C. No. 011-042-05

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 Sloan (LAST), Wendell (FIRST) D. (MIDDLE)

Location of Property 12300 Mayes Road

Application Number 14263 Permit Number 14263

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 4

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 200'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 6-13-79 (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. _____

Michael A. Sexton
Environmentalist

EHD-5-76

Environmental Health Department's Copy