MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Date Received 9/27/83

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SEP 27 1983
ENVIRONMENTAL HEALTH

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 20070

T C No. 201-071-04

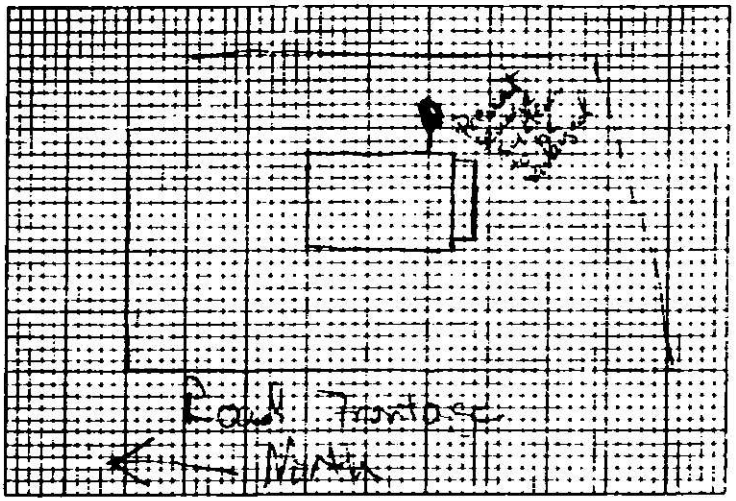
Map Date ✓

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 2

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 ✓ Sherrill (LAST) Kimberly (FIRST) Jean (MIDDLE)

14) ADDRESS OF OWNER ✓ 4911 Gable Rd CLT, NC 28210

15) PHONE NO. Home ✓ 588-6538 Office 364-9911

16) LOCATION OF SYSTEM ✓ 4911 Gable Rd (STREET OR COUNTY ROAD)

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

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 1976 - 583 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.

✓ Sept 26, 1983
DATE OF APPLICATION

✓ Kimberly J Sherrill
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

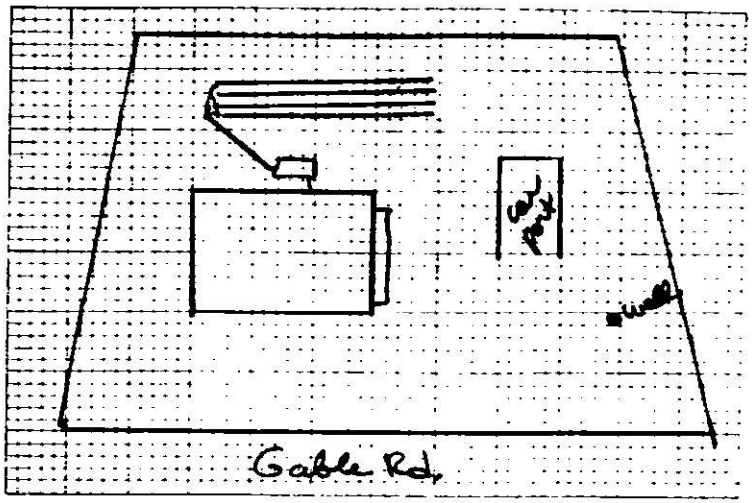
Date Issued 27 Sep 1983 Serial No. 6646 ICAR (S) Permit No. 20070

T C. No. 201-071-04

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 ____, dated 26 Sep 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 1 Nov 83, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ____

Liquid Capacity of Tank ____ upon date / 1500 gal

Type Construction ____ pre cast

Absorption and or Nitrification Line

Total Line Length 200 lf

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Sherrill, Kimberly J.

LOCATION OF PROPERTY 4911 Gable Rd, Charlotte, N.C. 28210

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.

4 lines 50 feet in length - 1500 gallon tank

Comments: ____

John R Atkinson
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

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

BE 10-28-83 /

Serial No. 6902

SIR No. 20070

Date Issued 10-28-83

T. C. No. 201-071-04

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 Sherrill, (LAST) Kimberly (FIRST) Jean (MIDDLE)

ADDRESS OF OWNER 4911 Gable Rd., Charlotte, NC ZIP 28210

LOCATION OF LOT 4911 Gable 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 20070. 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, altered, 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 ***

Environmentalist

John B Adkinson

Environmental Health Director, or Authorized Section Head

EHD-S-76

Environmental Health Department's Copy

RS 11-3-83

C of A (s) No. 20070

Date Issued 1 Nov 1983 Serial 6168 T. C. No. 201-021-04

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Sherrill, Kennedy J.
LAST FIRST MIDDLE

Location of Property 4911 Gable Rd

Application Number _____ Permit Number 20070

Inspection Data:

Liquid Capacity of Tank 1500gal Tank Material precast

Total Length of Drain Tile 200 l/ft Number of Lines 4

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source well Distance from Water Source 55'

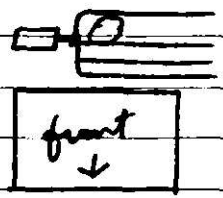
Excavation Inspected 31 Oct 1983 (DATE) Tank Inspected 31 Oct 1983 (DATE)

Nitrification Field Inspected 1 Nov 1983 (DATE)

Washing Machine Line Inspected, If Applicable NA (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 _____



well

John R Adkisson
Environmentalist

EHD-5-76

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