Date Received 8-30-84

RECEIVED
AUG 30 1984
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 21392

T. C. No. 001-121-20

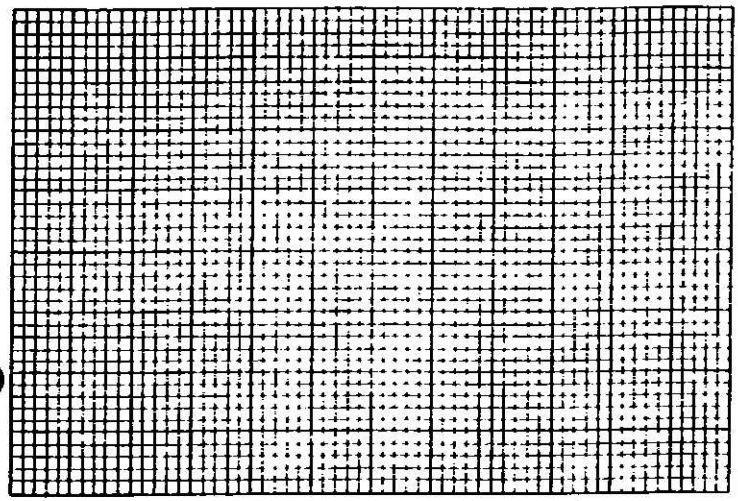
Map Date L

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:

1) ____ Install or Construct 2) X 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 Yes
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 Flowers (LAST) Florence (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER Rte 2, Box 497 Davidson NC 28036

15) PHONE NO. Home 704 892-8999 Office 704 379-7020

16) LOCATION OF SYSTEM 20119 Walter Henderson Road (STREET OR COUNTY ROAD)

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

Map Book No. 3849 Page No. 0542

18) DEED REFERENCE — DEED BOOK 3849 AT PAGE 0542

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 1984

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.

8/30/84
DATE OF APPLICATION

Florence K. Flowers
OWNER

BHD-5-76

Environmental Health Department's Copy

Serial No. 07524

Date Issued Aug 31st 1984

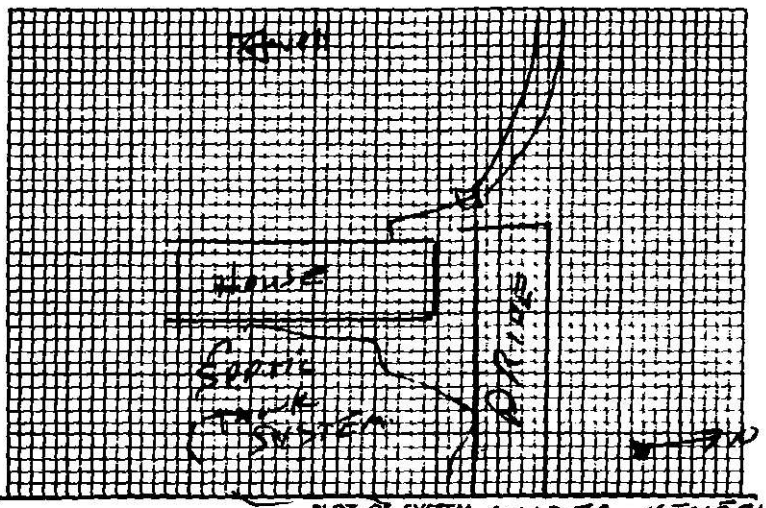
ICAR(S) Permit No. 21393.

T. C. No. 001-121-20

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, X 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 8-30-84 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 Sept 14th 1984, after which date this permit shall be null and void.



PLOT OF SYSTEM WALTER HENDERSON.

Permeability Rate _____

Liquid Capacity of Tank Repair

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Length w/m. 125 lin FT.

Number of Lines Two

Distance from House 5 FT

Distance from Property Line 30 FT

Distance from Well 65 FT

NAME OF OWNER FLOWERS, FLORENCE

LOCATION OF PROPERTY 20119 WALTER HENDERSON ROAD

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.

Two Trenches to be 63 FT x 3 FT x 12 inches stone - layer straw cover grade bds new dist box

Comments:

Division or Section Head _____

Ralph Miller
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.

BHD-5-76

Environmental Health Department's Copy

C of A (s) No. 21393

Date Issued Sept 7 1984 **Serial** 6941 T. C. No. 001-121-20

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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 FLOWERS (LAST) FLORENCE (FIRST) (MIDDLE)

Location of Property 20119 WALTER HENDERSON RD

Application Number 21313 Permit Number 21313

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 125 lin. FT Number of Lines two

Depth of Filter Material 12 inches Cover Depth 1 FOOT

Water Supply Source well Distance from Water Source 100 FT

Excavation Inspected 9-7-84 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 9-7-84 (DATE)

Washing Machine Line Inspected, If Applicable 9-7-84 (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

Ralph Miller
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY