Date Received 5-27-82

RECEIVED MAY 28 1982 ENVIRONMENTAL HEALTH

Application No. 18756

T. C. No. 227-093-17

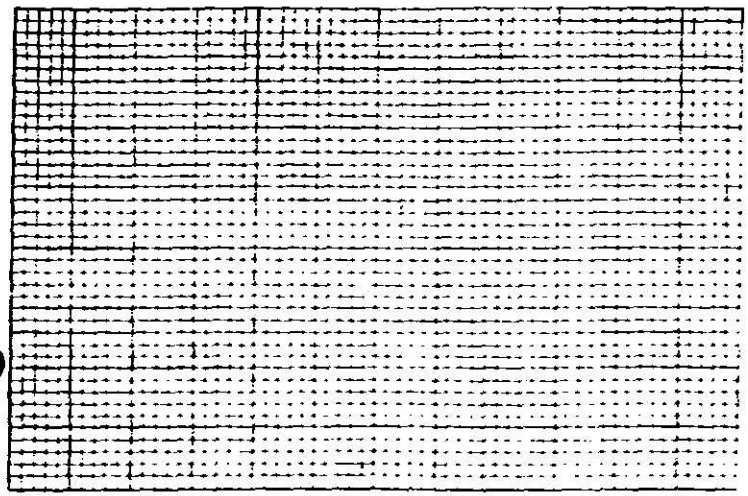
Map Date

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 4
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 Supply ✓
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 ~~Estate~~ Lukeria Laughter
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 277 Matthews, NC 28105

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM 3905 Lakeside Dr.
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.

Luelon D. Wilson
By George F. Matthews

DATE OF APPLICATION ___ OWNER

EHD-S-76

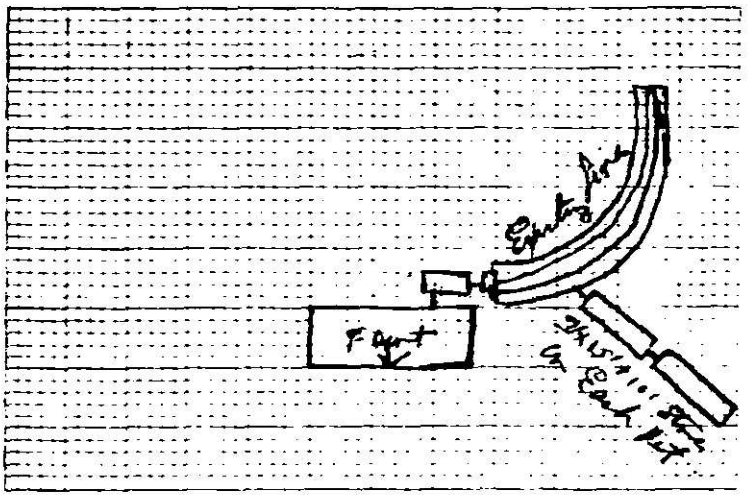
Date Issued 5-27-82 Serial No. 5478 ICAR(S) Permit No. 18256

T C No 227-093.17

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 5-27-82 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 6/10/82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate N/A

Liquid Capacity of Tank Existing

Tank Construction Pc

Absorption Field or Trench Lines

Total Line Length 200' Repair

Number of Lines one

Distance from Lines to Property Lines 10'

Distance from Lines to Property Lines 10'

Distance from Lines to Well 50'

NAME OF OWNER Kaustin G. Wilson

LOCATION OF PROPERTY 3905 Lakeside 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. It shall be the only person now or hereafter owning, controlling or using such system to rely on any claim resulting from the failure of this system to operate properly.

Comments Two Pits 3'x15' +1' Stone on regrade to existing System

Division or Section Head

Environmentalist Bob Wilson

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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

C of A (s) No. 18756

Date Issued 6-4-82 Serial 5158 T C No. 227-093-17

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 Wilson (LAST) Raughton (FIRST) G (MIDDLE)

Location of Property 3905 Kokendale Dr

Application Number 18756 Permit Number 18756

Inspection Data:

Liquid Capacity of Tank Existing Tank Material QC

Total Length of Drain Tile 200' Repair Number of Lines One

Depth of Filter Material 12' Cover Depth 15"+

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 6-4-82 (DATE) Tank Inspected N/A (DATE)

Nitrification Field Inspected 6-4-82 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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-S-76

Date Received 7-14-82

SEE INSTRUCTIONS ON BACK

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

RECEIVED

JUL 14 [illegible]

Application No. 18756

T. C. No. 227-093-17

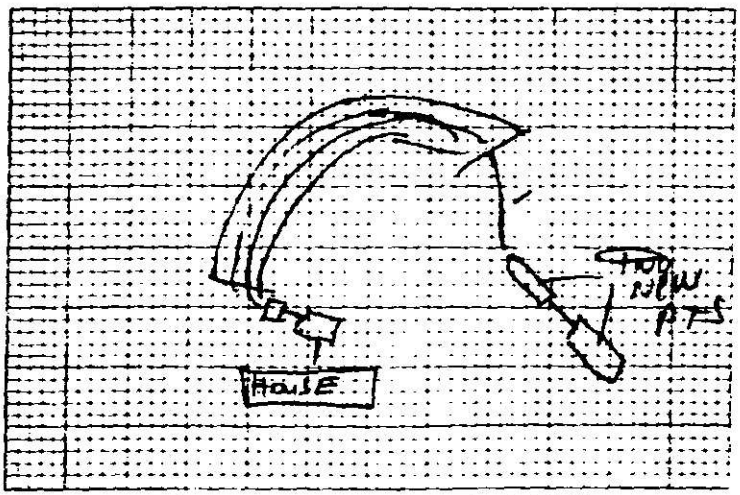
Map Date _____

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) 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 X No
Residence X Yes ____ No
4) No. of Bedrooms 4
5) Business Use — Max No. Employees ____
6) Washing Machine X Yes ____ No
7) Garbage Disposal ____ Yes X 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 WILES (LAST) LAWTON (FIRST) G. (MIDDLE)

14) ADDRESS OF OWNER ~~3905 LAKESIDE DRIVE~~ 3324 MATHEWS-MINT. H.W. RD

15) PHONE NO. Home ____ Office ____

16) LOCATION OF SYSTEM 3905 LAKESIDE DRIVE (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.

7-14-82
DATE OF APPLICATION

Lawton G. Wiles
OWNER

EHD-5-76 ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5576

Date Issued 7-14-82

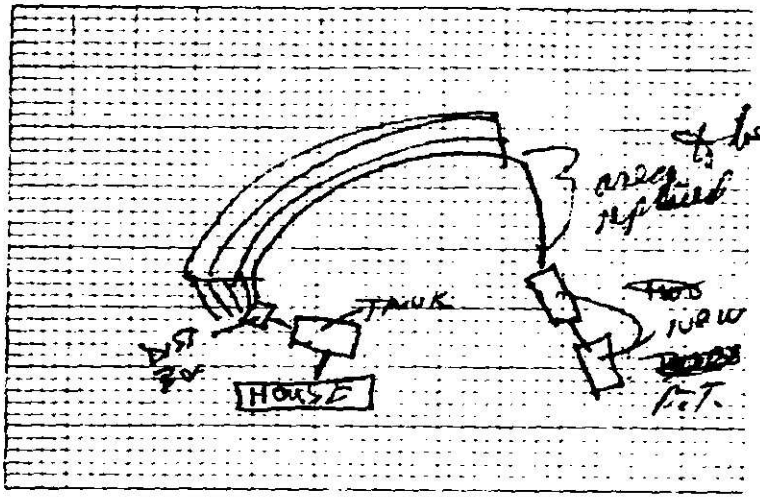
ICAR(S) Permit No. 18756

T. C. No 227-097-17

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, 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 18756, dated 7-14-82 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 Precast

Absorption and/or Nitrification Line

Total Line Length 20'

Number of Lines one

Distance from House 10'

Distance from Property Line > 10'

Distance from Well 150'+

NAME OF OWNER LAWTON WILES

LOCATION OF PROPERTY 3905 LAKESIDE DRIVE

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 Environmentalist or Director before the 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 excuse any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Comments Replace pipe between Beds - Pit - Pump Tank
Replace Dist Box lid & one Tank Lid.

Division or Section Head

Ralph Willis
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-74

Serial No. 5763

Date Issued 10-7-82

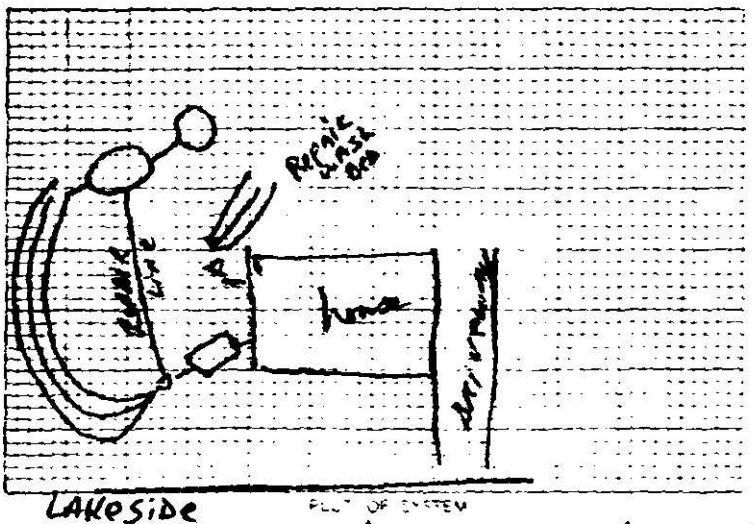
ICAR (S) Permit No. 18756

T C No. 227-093-17

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 18756 dated 9-14-82 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 NOV-7, 1982 after which date this permit shall be null and void



Permeability Rate P.S.

Liquid Capacity of Tank REPAIR Existing

Tank Construction _____

Absorption and ___ of Lines _____

Total Line Length 100'

Number of Lines 3

Distance from House ≥10'

Distance from Property Line 710'

Distance from Well 750'

NAME OF OWNER Wiles Lawton G.

LOCATION OF PROPERTY ~~[illegible]~~ 3905 Lakeside Drive

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.

Comments: Run 3" pvc 40 solid line from D-box to new Pits - ~~[illegible]~~ overflow from D-box, vacuum tank and incoming line - Repair/replace as needed install washing machine and 6x18" x 51" stone

Division or Section Head ~~[illegible]~~

Environmentalist R. Phelps

* 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

C of A (s) No. 18756

Date Issued 7-14-82 Serial 5218 T. C. No. 227-093-17

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF CONSTRUCTION

CERTIFICATE OF APPROVAL

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

Name of Owner WILES (LAST) LAWTON (FIRST) (MIDDLE)

Location of Property 3905 LAKESIDE DRIVE

Application Number 18756 Permit Number 18756

Inspection Data:

Liquid Capacity of Tank — Tank Material precast

Total Length of Drain Tile — Number of Lines Two - Twenty ft each

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 150'

Excavation Inspected 7-14-82 (DATE) Tank Inspected 7-14-82 (DATE)

Nitrification Field Inspected 7-14-82 (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 X 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 Two pits were not getting effluent - lines between d/y system & Two pits were ceramic & plugged - ADD - Two - Twenty FT Joints - 4" PVC. - Pumped tank Autry & new Tank lid & Dist Box lid

W. NORWOOD - Contractor

Ralph Millis
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT

C of A (s) No. 18756

Date Issued 10-20-82 Serial 5447 T C. No. 227-093-17

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

[illegible] OF COMPLIANCE

CERTIFICATE OF APPROVAL

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

Name of Owner Wiles (LAST) Lawton (FIRST) G. (MIDDLE)

Location of Property 3905 Lakeside DR.

Application Number 18756 Permit Number 18756

Inspection Data: Repair

Liquid Capacity of Tank existing Tank Material existing

Total Length of Drain Tile 100' Number of Lines 1

Depth of Filter Material 51" Cover Depth 1½'

Water Supply Source well Distance from Water Source 250'

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

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected If Applicable 10-20-8 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption, effluent discharge as described above and it has been [illegible] installed or constructed [illegible] 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 as 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 6'x18'x51" stone wash bed added
2" pvc solid line overflow from D-box to existing pit

Environmentalist

EHO-5-76

[illegible] ENVIRONMENTAL HEALTH DEPARTMENT [illegible]