INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

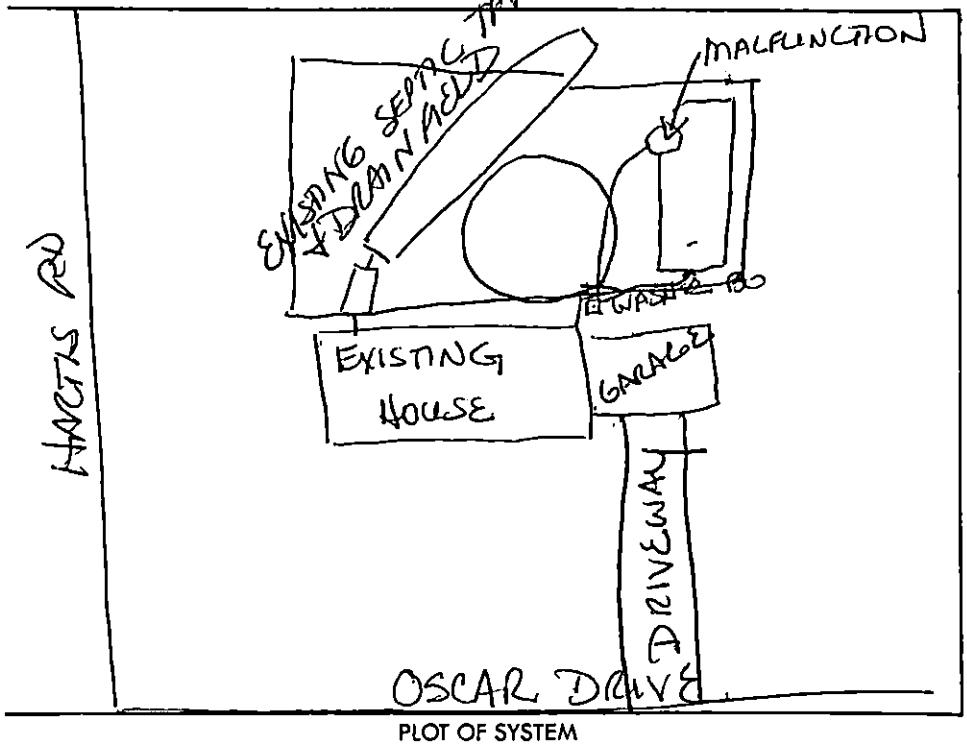
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6700A DATE: 12/18/92

TC: 193-322-12 ☐ L

SERIAL Nº 13502 400 ☑

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 the application dated 12/18/92. All work shall be completed on or before 1/18/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of ~~10~~ 15A NCAC 18A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank EXISTING gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction _____

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Total Line Length 100' feet

Number of Lines 2

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well ≥100' feet

NAME OF OWNER Garry Edwards

LOCATION OF PROPERTY 3201 OSCAR DRIVE 1-DISTRIBUTION BOX

Comments: ① INSTALL 9'X33'X12" bed. DETERMINATION WILL BE MADE AT TIME OF REPAIR AS TO WHAT IS ACTUALLY HAPPENING AT TIME OF REPAIR ② DISCONNECT FROM EXISTING WASHER BOX AND INSTALL NEW LINES TO REPAIR BED.

Division or Section Head

Jane H Newell, RS.
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 Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 6700 A DATE: 12-21-92

TC: 193-322-12 ☐ L ☐ CRT

SERIAL Nº 15623 400 ☑

Name of Owner GARRY EDWARDS Juris.:

Address of Property 3201 OSCAR DR

Inspection Data: 1992

Tank Material WASHLINE REPAIR

Total Length of Drainfield 100'

Number of Lines 12 @ 25'

Cover Depth 1'

Water Supply Source 50'+ Towell

Distance to Water Source 50'+

Excavation Inspected 12-21-92

Tank(s) Inspected —

Wash Line Inspected 12-21-92

High Water Alarm Inspected —

PLOT

Design: 1992 REPAIR 82 CTR# Norwood

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of ~~10~~ 15 NCAC ~~10~~ 18A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

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 document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of ~~10~~ 15 NCAC ~~10~~ 18A .1900 in addition to those listed below under "COMMENTS." This document 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: NOTE: FAILURE DUE TO POOL INSTALLATION (ABOVE GROUND)

Type II

OD > 1982

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
APR 16 1990
ENVIRONMENTAL HEALTH DIVISION ☐ CRT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 6700A
TC: _____
SERIAL: № 20033

JOB LOCATION

① ADDRESS: 3201 (STREET NO.) OSCAR DRIVE (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 193-322-12
⑤ SUBDIVISION: _____ ⑥ LOT: 2 ⑦ BLOCK: C

OWNER

⑧ NAME: Diane (FIRST) Melton (MIDDLE) Colson (LAST)
⑨ MAILING ADDRESS: 3201 OSCAR DRIVE
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) 568-5180 ⑭ (HOME) 845-1482

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type? _____
㉓ Maximum occupancy? 4
㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Diane M. Colson
Date: 4/13/90

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.