SEE INSTRUCTIONS ON BACK

Date Received MAY 31 19 78

MECK COUNTY DEPARTMENT OF RECEIVED MAY 31 19/8 ENVIRONMENTAL HEALTH

ICAR(S) Application No. 1472

T. C. No. 055-162-1

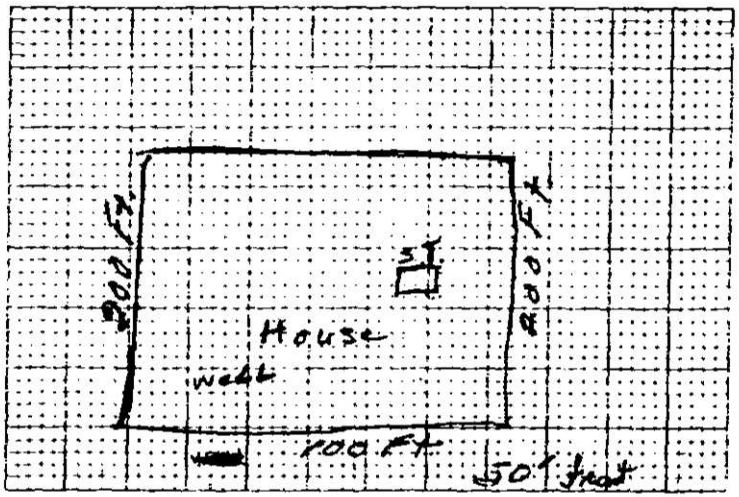
Map Date 3-22-78

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)

4) Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

4) No of Bedrooms 3

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 Cillizza (LAST) Mildred (FIRST) Irene (MIDDLE)

14) ADDRESS OF OWNER 1148 Ashford Dr.

15) PHONE NO. Home 392-2762 Office —

16) LOCATION OF SYSTEM 1148 Ashford Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 1 Block No. 2

Map Book No. 6 Page No. 200

18) DEED REFERENCE — DEED BOOK 3928 AT PAGE 177

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.

5-26-78
DATE OF APPLICATION

Mildred Irene Cillizza
OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 1739

Date Issued 7/3/78

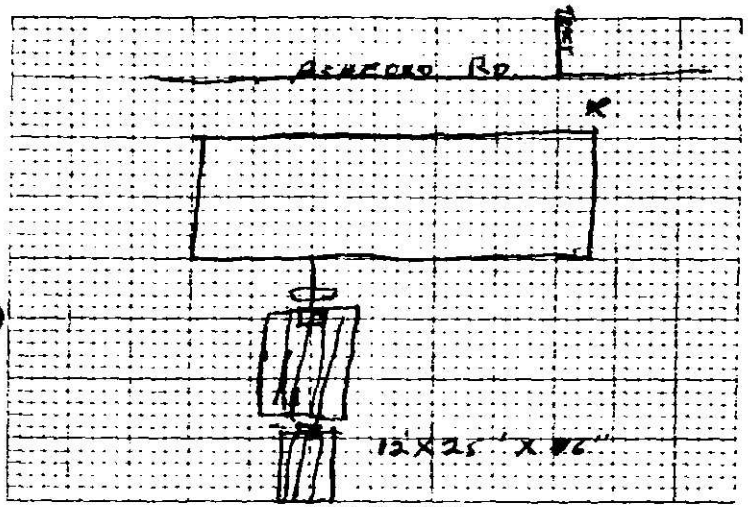
ICAR(S) Permit No. 14172

T. C. No. 065-162-01

Map Date 3-22-78

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 _____ 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 P/S

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100' REPAIR.

Number of Lines 4

Distance from House _____

Distance from Property Line _____

Distance from Well —

NAME OF OWNER DELLINGER, MILDRED IRENE

LOCATION OF PROPERTY 1118 ASHFORD 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.

Comments: 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 form the failure of the system to operate properly.

(Jefferson)

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

Date Issued 7/6/78

Serial No. 1665

C of A (s) No. 14172

T. C. No. 055-142-01

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION
CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner DELLINGER, MILDRED IRENE
(LAST, FIRST, MIDDLE)

Location of Property 1148 ASHFORD DR.

Application Number 14172 Permit Number 14172

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100' Number of Lines 4

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected 7/6/78 (DATE)

Nitrification Field Inspected 7/6/78 (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, ~~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: Repair

Environmentalist

EHD-5-76

Environmental Health Department's Copy