Date Received 8/26/82

SEE INSTRUCTIONS ON BACK

RECEIVED
AUG 31 1982

CARS Application No. 18966

T. C. No. 0690273008

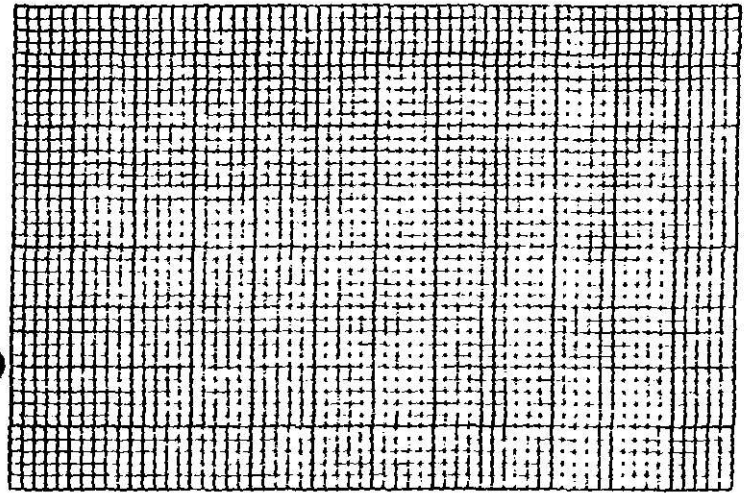
Map Date _____

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 NO Max No Employees 0
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 Gordon (LAST) Timmis (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER 315 Pennsylvania Avenue

15) PHONE NO. Home 394-5741 Office 372 3511 ext 267

16) LOCATION OF SYSTEM 325 Pennsylvania Avenue (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. 3000

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 8/29/82

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.

8/26/82
DATE OF APPLICATION

Gordon Timmis
OWNER

EHD-5-74

Date Issued 8/27/82

Serial No. 5711

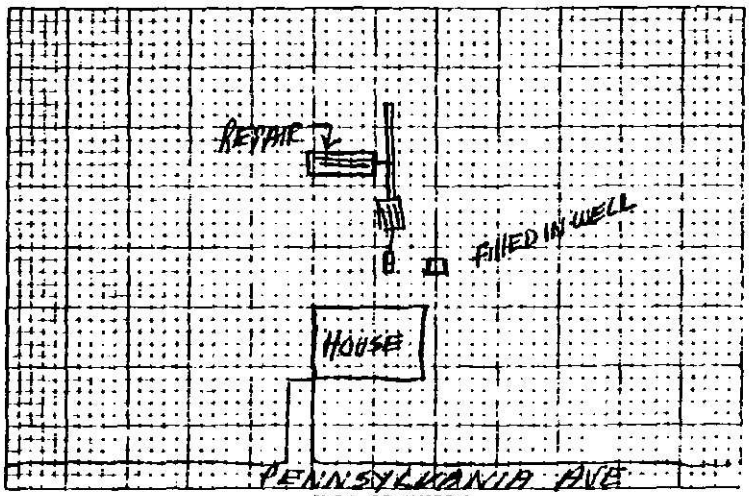
ICAR(S) Permit No. 1896

T. C. No. 069-073-08

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 8/26/82 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 10SEP82, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate REPAIR

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 100'

Number of Lines 2

Distance from House >10'

Distance from Property Line >10'

Distance from Well City water

NAME OF OWNER Jimmie Gooden

LOCATION OF PROPERTY 318 Pennsylvania avenue

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.

6'X18'X5' G STONE; dig out and backpack Tinsple

Comments: _____

_____ Division or Section Head

Adam Upchurch 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-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. [redacted]8966 Rec 9/9/82

Date Issued 9 Sep 82 Serial 5395 T. C. No. 068-073-08

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

CERTIFICATE OF APPROVAL

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

Name of Owner Gaskins Jimmie
LAST FIRST MIDDLE

Location of Property 318 Pennsylvania Ave

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 60" Cover Depth 18"

Water Supply Source City Distance from Water Source —

Excavation Inspected 9 Sep 82 Tank Inspected _____
DATE DATE

Nitrification Field Inspected 9 Sep 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, ~~_____~~ 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 _____

_____

_____

_____

_____

M. L. Riley
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY