Date Received 5/5/78

APT No. 1470

T C. No. 033.06104

Map Date 3-22-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR SOIL INVESTIGATION

1) NAME OF OWNER Dixon (LAST) Bayce (FIRST) Dale (MIDDLE)

2) ADDRESS OF OWNER Rt. #9 Box 209-F Charlotte, N.C. ZIP 28208

3) PHONE NO Home 392-3600 Office 525-4966

4) LOCATION OF PROPERTY Oakdale Rd. 4 mi. off Hy. 16 - cross bridge 4th house on left (STREET OR COUNTY ROAD)

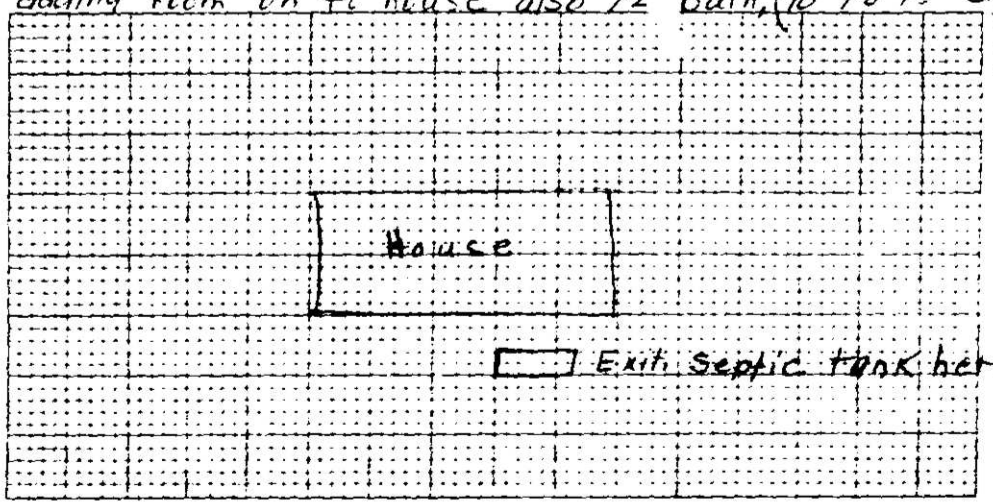
5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Department of Environmental Health for the conduct of a soil investigation and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge

adding room on to house also ½ bath. (10 to 15 children) To be cared for.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Bayce Dixon
OWNER

EHD-5-76

Environmental Health Department's Copy

Date Received 5/5/78 — SEE INSTRUCTIONS ON BACK

ICAR(S) Application No. 1470

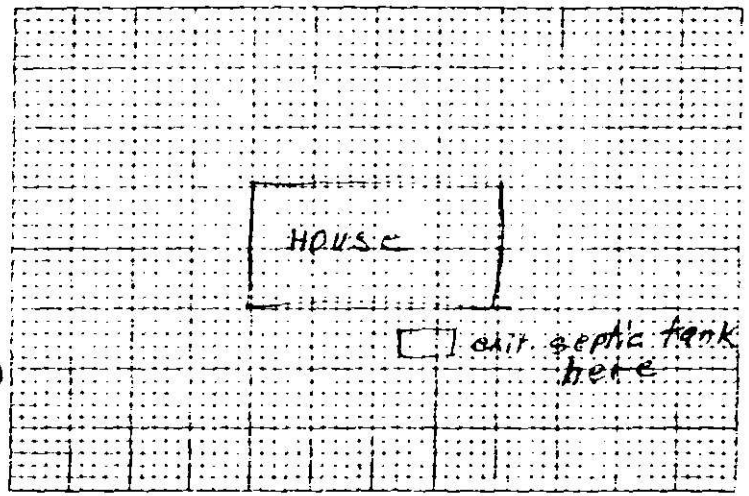
T C No. 035-061.04

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. Adding daycare room on house, additional ½ bath



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home Yes ___ No ___
5) Residence ✓ Yes ___ No
6) No of Bedrooms 1½
7) Business Use — Max No Employees ___
8) Washing Machine ___ Yes ✓ No
9) Garbage Disposal ___ Yes ___ No
10) Dishwasher ✓ Yes ___ No
11) Water Supply
A. Individual Well ✓
B. Governmental System ___
C. Community System
1. Well source ___
2. Governmental source ___
12) Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 200 feet of community sewer ___ Yes ___ No
13) FHA Case No ___
14) VA Case No. ___

15) NAME OF OWNER Nixon (LAST) Boyce (FIRST) Dale (MIDDLE)

16) ADDRESS OF OWNER Rt #9 Box 209-F Charlotte, N.C. 28208

17) PHONE NO. Home 392-3600 Office 525-4966

18) LOCATION OF SYSTEM Oakdale Rd (STREET OR COUNTY ROAD) 4 mi. off Hy 16 on Oakdale Rd, cross bridge, 4 house on Left.

19) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

20) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

21) HAS A SOIL INVESTIGATION BEEN RUN? YES ___ NO DATE RUN ___

22) 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.

DATE OF APPLICATION ___

OWNER Boyce D. Nixon

EHD-5-76

Environmental Health Department's Copy

Date Issued 6/2/78

Serial No. 1906

LA No. 14070

T. C. No. 033-061-04

Map Date 3-22-78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Nixon (LAST) Boyce (FIRST) Dale (MIDDLE)

ADDRESS OF OWNER Route 9, Box 209 F, Charlotte, N. C. ZIP 28208

LOCATION OF LOT Oakdale Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 14070. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

*May use existing system to add room onto house

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy