Date Received 4-13-83 APR 1 [illegible] ICAR(S) Application No. 19555

T. C. No 031-075-08

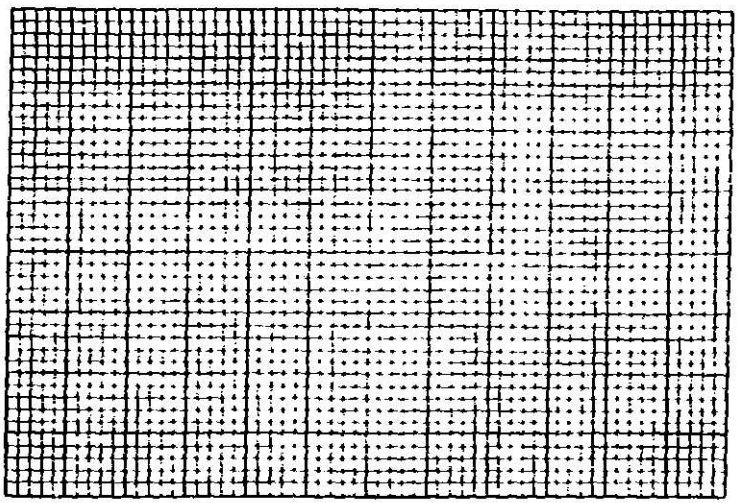
Map Date _____

# 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 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 JENNINGS (LAST) J. (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER 426 NEWNAN RD - CARROLLTON, GA 30117 -

15) PHONE NO. Home 404-832-1121 Office 1-404-836-0985

16) LOCATION OF SYSTEM 616 FIELDING RD (STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. _____ TAX # [redacted] 031-075-08

18) DEED REFERENCE — DEED BOOK 2819 AT PAGE 293 -

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 some 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.

April 11 1983
DATE OF APPLICATION

J. J. & Wanda Jennings
OWNER

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

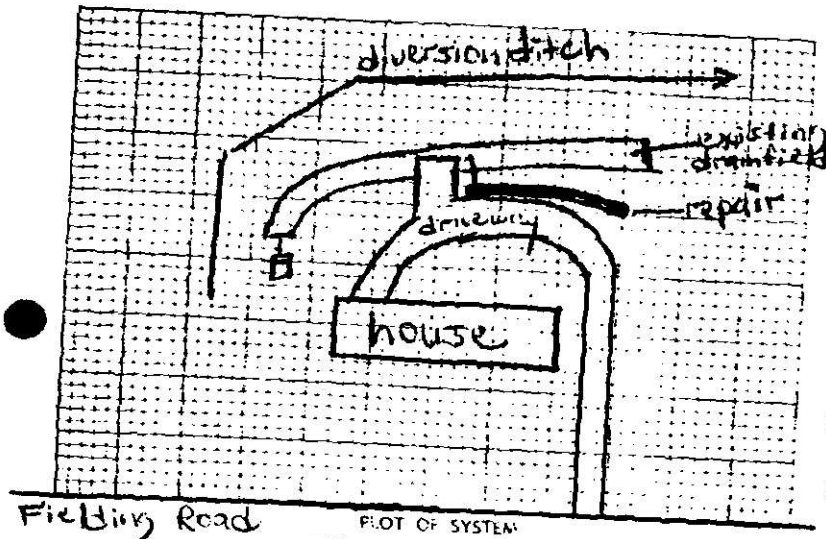
Date Issued 4-19-83 Serial No. 6179 ICAR(5) Permit No. 19555

T. C. No. 031-075-08

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 19555, dated 4-11-83 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 5-3-83, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction Repair

Absorption and or Nitrification Line _____

Total Line Length 200'

Number of Lines ONE

Distance from House >10'

Distance from Property Line >10'

Distance from Well >50'

NAME OF OWNER Jennings, J. J.

LOCATION OF PROPERTY 616 Fielding Road

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: overflow to 3' wide × 30' long × 1' sand + 9' stone repair - call for partial before stone is added. Relocate diversion ditch across the upper side of the property + across the back of the lot.

Division or Section Head _____ Mike Dexter 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 Use excess soil to landscape to drain all surface water

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 19555

Date Issued 5/4/83 Serial 5771 T. C. No. 031 015 08

# 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 Jennings (LAST) J. J. (FIRST) (MIDDLE)

Location of Property 6116 Fielding Road

Application Number 19555 Permit Number 19555

**Inspection Data:**

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 30' long - 300 linear feet Number of Lines One

Depth of Filter Material 30" 1" stone 9" sand Cover Depth 2ft

Water Supply Source well Distance from Water Source >50'

Excavation Inspected 5/3/83 (DATE) Tank Inspected Repair (DATE)

Nitrification Field Inspected 5/3/83 (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: Diversion ditch insp 5/4/83

Randy C Poole
Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT COPY

SEE INSTRUCTIONS ON BACK

Date Received 6/23/83

MECK COUNTY DEPARTMENT OF (S) Application No. 19565

RECEIVED
JUN 23 1983
ENVIRONMENTAL HEALTH

T. C. No. 031-075-08

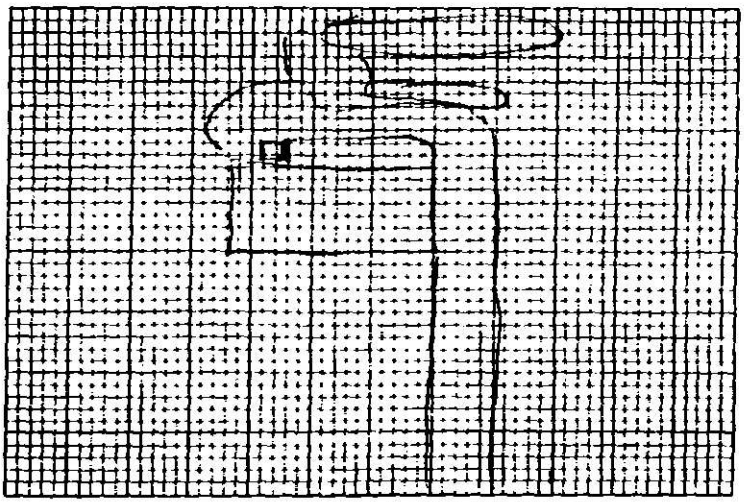
Map Date

# 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 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 Chapman (LAST) Charles (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Lille Fielding Rd

15) PHONE NO. Home 392 5731 Office 394 1161 Ext 182

16) LOCATION OF SYSTEM Above (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 some 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.

6/23/83
DATE OF APPLICATION

X Charles J Chapman
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Received 3-14-85

RECEIVED
MAR 14 1985
ENVIRONMENTAL HEALTH

ICAR(S) Application No. 19555

PARCEL NUMBER 031-075-08

T. C. No. 031-075-08

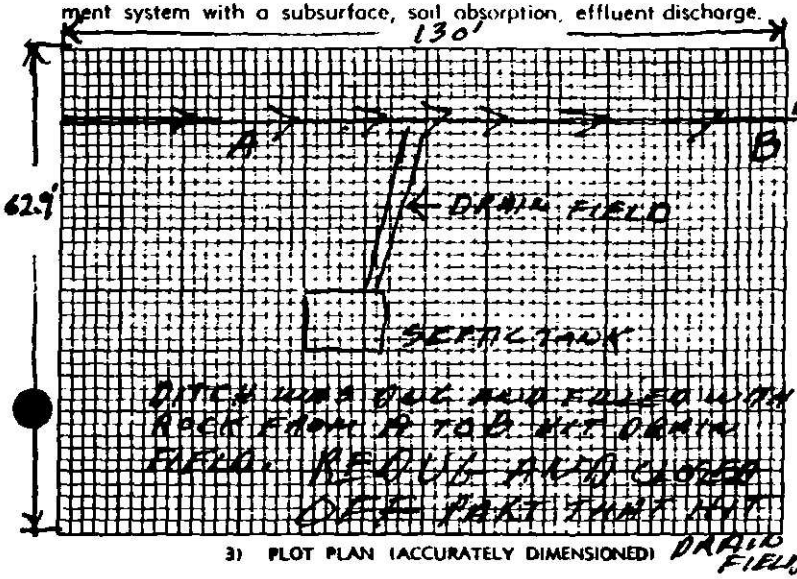
Map Date L

# 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) DRAIN FIELD.

Mobile Home ____ Yes ____ No
Residence X 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 L
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 CHAPMAN (LAST) CHARLES (FIRST) J (MIDDLE)

14) ADDRESS OF OWNER 616 FIELDING Rd., CHARLOTTE, N.C. 28214

15) PHONE NO. Home 704-392-5781 Office 394-1161 EXT 182

16) LOCATION OF SYSTEM 616 FIELDING Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION COOLWOOD HILLS Lot No. 9 Block No. W

Map Book No. 7 Page No. 545, 547, AND 549

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.

3-11-85
DATE OF APPLICATION

Charles J Chapman
OWNER

EHD-5-76