Date Received 5-1-84

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No. 20952

T. C. No. 017-293-04

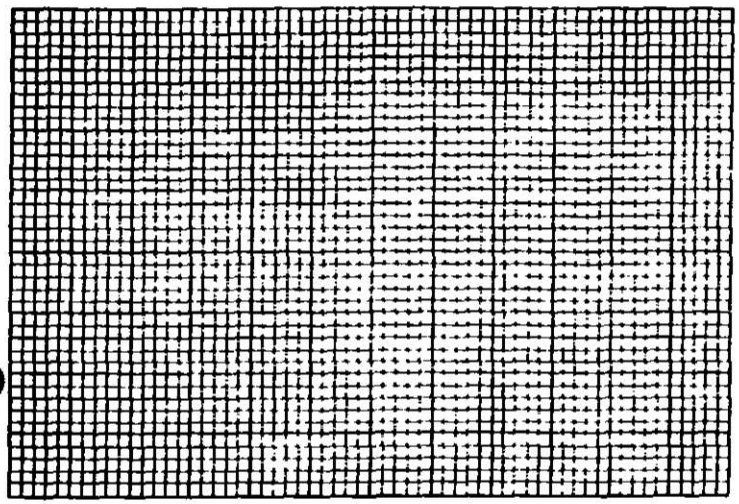
Map Date _____

# 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 — 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 Turner (LAST) Otis (FIRST) Gregg (MIDDLE)

14) ADDRESS OF OWNER Rt. 3 Box 1694 Huntersville, N.C.

15) PHONE NO. Home 875 1181 Office ___

16) LOCATION OF SYSTEM 12119 Tuscaloosa Rd. (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 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

Otis G. Turner
OWNER

BND-S-76

Environmental Health Department's Copy

Date Received 9-11-84

SEP 10 1984
ENVIRONMENTAL HEALTH

CAR (S) Application No. 20972

T. C. No. 017-293-04

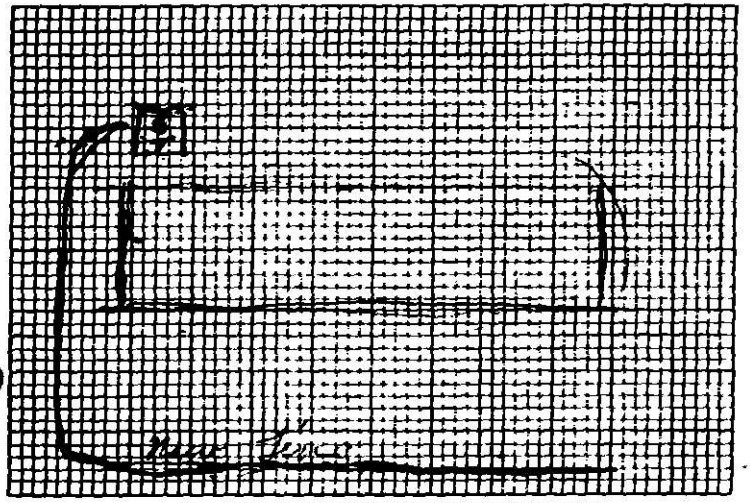
Map Date

# 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 — Max No. Employees Rental

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:) [redacted]
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 Robert Tisdale (LAST) Robert (FIRST) Turner (MIDDLE)

14) ADDRESS OF OWNER 2537 Temple Lane Charlotte 28205

15) PHONE NO. Home 536-7446 Office _____

16) LOCATION OF SYSTEM Tuscaloosa Road 12119 Wildwood Green MH Park
STREET OR COUNTY ROAD

17) SUBDIVISION Tuscaloosa Rd Lot No. #160 Block No. _____
Huntersville, NC
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 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.

9/7/84
DATE OF APPLICATION

Robert Turner Tisdale
OWNER

RHB-5-76

Environmental Health Department's Copy

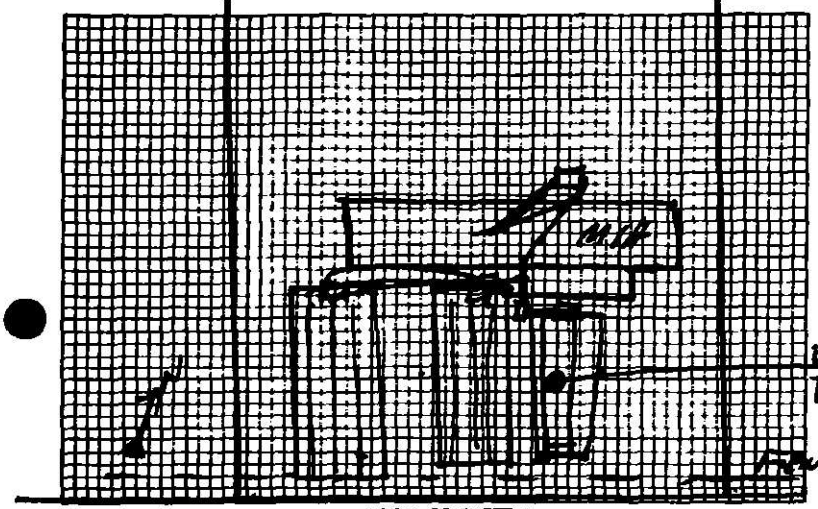
Date Issued Sept 18th 1984 Serial No. 07566 ICAR(S) Permit No. 20952

T. C. No. 017-293-04

Map Date L

# 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, X 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 20952 dated 9-7-84 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 SEPT 25th 1984, after which date this permit shall be null and void.




PLOT OF SYSTEM

Permeability Rate Repair.

Liquid Capacity of Tank 1000 gal

Tank Construction Pre Cast Concrete

Absorption and/or Nitrification Lines:

Total Line Length 270 LIN FT.

Number of Lines NINE

Distance from House 5 FT

Distance from Property Line 10 FT.

Distance from Well 7500 FT.

NAME OF OWNER KISSIAH, ROBERT

LOCATION OF PROPERTY 12119 TUSCALOOSA 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: Three beds to be 30FT x 9FT x 18 inches stone - hay or straw cover grade bds - FOUR DIST BOXES -

Division or Section Head

Environmentalist Ralph Hilles

* 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. 20952

Date Issued 10-3-84 Serial 6999

T. C. No 017-243-04 L

# 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 KISSIAH, ROBERT (LAST, FIRST, MIDDLE)

Location of Property 12119 TUSCALOOSA RD

Application Number 20952 Permit Number 20952

**Inspection Data:**

Liquid Capacity of Tank 1500 gal Tank Material Pre Cast Concrete

Total Length of Drain Tile 270 LIN FT Number of Lines NINE

Depth of Filter Material 18 inches Cover Depth 18 inches

Water Supply Source well Distance from Water Source 500 FT Community

Excavation Inspected 10-3-84 (DATE) Tank Inspected 10-3-84 (DATE)

Nitrification Field Inspected 10-3-84 (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:

Ralph Miller
Environmentalist

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY