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SEE INSTRUCTIONS ON BACK

Date Received 5-14-73

ICAR(S) Application No 6242

T C No

Map Date

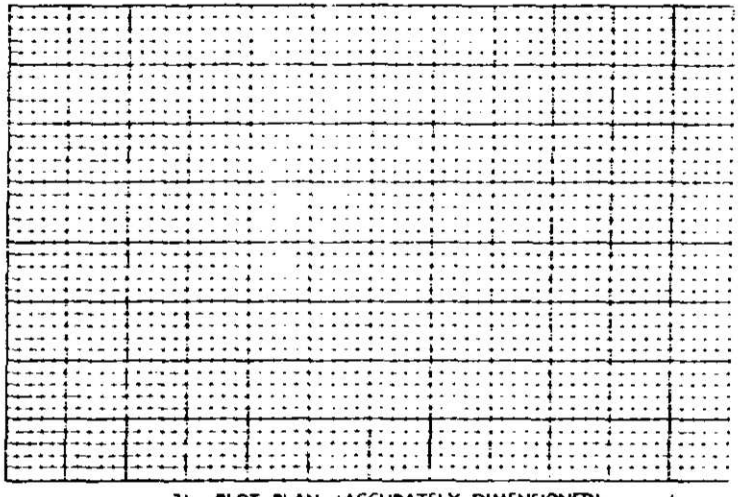
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 Health Department 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)

4) No. of Bedrooms 4

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) Government System
C) Community System
1) Well source
2) Government water

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 HALL (LAST) ANNIE (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 6215 ROBINSON CHURCH RD.

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM 6215 Robinson Church 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 PERCOLATION TEST 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.

_____ Annie B. Hall

DATE OF APPLICATION OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 18 May 73 Serial No. 3703 ICAR (S) Permit No. 6248

T C No

Map Date

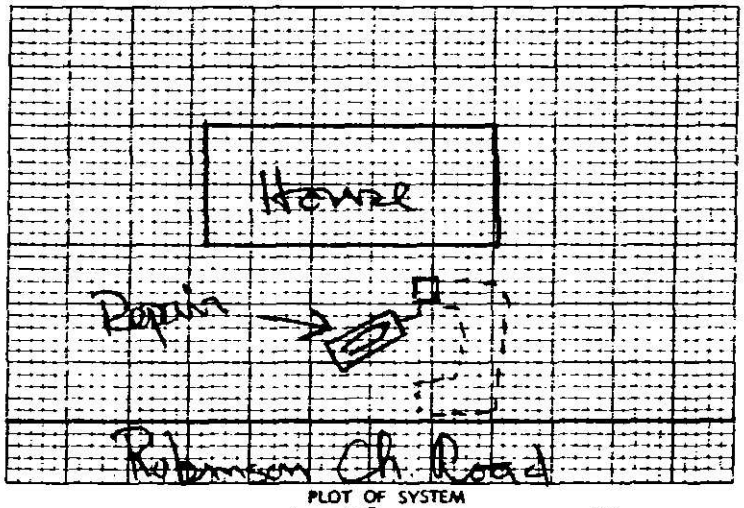
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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 6248, dated 5-14-73 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 18 June 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ✓

Liquid Capacity of Tank ✓

Tank Construction ✓

Absorption and/or Nitrification Lines:

Total Line Lenght 100'+/ft

Number of Lines Two (5'/16'x4' long)

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Hall, Annie B.

LOCATION OF PROPERTY 6215 Robinson Ch. Rd

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Tap repair onto box

Clark Septic Tank
Division or Section Head

E. M. Reynolds
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 Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E-5-4-1-71

Date Issued 18 May 78 **Serial No.** 3326

C of A (s) No. 6248

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hall (LAST), Annie (FIRST) B (MIDDLE)

Location of Property 6215 Robinson Ch. Road

Application Number 6248 Permit Number 6248

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 e/ft Number of Lines Two (5'x16'x4' stone)

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 18 May 78 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 18 May 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 Board of Health 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: _____

G. M. Reynolds

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY