R

SEE INSTRUCTIONS ON [illegible] R

Date Received [illegible]

ICAR(S) Application No. 5545

T. C. No. _____

Map Date _____

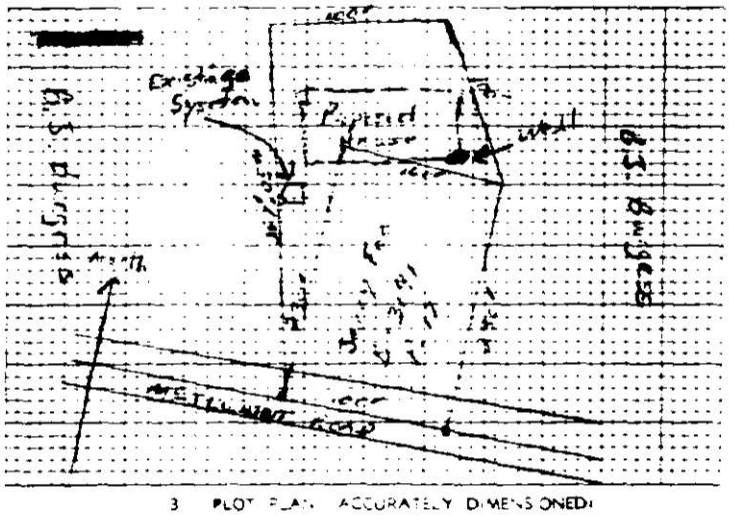
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1. [illegible] Construct 2 ✓ 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 [illegible]
5. Business Use Max. No. Employees [illegible]
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. [illegible]
12. VA Case No. [illegible]

13. NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)
14. ADDRESS OF OWNER [illegible]
15. PHONE NO. Home [illegible] Office [illegible]
16. LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)
17. SUBDIVISION [illegible] Lot No. _____ Block No. _____

    Map Book No. _____ Page No. _____

18. DEED REFERENCE — DEED BOOK 3191 AT PAGE 17
19. HAS A PERCOLATION TEST BEEN RUN? _____ YES _____ NO DATE RUN [illegible]
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.

Feb 6 '73
DATE OF APPLICATION

Jerry P. Fox
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued March 27, 1973 **Serial No.** 2660

LA No. 5545

T. C. No 015-051-07

Map Date 1-10-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Fox (LAST) Jerry (FIRST) Paul (MIDDLE)

ADDRESS OF OWNER Route 3, Box 185, Huntersville, NC. 28078

LOCATION OF LOT McIlwaine 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 Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * 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 5545. 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 percolation test 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 so 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.

M. A. Kirby
Environmentalist

John R. Abbisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 7445 ICAR(S) Permit No 5545

Date Issued 19 Mar 23 T. C No 015-051-07

Map Date 10 Jan 21

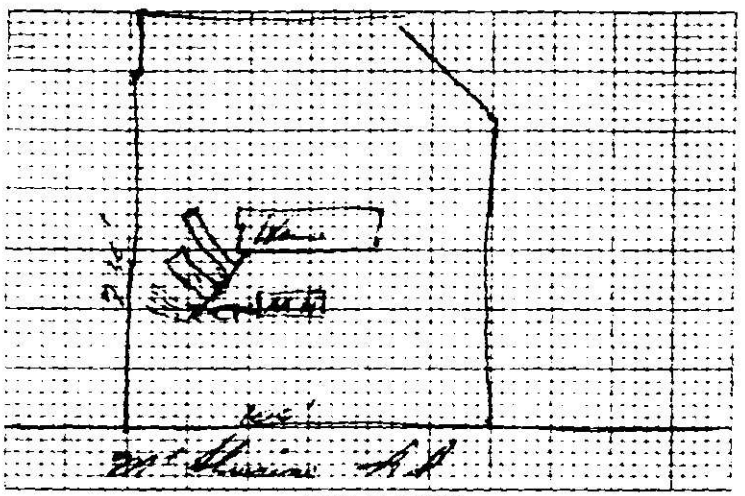
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5545, dated 6 Feb 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 19 Jun 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 Length 100' + 100' = 200'

Number of Lines 2 (3' X 50' ea)

Distance from House 25'

Distance from Property Line 100' +

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 [illegible]

Division or Section Head ___ Environmentalist [signature]

* 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

HEALTH DEPARTMENT'S COPY

Serial No. 3096

C of A (s) No. 5545

Date Issued 26 Mar 73

T. C. No. 015-051-07

Map Date 10 Jan 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST) [illegible] (FIRST) Paul (MIDDLE)

Location of Property [illegible]

Application Number 5547 Permit Number 5545

Inspection Date: [illegible]

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 200'+100' Number of Lines 2 (6'x50'x17")

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source [illegible] Distance from Water Source 100'+

Excavation Inspected 26 Mar 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 26 Mar 73 (DATE)

Washing Machine Line Inspected, If Applicable 26 Mar 73 (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 Clarence Morrison (Cont-)

M. D. [illegible]
Environmentalist

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

HEALTH DEPARTMENT'S COPY