B

Date Received 7-20 73

SEE INSTRUCTIONS ON BACK

ICAR (S) Application No 6700

T C No

Map Date

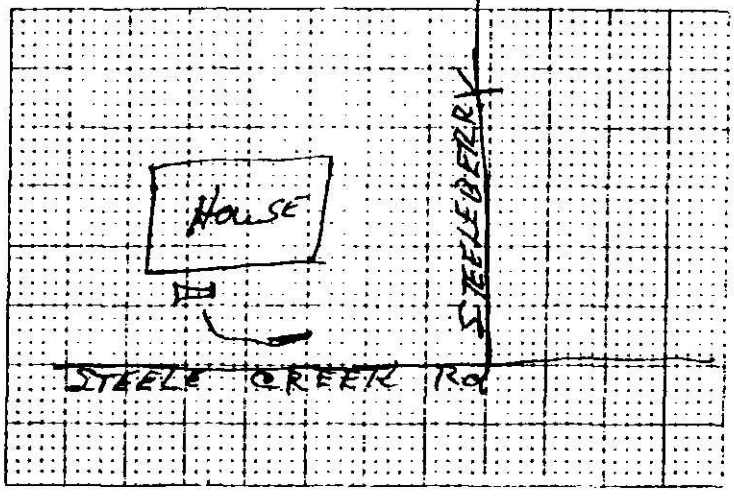
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 4

B) Government System

C) Community System

1 Well Users

2 Government System Users

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 GARRISON (LAST) HAROLD (FIRST) P. (MIDDLE)

14) ADDRESS OF OWNER RT. 4 BOX 468

15) PHONE NO Home 588-1587 Office

16) LOCATION OF SYSTEM STEELE CRK. Road (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.

7/19/73 Harold P. Garrison

DATE OF APPLICATION OWNER

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2/27/73 **Serial No. 4044** ICAR(S) Permit No. 6700

T C No. _____

Map Date _____

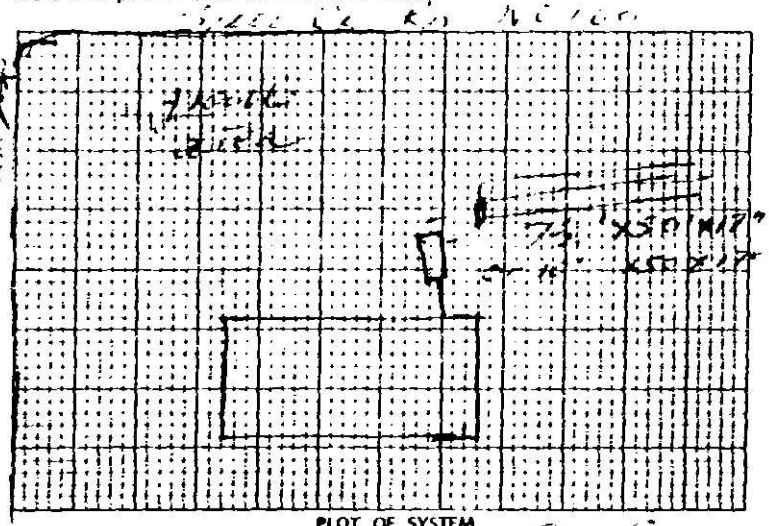
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 _____ dated 2-14-73 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 3-1-73, after which date this permit shall be null and void.



Percolation Rate REPAIR

Liquid Capacity of Tank 1k

Tank Construction 1k

Absorption and/or Nitrification Lines:

Total Line Lenght 150' *

Number of Lines 3 (3) *

Distance from House 10' Min.

Distance from Property Line 10' Min.

Distance from Well 100'+

NAME OF OWNER Edward P. Garrison

LOCATION OF PROPERTY Steele Creek Dr. @ NC 160

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: Check July * Recommend 2 ea. (Bed 10'x50'x24") 1 in bed. Access possible Repair connected to Present System at Dist. Box of New Tin tank

T.A. Ellis — Division or Section Head

J. D. Brafford — 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 S-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7/24/73 **Serial No.** 3658

C of A (s) No. 6766

T C No. 141-6-1-1

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 GARRISON (LAST) HAROLD (FIRST) P. (MIDDLE)

Location of Property Nr. 1606 STRAWBERRY DR

Application Number ____ Permit Number ____

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material ____

Total Length of Drain Tile 150' Number of Lines 3

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source City Distance from Water Source ____

Excavation Inspected 7/26/73 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 7/26/73 (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 Alt - Soil Applied Fill
Trench Fill

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY