Date Received 1-23-73

ICAR(S) Application No 5455

T C No. 031-082-11

Map Date 11-10-72

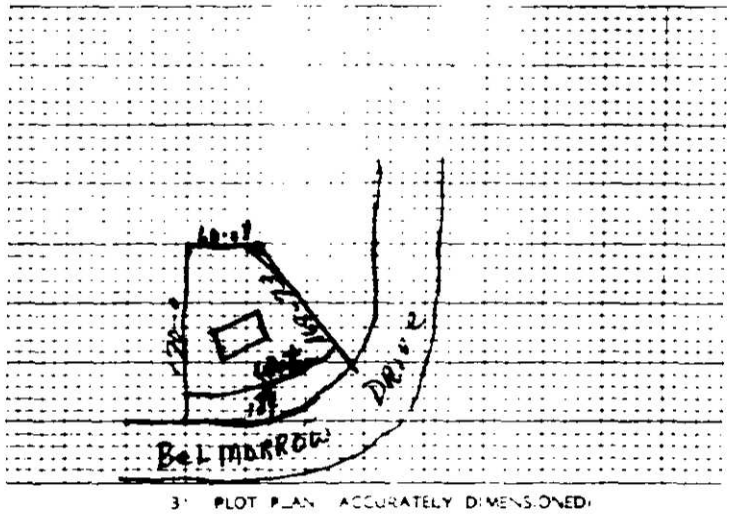
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

( ) A Install or Construct ( ) 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		
5	Business Use Max No. Employees		
6	Washing Machine	X	Yes No
7	Garbage Disposal		Yes X No
8	Dishwasher	X	Yes No
9	Water Supply		
	A Individual Well		
	B Governmental System	X	
	C Community System		
	1 Well Source		
	2 Governmental		
10	Sewage System		
	House located within 200' of public sewer		Yes No
	House located within ___ of community sewer		Yes No
11	FHA Case No.		
12	VA Case No.		

13) NAME OF OWNER _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

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

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____ 11-67 60

19) HAS A PERCOLATION TEST BEEN RUN? X YES _____ NO DATE RUN ~~6-1-72~~

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.

1-20-73
DATE OF APPLICATION

Willard O Brown
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2544

Date Issued February 16, 1973

LA No. 5455

T C No. 031-082-11
11-10-72

Map Date ~~XXXXX~~

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 ~~Mr~~ Brown (LAST) Willard (FIRST) O. (MIDDLE)

ADDRESS OF OWNER 8900 Waycross ZIP

LOCATION OF LOT 840 Belmorrow Drive (STREET OR COUNTY ROAD)

SUBDIVISION Coulwood Hills LOT NO 13 BLOCK NO F

MAP BOOK NO 14 PAGE NO 175

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 60 min/inch and on site inspection of the said lot and upon the information supplied on the "Application for an Installation Construction, Alteration, and/or Repair Permit" number 5455. The 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 altered 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 permits 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.

John R Atkinson
Environmentalist

R L McMillan
Director Environmental Health Division or Authorized Section Head

FORM NO EH-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 6/27/73 Serial No. 3909 ICAR(S) Permit No. 5455

T. C. No. 031-082-11

Map Date 11/12/72

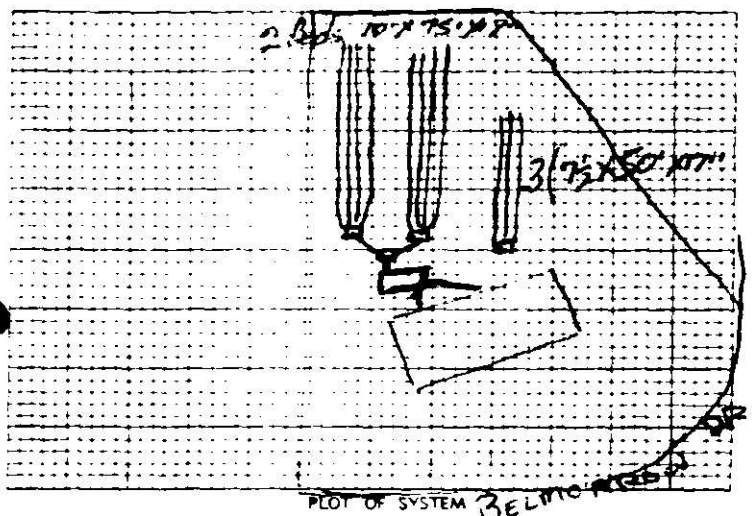
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby granted * X 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 5455, dated 1/23/73. This permit shall be void and of no effect if the information provided in the application is not true and correct as to all details. All work shall be completed on or before ___ after which date this permit shall be null and void.



Percolation Rate 60

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Length 600

Number of Lines 8

Distance from House 10'

Distance from Property Line 10' min

Distance from Well City

NAME OF OWNER WILLARD O. BROWN

LOCATION OF PROPERTY 340 BELMARROW DR

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 RS Bersill - 7/10/73

JA/2BB
Division or Section Head

R P Burgess
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

HEALTH DEPARTMENT'S COPY

Date Issued 7-2-73 Serial No. 3434 C of A (s) No. 5455

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 BROWN (LAST) WILLARD (FIRST) O (MIDDLE)

Location of Property 840 BELMORROW DR.

Application Number 5455 Permit Number 5455

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600 WM - 150' 7½ X 60 X 17 Number of Lines 8 15' X 60' X 17" 10 X 60 X 17"

Depth of Filter Material 17 Cover Depth 2'

Water Supply Source CITY Distance from Water Source -

Excavation Inspected 6/28/73 7/2/73 (DATE) Tank Inspected 6/28/73 (DATE)

Nitrification Field Inspected 6/28 7/2/73 (DATE)

Washing Machine Line Inspected, If Applicable 6/28/73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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 is 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: R. Sherrill UPPER ST. bed feeds first 1" diffential

L. P. Buchanan
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY