SEE INSTRUCTIONS ON BACK

Date Received Apr - 2-1273

ICAR(S) Application No. 5547

T C No. 015-264-14/15

Map Date 9 Aug 72

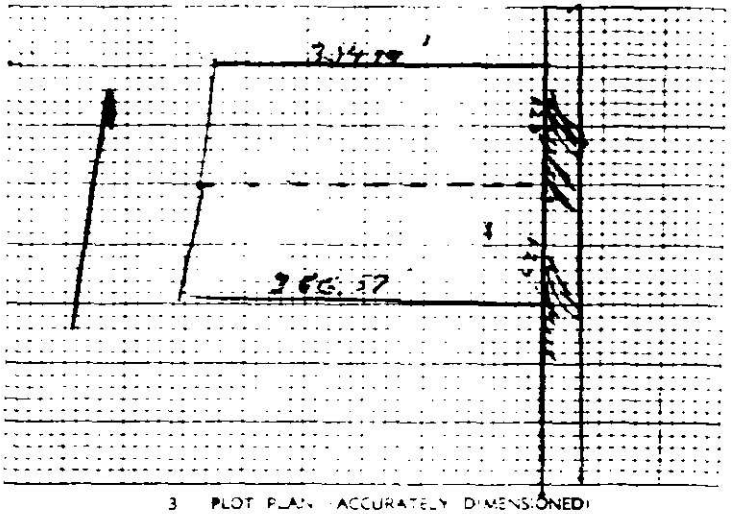
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Install or Construct ☐ ✓ Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption for effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of bedrooms 3

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 ☐
Well source
D 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 DEAL (LAST) WILLIS (FIRST) EARL (MIDDLE)

14) ADDRESS OF OWNER RT 1 BOX 156 E HUNTERSVILLE NC

15) PHONE NO. Home 348-2660 Office

16) LOCATION OF SYSTEM SHIELDS DR (WESTMINSTER PARK)
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No. 3 & 4 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.

DATE OF APPLICATION

OWNER Willis Deal

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

HEALTH DEPARTMENT'S COPY

Date Issued 15 Feb 73

Serial No. 2291

ICAR (S) Permit No 9547

T C No 01-2-264-73

Map Date 9 Aug 72

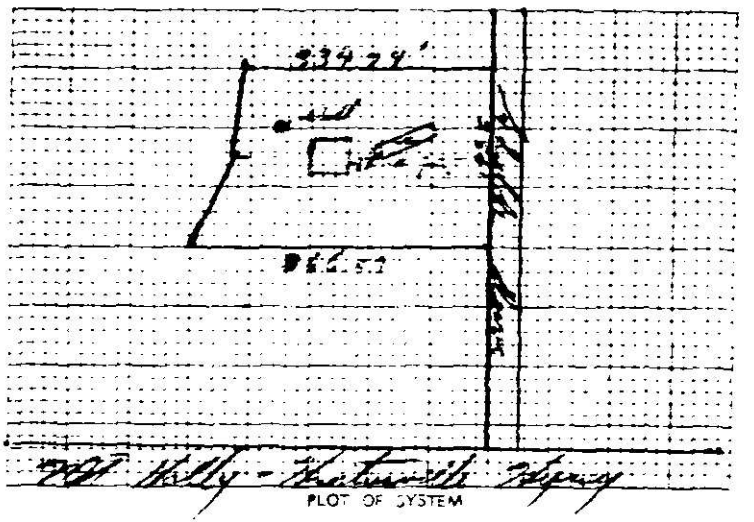
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 9547, dated 15 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 1st May 73 after which date this permit shall be null and void.



NAME OF OWNER Basil Willis Ford

LOCATION OF PROPERTY Mikle Lane (Westminster Sub.)

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 unrespectable or can be used.

Comments Charlotte Morrison (Contr.)

Division or Section Head

Environmentalist M. A. Kirby

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 7

HEALTH DEPARTMENT'S COPY

Date Issued 14 Feb 73

Serial No. 2932

C of A (s) No. 5547

T. C. No. C15-364-14/15

Map Date 9 Aug 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hoyle, Willie (LAST, FIRST) Earl (MIDDLE)

Location of Property Hubble House (Huntersville Rd)

Application Number 5547 Permit Number 5547

Inspection Date:

Liquid Capacity of Tank ____ Tank Material Fiber

Total Length of Drain Tile 200' Number of Lines 2 (5'x20'x34")

Depth of Filter Material 24" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'+

Excavation Inspected 13 Feb 73 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 13 Feb 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, L 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 Hardline 4" Plastic (Cont.)

Environmental Specialist

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

HEALTH DEPARTMENT'S COPY