SEE INSTRUCTIONS ON BACK

Date Received 2-20-74

ICAR (S) Application No 7505

T C No

Map Date

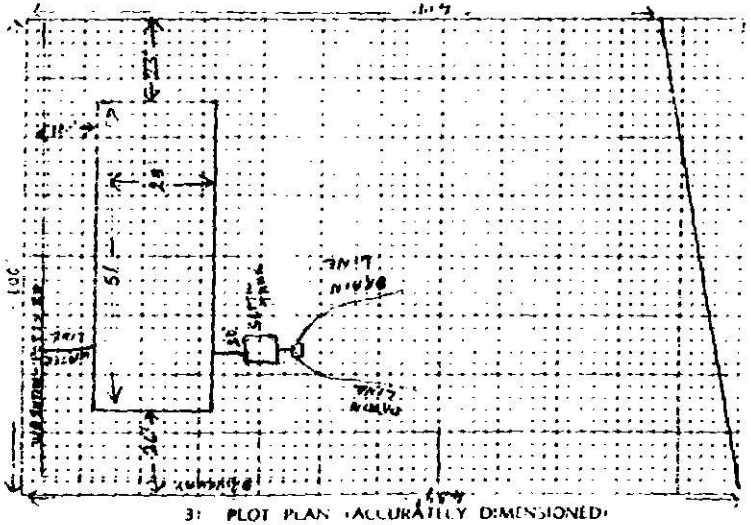
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

1) Install or 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 Beds 3

5) Existing Water

Engineer

6) Water Supply Public No

7) Garbage Disposal No

8) Drainage No

9) Water Use

Air Conditioning

Garbage Disp.

Well

Yes No

10) Fuel

11) Vacancy

13) NAME OF OWNER CLARK (LAST) LORELLE (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER WASHAM-POTTS RD. (CLOSE SIDE) P.O. Box 234, Cornelius, N.C. 28031

15) PHONE NO Home 892-8619 Office 333-9614

16) LOCATION OF SYSTEM WASHAM-POTTS RD, COUNTY ROAD (STREET OR COUNTY ROAD) Cornelius, N.C. 28031

17) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No _____

18) DEED REFERENCE — DEED BOOK 005 AT PAGE 105, Lot 13

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 1959

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: 1-13-74

OWNER Lorelle Clark

Form E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 20 FEB 74

Serial No. 4847

ICAR(S) Permit No. 7505

T. C No. 005-105-13

Map Date Dec 14, 1973

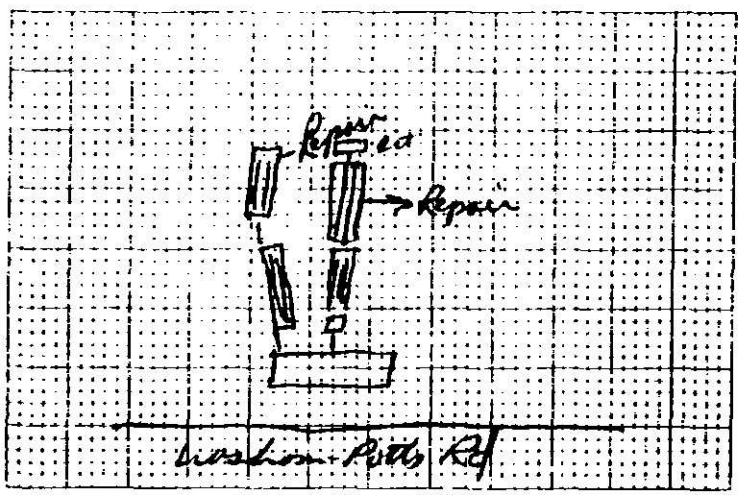
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby granted 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 7505, dated 20 FEB 74 and this permit shall be void and of no effect if the information provided in the application is not true or is incorrect. All work shall be completed on or before ___ after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction Repair

Absorption and/or Nitrification Lines:

Total Line Lenght 2(50'x5'x17") 100' NF

Number of Lines 2(25'x5'x17") 50' um

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well City

NAME OF OWNER CLARK CARROLL B.

LOCATION OF PROPERTY Western Potts Rd P.O. Box 284 Cornelius, N.C. 28031

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: aeration pit on end of nitrifying field 2½'x7'x4(tan)

Division or Section Head ___

Environmentalist Richard Brosman

* 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 25 Feb 74 Serial 4419

C of A (s) No. 7505

T C No 005-105-13

Map Date Dec 14 1973

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Clark (LAST) Carroll B. (FIRST) (MIDDLE)

Location of Property P.O Box 284 Woahm-Potts Rd. Cornelius, N.C.

Application Number 7505 Permit Number 7505

Inspection Data:

Liquid Capacity of Tank Repair Tank Material

Total Length of Drain Tile 100' 50' Number of Lines 2(50' x 5½ 17") 2(25' x 5' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 25 Feb 74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 25 Feb 74 (DATE)

Washing Machine Line Inspected, If Applicable 25 Feb 74 (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:

Richard Goodman
Environmentalist

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

HEALTH DEPARTMENT'S COPY