SEE INSTRUCTIONS ON BACK

Date Received 6 15 73

ICAR(S) Application No 6494

T C No 103-221-30

Map Date 3672

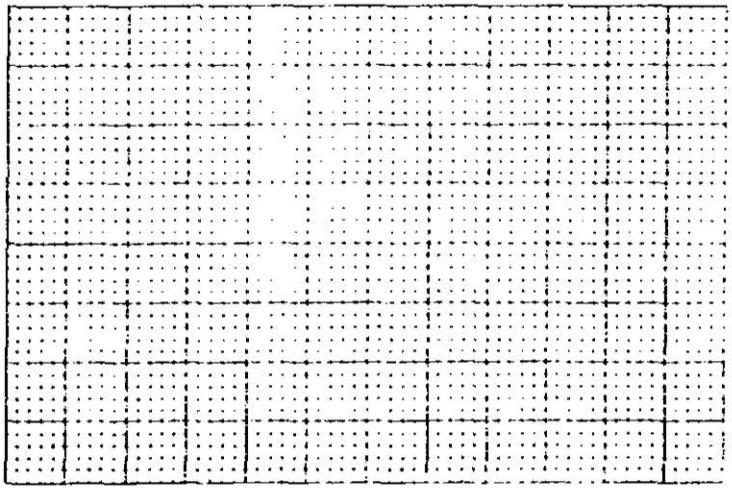
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

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) Government
C) Community
1 Well
2 Government

10) Sewage System
House located within 200' of public sewer Yes No
House located within 200' of community sewer Yes No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER Johnson (LAST) Travis (FIRST) Viola (MIDDLE)

14) ADDRESS OF OWNER 6017 Jamestown Dr.

15) PHONE NO Home 531-0556 Office

16) LOCATION OF SYSTEM (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No E Block No O

Map Book No Page No

18) DEED REFERENCE — DEED BOOK 3091 AT PAGE 439

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.

6-15-73
DATE OF APPLICATION

OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6-29-73

ICAR(S) Application No. [redacted] 6491

T. C No. 103-821-21

Map Date 3-6-72

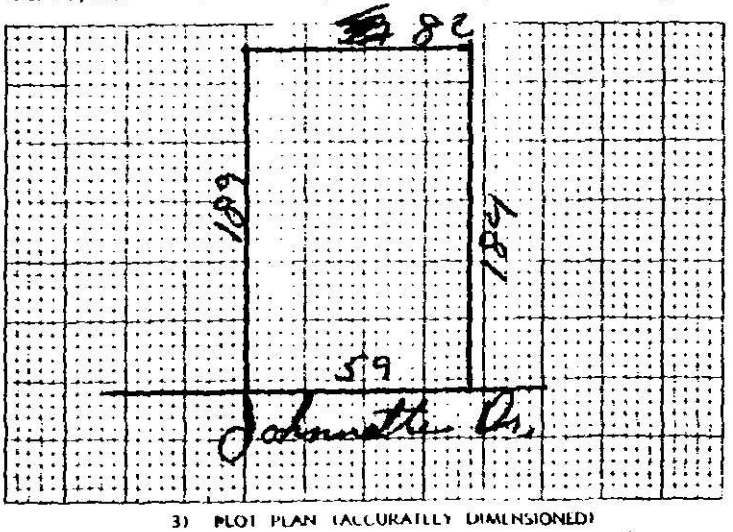
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 Bedrooms 4

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
  - 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. ___

12) VA Case No ___

13) NAME OF OWNER Johnson (LAST) Renis (FIRST) V (MIDDLE)

14) ADDRESS OF OWNER 6014 Johnette Dr.

15) PHONE NO Home ___ Office 537-0226

16) LOCATION OF SYSTEM 6014 Johette Dr. (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.

29 June 1973
DATE OF APPLICATION

Renis V. Johnson
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 26 July 78 Serial No. 4095 ICAR (S) Permit No. 64941

T. C. No. 103-321-33

Map Date _____

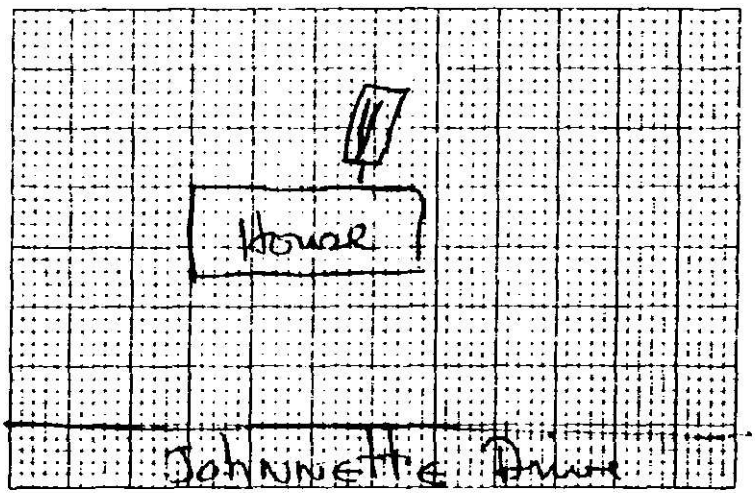
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, _ 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 _____ 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 _____, 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 Lenght 100 L/ft

Number of Lines (2) 5'x16'x4' stone

Distance from House 10'

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER Johnson, Rema

LOCATION OF PROPERTY 6014 Johnnette 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: washer line installation

Division or Section Head _____

Environmentalist G. M. Reynolds

* 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 27 July 73 **Serial No.** 3691 C of A (s) No. 6494

T. C. No. 103-221-33

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 Johnson, Reving (LAST, FIRST, MIDDLE)

Location of Property 6014 Johnathe Drive

Application Number 6494 Permit Number 6494

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 e/ft Number of Lines Two 5'x16'x4" stone

Depth of Filter Material 4' Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 27 July 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 27 July 73 (DATE)

Washing Machine Line Inspected, If Applicable 27 July 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 reparred 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: Washer line installation

G. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENTS COPY

Serial No. 4137

LA No 6494

Date Issued May 31, 1974

T C No 103-221-21

Map Date 3-6-72

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 Johnson (LAST) Renia (FIRST) Viola (MIDDLE)

ADDRESS OF OWNER 6014 Johnnette Drive ZIP _____

LOCATION OF LOT 6014 Johnnette Drive (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 6494. 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(s) 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 present system.

A M Reynolds
Environmentalist

John R Atkinson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY