Date Received 5 25 73

APT No 6376

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Johnson (LAST) Fortin (FIRST) Samuel (MIDDLE)

2) ADDRESS OF OWNER Rt 13 Box [illegible] ZIP 28213

3) PHONE NO Home 596 1373 Office

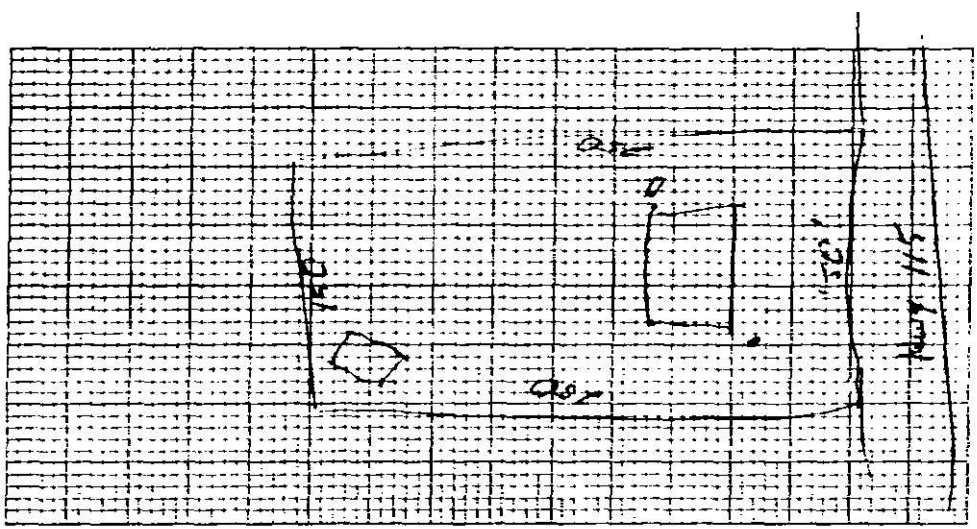
4) LOCATION OF PROPERTY Rt 114 (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

H. S. Johnson
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-25-13 (CARES) Application No 6376

T C No

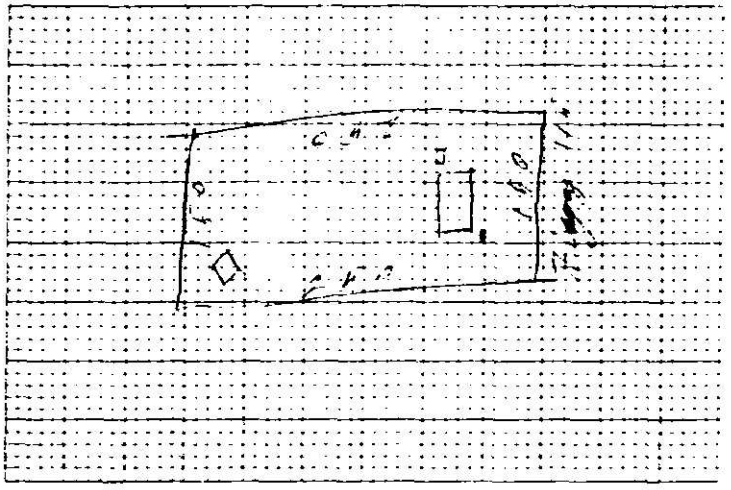
Map Date

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) X 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 ___

5) Business (Yes/No) Employees 1 Part-Time

6) Washing Machine Yes X No

7) Garbage Disp. Yes X No

8) Dishwasher Yes X No

9) Water Supply
- A) Individual ___
- B) Governmental ___
- C) Community System
  - 1) Well ✓
  - 2) Governmental ___

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 Robinson (LAST) Martin (FIRST) Samuel (MIDDLE)

14) ADDRESS OF OWNER Rt 15 - Box 432

15) PHONE NO Home 596-1333 Office ___

16) LOCATION OF SYSTEM Hwy. 115 (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.

DATE OF APPLICATION ___

OWNER M. S. Robinson

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 25 May 73

Serial No. 3758

ICAR (S) Permit No. 6376

T C No. 037-203-04

Map Date 11 May 73

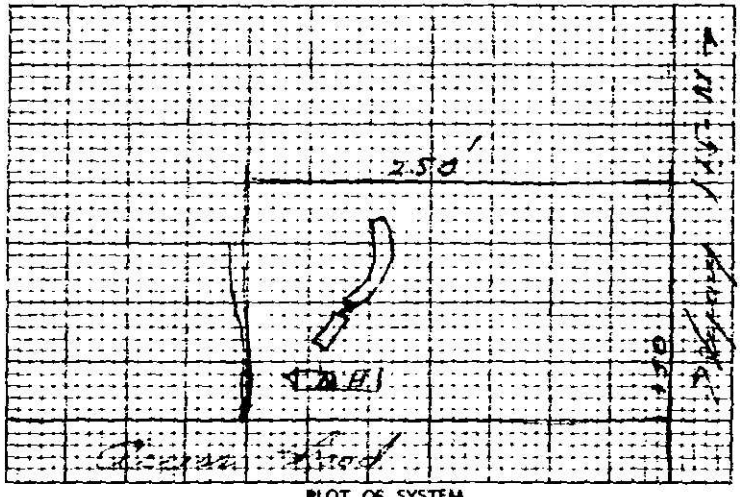
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6376, dated 25 May 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 30 June 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___ 1000

Tank Construction ___ C

Absorption and/or Nitrification Lines:

Total Line Lenght 300'

Number of Lines 2(5'x75'x3')

Distance from House 20'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY Hwy 115 N

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: Septic (Cont.)

Division or Section Head

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 4 Sep 73

Serial 3855

C of A (s) No 6376

T C No 037-203-04

Map Date 11 May 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Robinson (LAST) Kaylin (FIRST) Samuel (MIDDLE)

Location of Property Wyoming 115-N.

Application Number 6376 Permit Number 6376

Inspection Date: after

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 2 @ 75'X75'X34"

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Ind Well Distance from Water Source 100'

Excavation Inspected 4 Sep 73 (DATE) Tank Inspected 4 Sep 73 (DATE)

Nitrification Field Inspected 4 Sep 73 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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: D. Lyles (Cont)

M. L. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY