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SEE INSTRUCTIONS ON BACK

Date Received 1-29-74

ICAR (S) Application No 7443

T C No 183-B233

Map Date 8 9 72

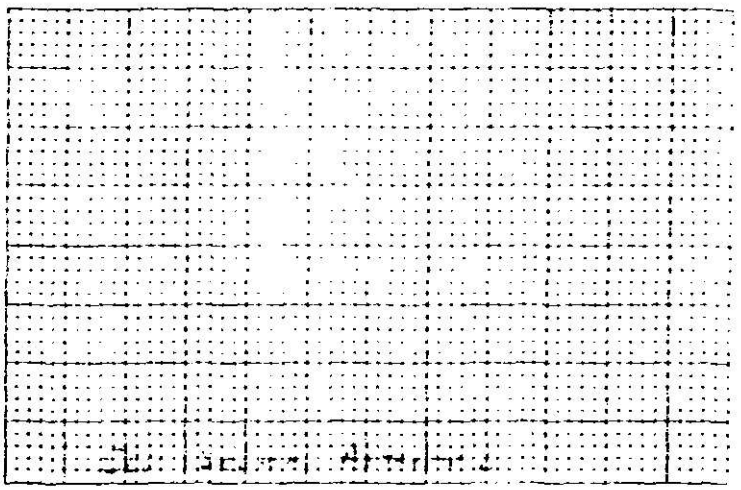
MECK COUNTY HEALTH DEPT
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ENVIRONMENTAL HEALTH DIVISION

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 undersigned hereinafter 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



4 No. of Bedrooms 4

5 Engineer's Name & Address
Engineer

6 Water Supply ✓ Yes

7 Garbage Disposal Yes ✓ No

8 Dishwasher Yes ✓ No

9 Water Supply
A Individual Well ✓
B Community System
C Community System
Well
Governmental

Sewage Disposal System
Individual Septic Tank ✓
Public Sewer Yes No
Private Sewer Yes No
Community Sewer Yes ✓ No

11 FHA Case No.

12 VA Case No.

31 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Couch (LAST) Harold (FIRST) Kenyon (MIDDLE)

14) ADDRESS OF OWNER 2933 Sharon View Rd

15) PHONE NO Home 366 2650 Office 333-6774

16) LOCATION OF SYSTEM 2933 Sharon View RD
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 1952 (illegible)

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.

1-29-74
DATE OF APPLICATION

Harold K Couch
OWNER

FORM 12 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5/2/74 Serial No. 5104 ICARIS Permit No. 7443

T C No.

Map Date

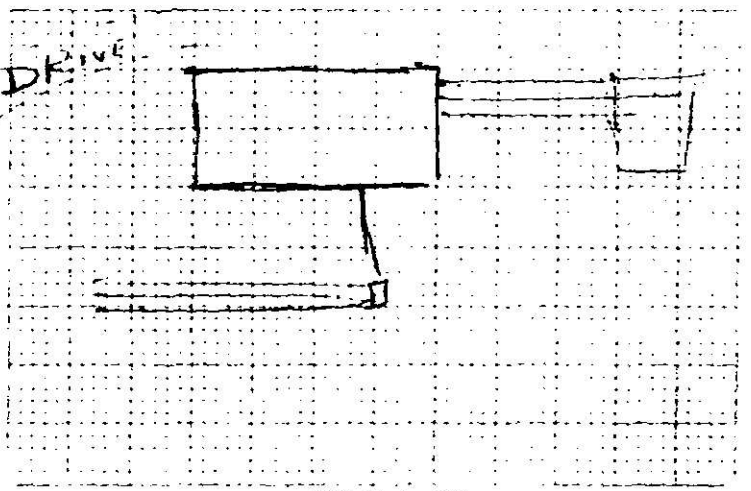
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 7443 dated 1/29/74 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 5/30/74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Permission Rate REPAIR

Liquid Capacity of Tank

Tank Construction

Absorption and/or Distribution Lines WASHER

Total Line Length 150

Number of Lines 3 (2½'X50'X12")

Distance from House 20'

Distance from Property Line 50'+

Distance from Well 100'+

NAME OF OWNER HAROLD K. COOCH

LOCATION OF PROPERTY 2933 SHARON VIEW RD.

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 DISCONNECT WELL FROM PRESENT SYSTEM

JA/RPB

Director or Sanitarian

L P Bridgeman

Environmentalist

In this permit for the installation or construction of a new system it must be signed by the division or one of the Environmental Health Director's authorized agents. The validity of this signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-9-1-72

Date Issued 5/17/74 **Serial 4765**

C of A (s) No. 7443

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 COOK (LAST) HAROLD (FIRST) A. (MIDDLE)

Location of Property 2933 Sharon View Rd.

Application Number 7443 Permit Number 7442

Inspection Data:

Liquid Capacity of Tank N/R Tank Material PVC

Total Length of Drain Tile 150' Number of Lines 3

Depth of Filter Material 12" Cover Depth 20"

Water Supply Source Jones Well Distance from Water Source 100'+

Excavation Inspected 5/17/74 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 5/ (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: K. Finished

J. P. [illegible]
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Serial No. 5995 ICAR(S) Permit No 7443

Date Issued 11-[illegible]-74 T C No 153-33

Map Date [illegible]

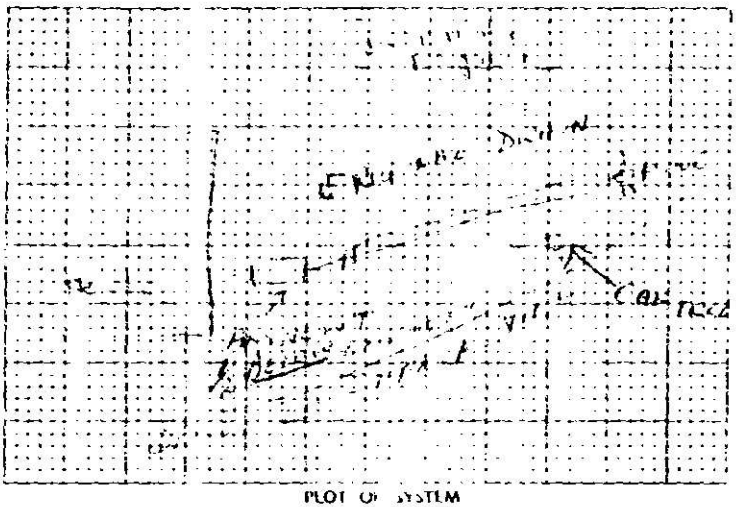
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 7443 dated 11-[illegible]-74; 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 NO PERC

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines

Total Line Length 150

Number of Lines 2 (5 [illegible])

Distance from House 15+

Distance from Property Line 10+

Distance from Well 75+

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 3133 SHARON VIEW RD.

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 ___

[illegible] [illegible]

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.

E-5-9-1-72

Serial No. 5447

C of A (s) No. 7443

Date Issued 11-7-24

T C No 183-132-33

Map Date 8-3-22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Couch Hilda K
LAST FIRST MIDDLE

Location of Property 2933 Sharon View Rd.

Application Number 7443 Permit Number 7443

Inspection Date:

Liquid Capacity of Tank [redacted] Tank Material Reinforced

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 17" Cover Depth 22"

Water Supply Source 2nd Well Distance from Water Source 75-1

Excavation Inspected 11-7-24 DATE Tank Inspected ____ DATE

Nitrification Field Inspected 11-7-24 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 ~~X~~ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health as of the date of issuance of the permit. The issuance of this Certificate of Approval is not an assurance or guarantee that the system will operate properly or relieve any person now or hereafter owning or using the land 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 as well as 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 Gravity. Septic

Environmentalist

FORM NO E-6-9-1-72

DEPARTMENT COPY