Date Received 2-2-73

ICAR(S) Application No. 5506

T C No. _____

Map Date _____

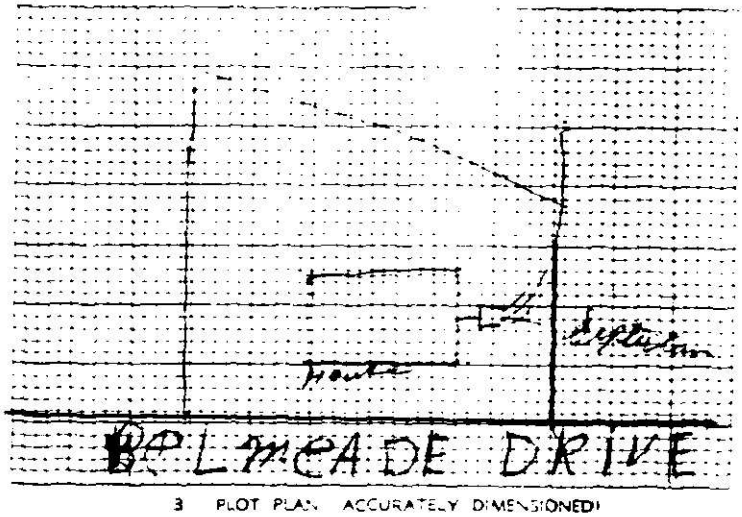
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 2

5 Business Use Max. No. Employees ___

6 Washing Machine ___ Yes 2 No

7 Garbage Disposal ___ Yes ___ No

8 Dishwasher ___ Yes ___ No

9 Water Supply
A Individual Well 2
B Governments System ___
C Community System
Well source ___
2 Governments 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 Lawrence LAST Cagle FIRST Hunter MIDDLE

14 ADDRESS OF OWNER R.F.D. 621 Charlotte N.C. 28205

15 PHONE NO Home 537-1155 Office ___

16 LOCATION OF SYSTEM ___ Eastside Drive STREET OR COUNTY ROAD

17 SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. 331

18 DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19 HAS A PERCOLATION TEST BEEN RUN? ___ YES ___ NO DATE RUN 1-24-73

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

2-1-1973
DATE OF APPLICATION

Buck T. Bumgarner
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 2-6-73

Serial No. 3300

ICAR(S) Permit No. 5506

T C No 055-032-01

Map Date

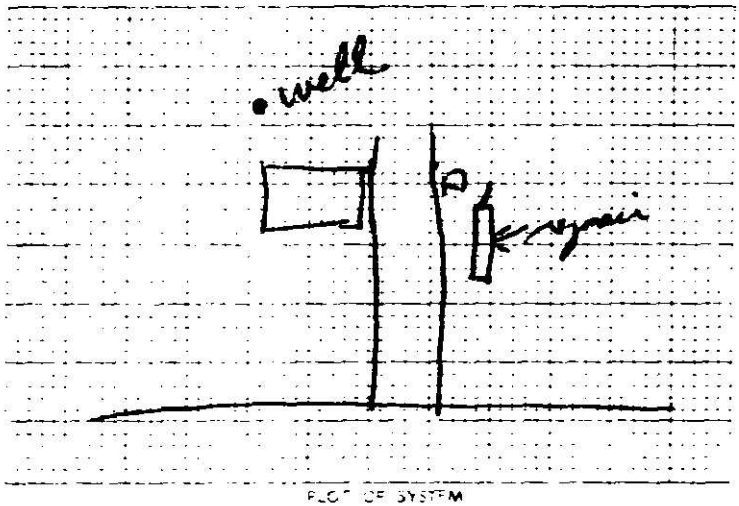
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 5506, dated 2-2-73 and this permit shall be void and of no effect if the information provided in the application is not in accordance with these rules. 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 Data

Absorption and or Irrigation Lines

Total Line Length 100 ft

Number of Lines 2

Distance from House 35'

Depth of Trench 10'+

Distance from Well 50'+

NAME OF OWNER Bumgardner, Boyd

LOCATION OF PROPERTY Belmeade Drive

This permit is subject to 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 obtained from the Health Director before any system can be covered up or otherwise rendered unserviceable or can be used.

Comments in bed 5'x16'x1' #10 stone

Sanitarian Issuing Permit

John R. Robinson
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 5-41-2

APPLICANT'S COPY

Date Issued 2-6-73 **Serial No.** 2981 C of A (s) No. 5506

T C No 053-032-01

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 Bumgardner, Boyd (LAST, FIRST, MIDDLE)

Location of Property Belmeade Drive

Application Number / Permit Number /

Repair Date:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 100 l/ft Number of Lines 2 (5'x16'x4')

Depth of Filter Material 4' Cover Depth 24" ±

Water Supply Source well Distance from Water Source 50' +

Excavation Inspected 2-6-73 (DATE) Tank Inspected / (DATE)

Nitrification Field Inspected (DATE)

Washing Machine Line Inspected, If Applicable / (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface soil absorption of fluent 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:

John R. Adkisson
Environmentalist

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

HEALTH DEPARTMENT'S COPY