SEE INSTRUCTIONS ON BACK

Date Received 10-16-73

MECK COUNTY HEALTH DEPT.
RECEIVED
OCT 16 1973
ENVIRONMENTAL HEALTH DIVISION

Application No 7115

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

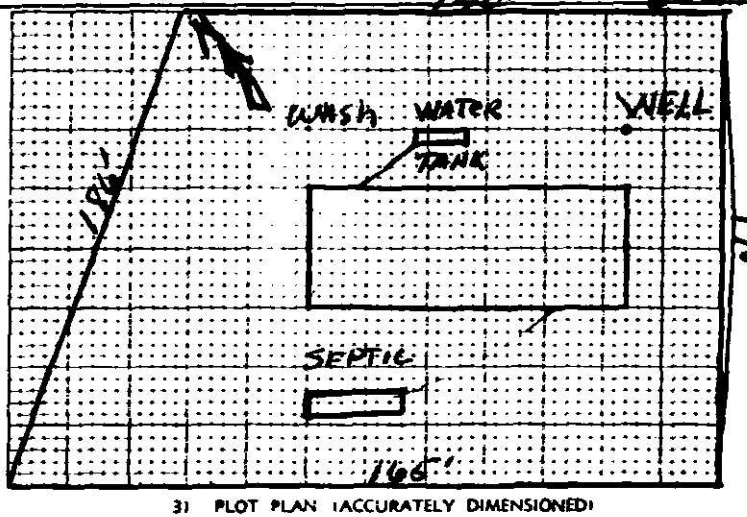
ENVIRONMENTAL HEALTH DIVISION

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 3
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 Wiseman (LAST) Jack (FIRST) Stanley (MIDDLE)

14) ADDRESS OF OWNER 667 Belmorrow DR

15) PHONE NO. Home 3996619 Office 3330519

16) LOCATION OF SYSTEM 667 Belmorrow DR (STREET OR COUNTY ROAD)

17) SUBDIVISION Coulwood Park Hills Lot No. 11 Block No. A

Map Book No. 12 Page No. 421

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1967

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.

10-11-73
DATE OF APPLICATION

Jack Wiseman
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10/16/73 Serial No. 4497 ICAR (S) Permit No. 715

T. C. No.

Map Date

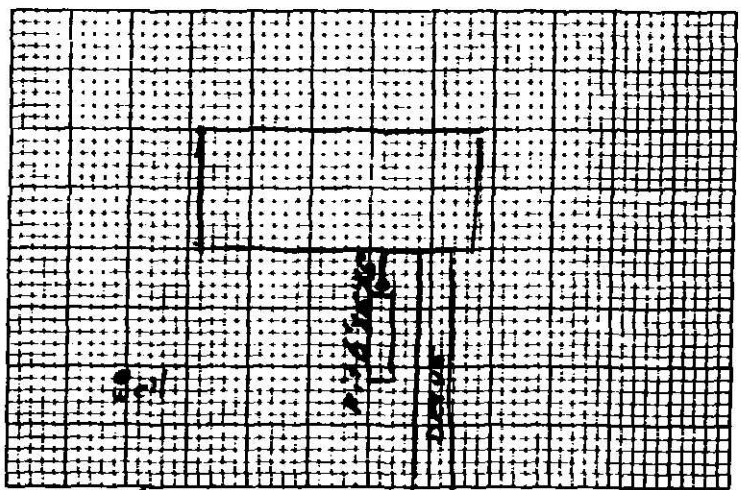
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



Percolation Rate REPAIR

Liquid Capacity of Tank —

Tank Construction WASH MACH

Absorption and/or Nitrification Lines:

Total Line Lenght 100'eq-

Number of Lines 2

Distance from House 101 +

Distance from Property Line 10' +

Distance from Well 50'+

NAME OF OWNER JACK S. WISEMAN

LOCATION OF PROPERTY 667 BELLMORROW 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: WASH MACH REPAIR - PIT 6'X5'X4½-5'

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

Serial 4074

C of A (s) No. 7115

Date Issued 10/18/73

T. C. No. 031-068-76

John R Addisson
CERTIFICATE OF COMPLETION

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner WISEMAN (LAST) JACK (FIRST) S. (MIDDLE)

Location of Property 667 BELLARROW

Application Number 7115 Permit Number 7115

Inspection Data:

Liquid Capacity of Tank RE Tank Material PAR

Total Length of Drain Tile 100 eq- Number of Lines 2

Depth of Filter Material 4½ + Cover Depth 32"

Water Supply Source IND WELL Distance from Water Source 50'

Excavation Inspected 10/18/73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 10/18/73 (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 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: _____

L R Bindseil
Environmentalist

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

HEALTH DEPARTMENT'S COPY