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SEE INSTRUCTIONS ON BACK

Date Received 5-11-73

ICAR(S) Application No 6334

T C No

Map Date

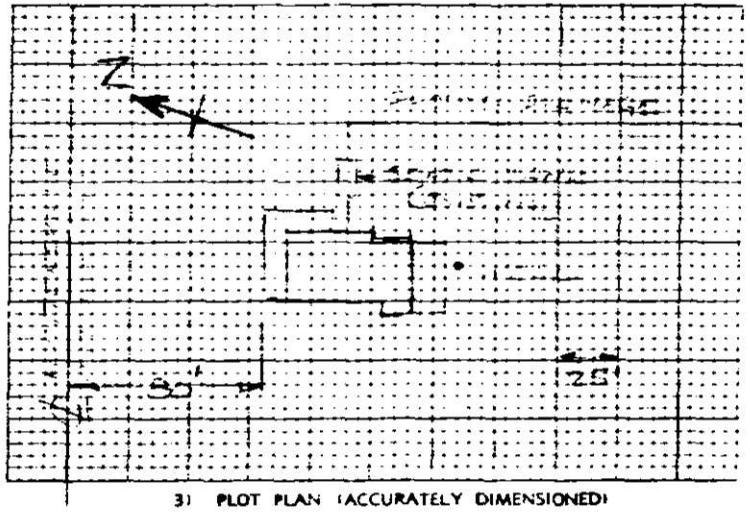
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _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 Bedroom 2

5) Business Use - Max No Employees

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply
A) Individual Well X
B) Government System
C) Community System
1 Well source
2 Government source

10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Dunn (LAST) Development Corp. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER Rt 9 Box 161A, Charlotte, N.C. 28208

15) PHONE NO. Home 399-0510 Office

16) LOCATION OF SYSTEM Mt. Holly-Huntersville Rd. (2004)
(STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. 2581 Page No. 479

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X 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.

5/10/73
DATE OF APPLICATION

M B Dunn, Pres
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 1 June 73

Serial No. 3794

ICAR (S) Permit No. 6224

T. C. No. 033-011-05

Map Date 11 Nov 71

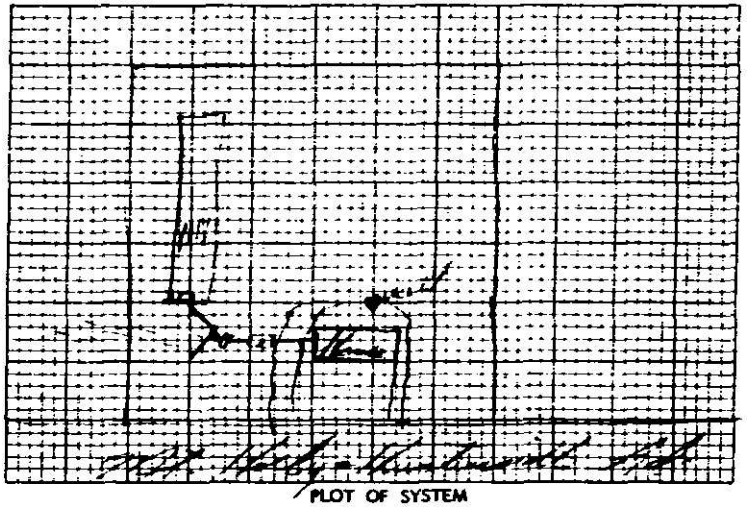
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6224, dated 1 June 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 1 Sept 73, 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 400'

Number of Lines 4 @ 100' x 2'

Distance from House 25'

Distance from Property Line 100'

Distance from Well 50'

NAME OF OWNER Piano Development Corp.

LOCATION OF PROPERTY 2112 McCoy - Huntersville 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: Floyd Honeycutt (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 7 June 73

Serial No. 3411

C of A (s) No. 6224

T. C. No. 033-011-05

Map Date 1 Jan. 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Kenny Lindsay Const. Co. (LAST, FIRST, MIDDLE)

Location of Property W. Mallard Huntersville Township

Application Number 6224 Permit Number 6224

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Polyvi

Total Length of Drain Tile 450' Number of Lines 4 @ 100' X 17"

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Dug well Distance from Water Source 60'

Excavation Inspected 7 June 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7 June 73 (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, ~~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: Steep Maintain (Cont'd)

M. L. Bixby
Environmentalist

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

HEALTH DEPARTMENT'S COPY