SEE INSTRUCTIONS ON BACK

Date Received 4-12-73

ICAR (S) Application No 5935

T. C. No _____

Map Date _____

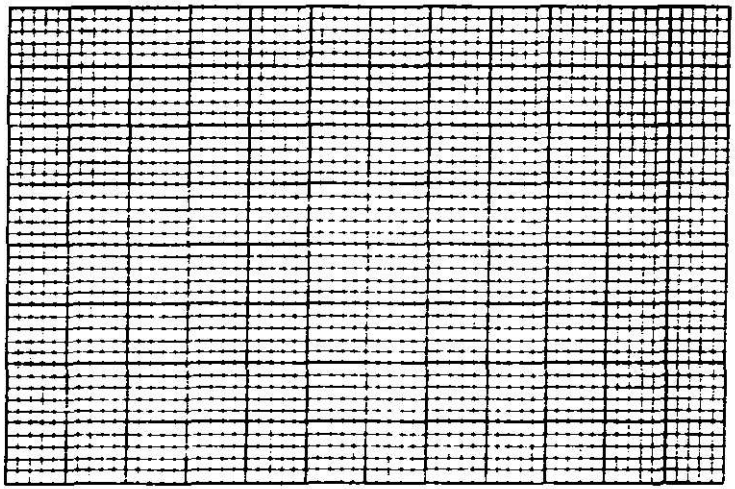
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms 2

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes ____ No

8) Dishwasher ____ Yes ____ No

9) Water Supply:
   A) Individual Well _____
   B) Governmental System X
   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 WIDENHOUSE (LAST) WILL (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 3014 Concord, N.C. 28025

15) PHONE NO. Home _____ Office 786-5014

16) LOCATION OF SYSTEM 131 Willetta Drive (Tenant: Mrs. J.P. Neal) (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 15 Block No. _____

Map Book No. 169 Page No. 061

18) DEED REFERENCE — DEED BOOK 2505-13 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.

April 7, 1973
DATE OF APPLICATION

Will J. Widenhouse
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 4/24/73

Serial No. 3560

ICAR(S) Permit No. 5935 5927

T. C. No. 167-061-11

Map Date

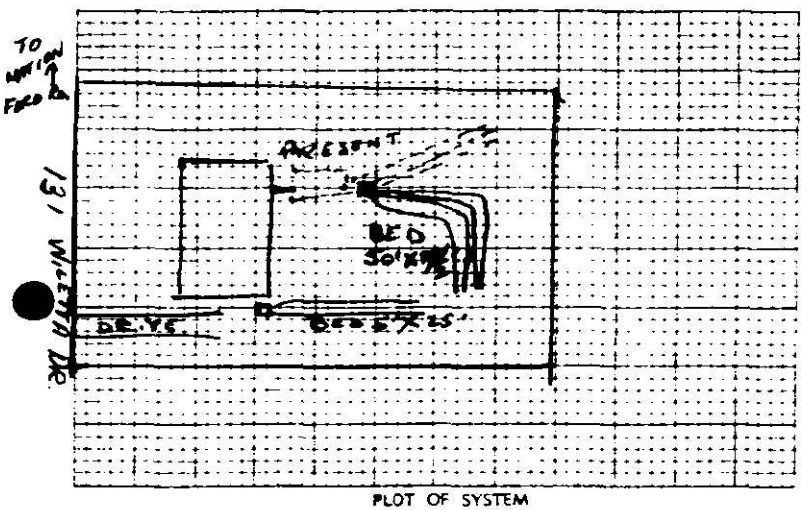
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5927 5935 dated 3/23/73 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 MAY 15, 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1 ?

Tank Construction ?

Absorption and/or Nitrification Lines:

Total Line Lenght 200' TOTAL 150ST 50'WM

Number of Lines * 3 or 4 2(5'x25')

Distance from House 10' M.

Distance from Property Line 10' MIN

Distance from Well C.T.

NAME OF OWNER Will C. Wildenhouse

LOCATION OF PROPERTY 131 Wiletta 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: R. Oakes early MAY' ~~Add~~ Install Dist Box if Necessary

Connect Existing Drain to Dist Box, Also Repair

* Number of Lines May Be Changed

RL 11ka / XIIA

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