W

SEE INSTRUCTIONS ON BACK

Date Received 5-22-73

ICARIS Application No 6332

T C No

Map Date

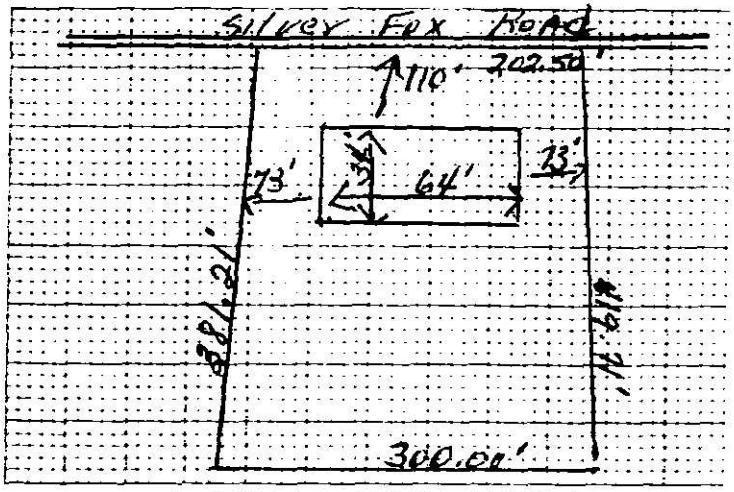
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) XX 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 None

6) Washing Machine XX Yes ___ No

7) Garbage Disposal XX Yes ___ No

8) Dishwasher XX Yes ___ No

9) Water Supply
a) Individual Use XX
b) Governmental System ___
c) Community System ___
1 Well source ___
2 Governmental source ___

10) Sewage System
Must be located within 200 feet of public sewer Yes XX No
Must be located within 200 feet of community sewer Yes XX No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Core (LAST) George (FIRST) V. (MIDDLE)

14) ADDRESS OF OWNER 117 Greylyn Drive, Charlottee, North Carolina 28211

15) PHONE NO. Home 366-3439 Office 377-2691

16) LOCATION OF SYSTEM Silver Fox Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence Plantation Lot No 10 Block No. 7

Map Book No. 15 Page No. 65

18) DEED REFERENCE — DEED BOOK 3575 AT PAGE 35

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.

DATE OF APPLICATION ___

OWNER George V. Core

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9-26-73

Serial No. 4255

ICAR(S) Permit No. 6332

T. C. No. _____

Map Date _____

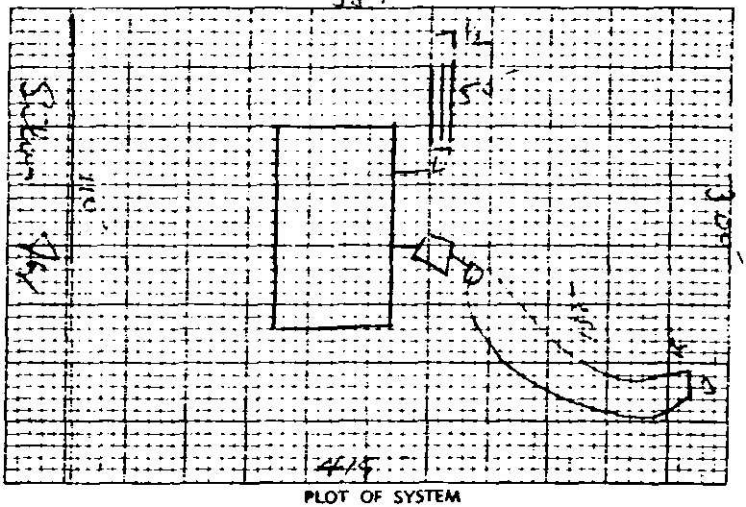
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6332, dated 9-22-73 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 9-26-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 15 6"

Liquid Capacity of Tank 1500 gals.

Tank Construction concrete

Absorption and/or Nitrification Lines

Total Line Lenght 795'

Number of Lines 6

Distance from House 5'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Cowan V Cox

LOCATION OF PROPERTY Silas Ford 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: 15 x 133'x 1" - auction pit at end with 7½ x 5'x 1"

Jones Eng Contractor

Division or Section Head

Thomas R. Ward
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 9-4-73

Serial 3816

C of A (s) No 6332

T. C No 227-085-10

Map Date 2/14/73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Cox, George V.
(LAST, FIRST, MIDDLE)

Location of Property Silver Fox Rd.

Application Number 6332 Permit Number 6332

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material precast Con.

Total Length of Drain Tile 795' Number of Lines 6

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 9-4-73 (DATE) Tank Inspected 9-4-73 (DATE)

Nitrification Field Inspected 9-4-73 (DATE)

Washing Machine Line Inspected, If Applicable 9-4-73 (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: Installed by Our Bros Const. Co.

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY