B

SEE INSTRUCTIONS ON BACK

Date Received 1-3-74

ICAR(S) Application No 7393

T C No 055-355-P

Map Date 9/5/73

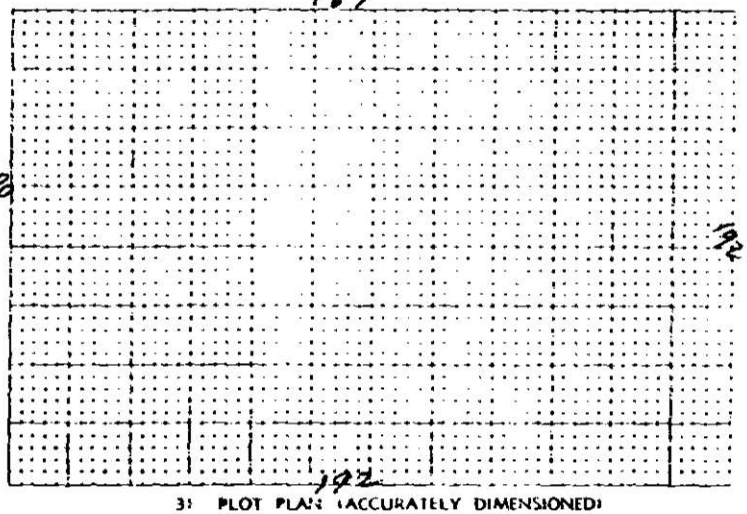
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5

5) Employees

6) Water Meters Yes 2 (one not used) No

7) Garbage Disp. Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A) Individual Well
B) Government ✓
C) Community System
1) Well
2) Surface
Private System
Community Sewer Yes No

10) FHA Case No

11) VA Case No

12) NAME OF OWNER Mrs Lyda P. Phillips Prine
LAST FIRST MIDDLE

13) ADDRESS OF OWNER 2840 Lanny Dr Cobrs Co.

14) PHONE NO Home 392 3667 Office 392-8361-Ext 21

15) LOCATION OF SYSTEM 2840 Lanny Dr
STREET OR COUNTY ROAD

16) SUBDIVISION Pine Crest Lot No 8 Block No

Map Book No 7 Page No. 461

17) DEED REFERENCE — DEED BOOK 1785 AT PAGE 225

18) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

19) 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

Mrs. Lyda P. Phillips
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 3/4/74 Serial No. 4909 ICAR(S) Permit No. 7593

T C No

Map Date

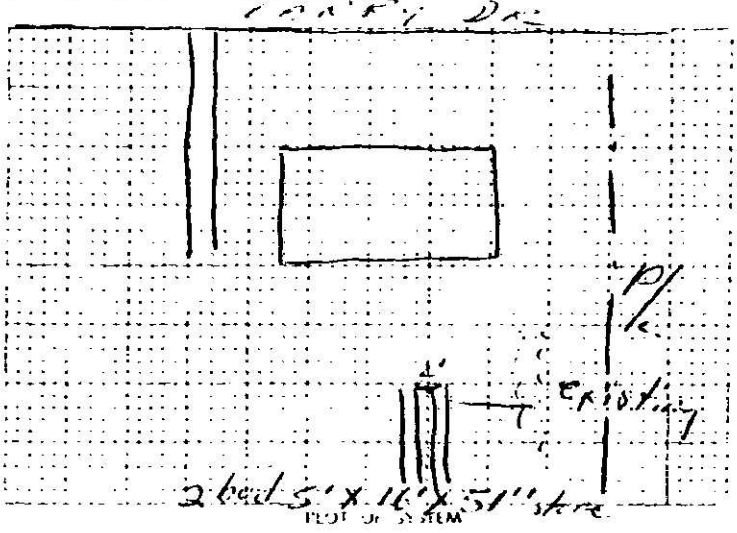
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water treatment system with subsurface soil absorption effluent discharge as specified hereon at the described location. This permit is granted based upon the information supplied in application 7593, dated 1/25/74 and this permit shall be void and of no effect if the information provided in the application is found to be incorrect. All work shall be completed on or before after which date this permit will be null and void.



Percolation Rate Kerrick

Liquid Capacity of Tank 1000

Tank Construction Concrete

Absorption and/or Nitrification Lines

Total Line Length 200' ±

Number of Lines 2 + 2'

Distance from House 35' ±

Distance from Property Line 20' ±

Distance from Well 50' ±

NAME OF OWNER Lydia Phillips

LOCATION OF PROPERTY 2840 Larry 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

1/4/74
Date of Site Approval

[signature]
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 E-5-9-1-72

Date Issued 3/5/74

Serial 4523

C of A (s) No. 7393

T. C. No. ____

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 PHILLIPS LYON (LAST FIRST MIDDLE)

Location of Property 2340 LAURY DR

Application Number 7393 Permit Number 7393

Inspection Date:

Liquid Capacity of Tank REQ Tank Material PVC

Total Length of Drain Tile 200' Number of Lines 2+2 (5'x16'x5")

Depth of Filter Material 51" Cover Depth 5'

Water Supply Source City Distance from Water Source —

Excavation Inspected 3/5/74 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3/5/74 (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, X 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: * Too Deep Soil Appears Satisfactory

* Due to topography

C. Lefler

Environmentalist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-16-76

ICAR(S) Application No. 10433-4

T C. No. _____

Map Date

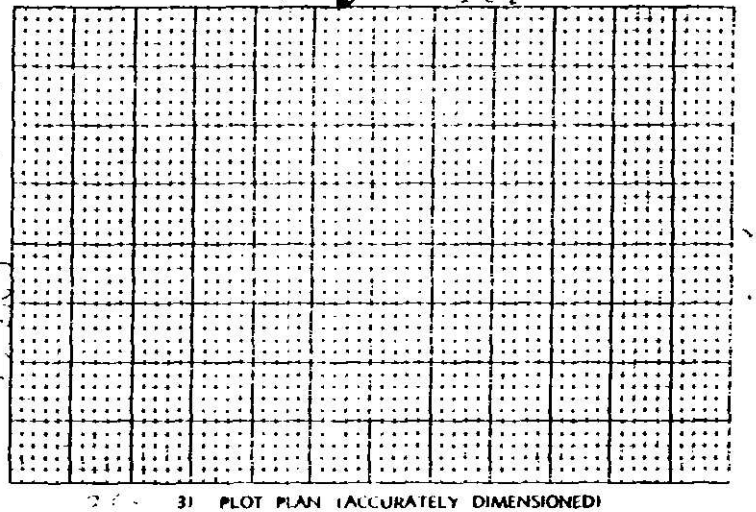
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

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 City
- 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. _____

Septic Tank

13) NAME OF OWNER Phillips (LAST) Lyda (FIRST) A (MIDDLE)

14) ADDRESS OF OWNER 2346 [illegible] Dr. Charlotte 28214

15) PHONE NO Home 392-3669 Office [illegible]

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

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

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ 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.

1-15-76
DATE OF APPLICATION

Mrs. Lyda P. Phillips
OWNER

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

HEALTH DEPARTMENT'S COPY

7393

Date Issued 19 Jan 76 **Serial No. 7110** ICAR(S) Permit No. 10479

T C No 055-355-17

Map Date 17 July 75

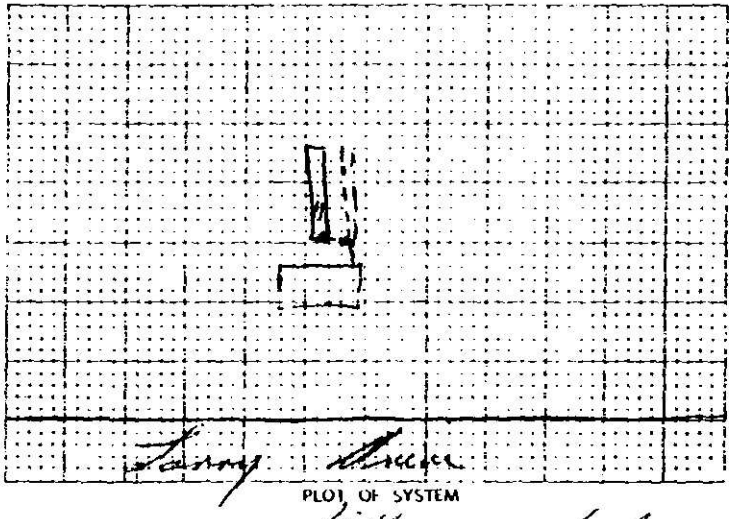
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 10479, dated 16 Jan 76 and this permit shall be void and of no effect if the information provided in the application is not true or is incorrect. All work shall be completed on or before 1 Feb 76, 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 Length 100' WM

Number of Lines (2 @ 3' X 17')

Distance from House

Distance from Property Line 5'

Distance from Well 75'

NAME OF OWNER Phillips, Lydia V.

LOCATION OF PROPERTY 2870 Lobby Drive

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: Vennie Oaks (Contr.)

Division / Section Head

W. A. Berry
Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or 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 NC E-5-4-2M-6-75

HEALTH DEPARTMENT COPY

9393

Date Issued 23 Jan 76 **Serial No.** 8558 C of A (s) No 10429

T C No 05-55-355-17

Map Date 17 July 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Phillips / Lyda P
LAST FIRST MIDDLE

Location of Property 3240 Lacy Mowe

Application Number 10429 Permit Number 10429

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 100' (WM) Number of Lines 3 (2½' 133' X17")

Depth of Filter Material 17" Cover Depth 24-30"

Water Supply Source City Distance from Water Source _____

Excavation Inspected 23 Jan 76 Tank Inspected _____
DATE DATE

Nitrification Field Inspected 23 Jan 76
DATE

Washing Machine Line Inspected, If Applicable 23 Jan 76
DATE

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been installed ✓ 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 in the permit as well as 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 Ronnie Oaks (Cont.)

M. H. Kirby
Environmentalist

FORM NO E-6-9-1-72