SEE INSTRUCTIONS ON BACK

Date Received 4-1973

ICAR(S) Application No 6059

T C No

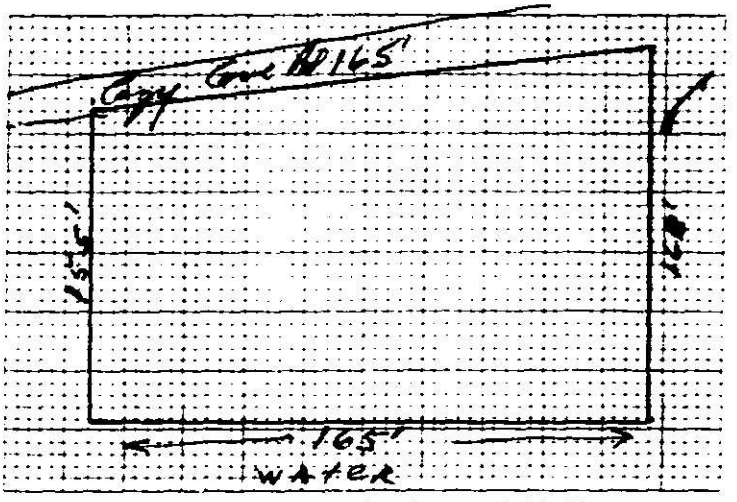
Map Date

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)

3 BR. Now
1 Room to be added
Future

4) No of Bedrooms
5) Business Use Max (50) Employees
6) Washing Machine ✓ Yes ___ No
7) Garbage Disposal ✓ Yes ___ No
8) Dishwasher ✓ Yes ___ No
9) Water Supply
A) Individual Well ✓
B) Government System ___
C) Community System ___
1) Well ___
2) Government ___
10) Sewage System
Is the lot located within 200 feet of public sewer ___ Yes ✓ No
Is the lot located within 200 feet of community sewer ___ Yes ✓ No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER NANCE (LAST) Charles (FIRST) HERMAN (MIDDLE)

14) ADDRESS OF OWNER 3937 Tamer Lane Drive

15) PHONE NO Home 537-1299 Office 3335181

16) LOCATION OF SYSTEM Cozy Cove Rd off Snug Harbor Rd. (STREET OR COUNTY ROAD) CA1AB45A

17) SUBDIVISION Lake Wylie Lot No McGuire Tract Lot #8 Block No. 2/3 acre

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.

DATE OF APPLICATION ___

C.H. Nance
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 25, 1973

Serial No. 2791

LA No. 6059

T. C. No. 217-121-01 D

Map Date 7-17-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Nance (LAST) Charles (FIRST) Herman (MIDDLE)

ADDRESS OF OWNER 3937 Tamerlane Drive ZIP _____

LOCATION OF LOT Cozy Cove Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 82 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of *, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6059. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

* May use present system.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY