W

SEE INSTRUCTIONS ON BACK

Date Received 2 5 73

ICAR(S) Application No 5515

T C No

Map Date

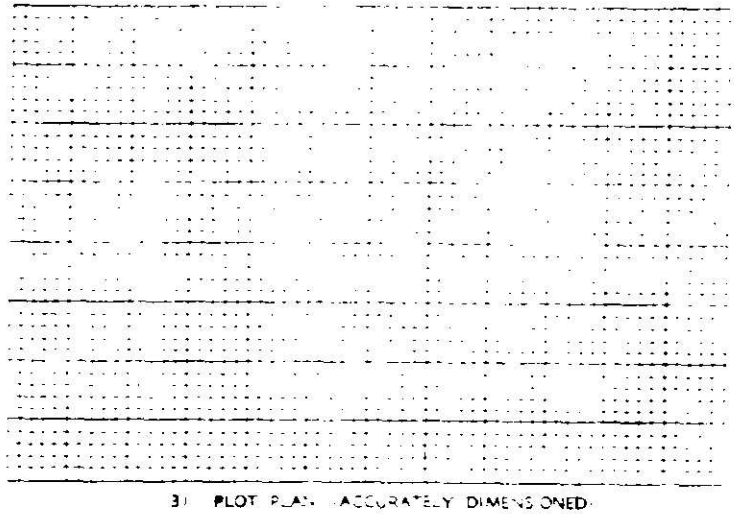
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 for a subsurface soil absorption effluent discharge



2

X No

X No

X No

X

No

31) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER Ryder (LAST) Mary (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 2249 Sanford Lane, Charlotte, N. C. 28211

15) PHONE NO Home 366-1776 Office 366-5036

16) LOCATION OF SYSTEM 5911 Creola Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Mammoth Oaks Lot No 17 Block No. 82

Map Book No 6 (187) Page No. 771 (8)

18) DEED REFERENCE — DEED BOOK 3423 AT PAGE 363

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

20) PTR NUMBER See Instructions

The undersigned person hereto 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.

2-6-1973
DATE OF APPLICATION

Mary B. Ryder
OWNER

FORM NO. E 4.4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

ICAR (S) Permit No. 5515

Date Issued 2-13-73

T C No. 187-082-17

Map Date 9-1-70

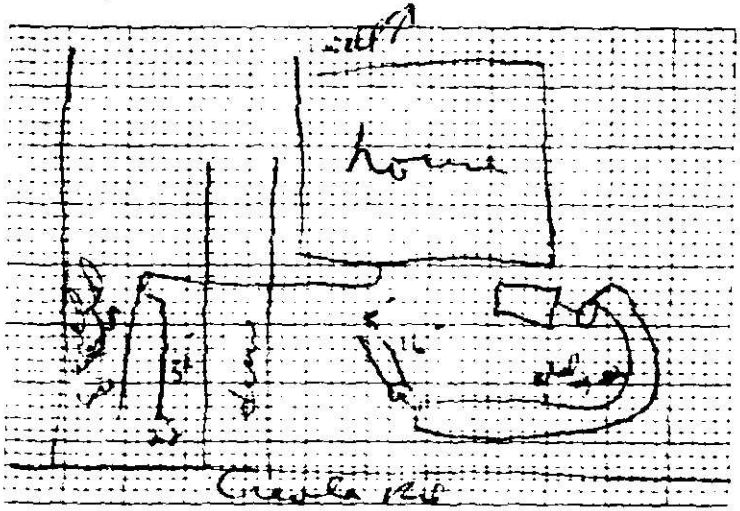
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5515, dated 2-5-73 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 3-13-73 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 Length 100' Lin.

Number of Lines 1 / 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Mary B. Ryder

LOCATION OF PROPERTY 5911 Creola 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 Repair to system 5 lines as is
repair to existing lines 2 lines 33' x 4' also
- both to connect to repair

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 (-71)

HEALTH DEPARTMENT'S COPY

Serial No. 2989

C of A (s) No. 5515

Date Issued 2-23-73

T C No 167-0202-7

Map Date 5-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Ryder (LAST) , Mary (FIRST) B (MIDDLE)

Location of Property 5511 Gala Rd

Application Number 5515 Permit Number 5515

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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: Repair by Roger Stalf Inc

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY