b

SEE INSTRUCTIONS ON BACK

Date Received MECK COUNTY HEALTH DEPT. RECEIVED JUN 2 1973 ENVIRONMENTAL HEALTH DIVISION

ICARIS Application No 6539

T C No 199-211-11

Map Date 4-27-73

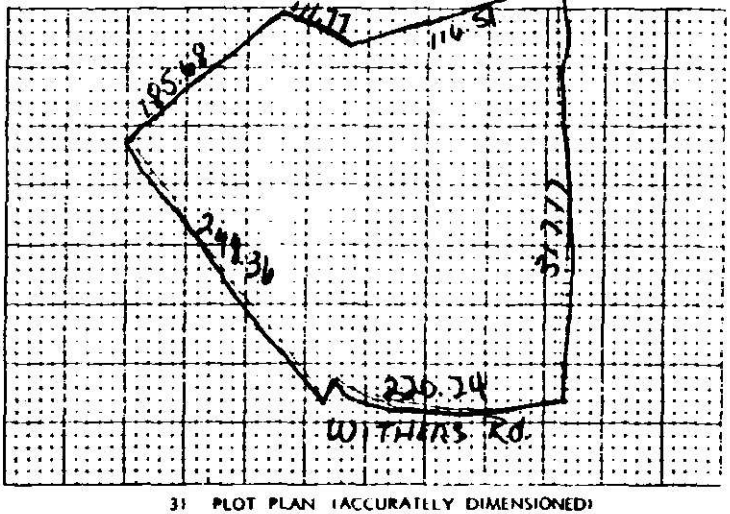
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use Max No Employees

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
A) Individual Well X
B) Government System
C) Community System
1 Well Private
2 Government System

10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Henderson Belk & Wife, Ann E. Belk (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 529 Hempstead Place, Charlotte, N.C. 28207

15) PHONE NO Home 333-4394 Office 375-8592

16) LOCATION OF SYSTEM Withers Road, Route = Route 3, Charlotte, N. C. 28210 (STREET OR COUNTY ROAD)

17) SUBDIVISION Riverwood Lot No 36-38 Block No

Map Book No M 1844 Page No. 535

18) DEED REFERENCE — DEED BOOK 1998 AT PAGE 561

19) HAS A PERCOLATION TEST BEEN RUN? YES X 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.

6-26-73
DATE OF APPLICATION

Henderson Belk
Ann E. Belk
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7/2/73

Serial No. 3956

ICAR(S) Permit No. 6539

T. C. No. _____

Map Date _____

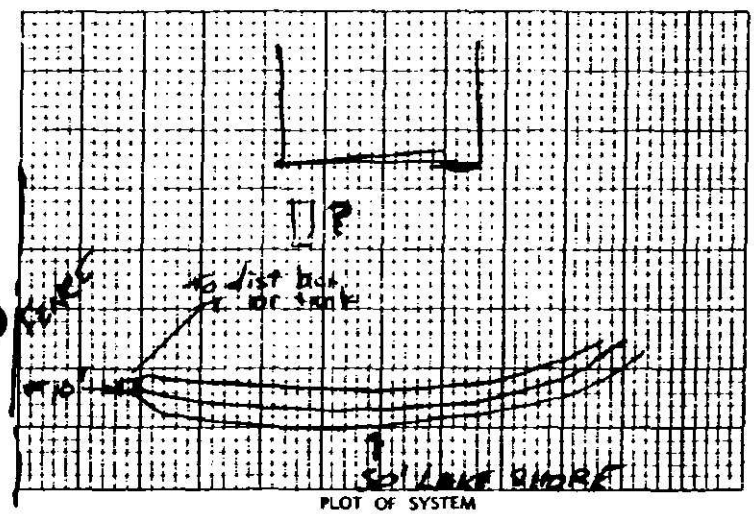
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6539, dated 6/26/73 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 July 10, 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 135

Number of Lines 3

Distance from House 60'±

Distance from Property Line 10'±

Distance from Well 50'±

NAME OF OWNER HENDERSON BECK & WIFE

LOCATION OF PROPERTY WITHERS RD. NEAR END (LAKEFRONT)

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: Chk. SOLID PLASTIC 4" LINE TIED INTO OLD DIST BOX (OR NEW "T" IN TANK) THENCE TO NEW DIST BOX

_____ Division or Section Head

L P Brickhouse 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 7/19/23 **Serial No.** 3544 C of A (s) No. 6539

T. C. No. 199-211-11

Map Date 4-2)-13

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner CLK (LAST) HENDERSON (FIRST) _____ (MIDDLE)

Location of Property WITHERS RD. NEAR LUCIA

Application Number 6539 Permit Number 6539

Inspection Data:

Liquid Capacity of Tank 1000 GAL Tank Material PVC

Total Length of Drain Tile 135' Number of Lines 3

Depth of Filter Material 17"-20" Cover Depth 26"

Water Supply Source JADWELL Distance from Water Source 50'+

Excavation Inspected 7/19/23 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 7/19/23 (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: Clark -

Environmentalist

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

HEALTH DEPARTMENT'S COPY

CHRIS TAKES
House
existing
T
New T-
Pool 7'x48'x200'