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SEE INSTRUCTIONS ON BACK

Date Received 5-18-73

ICAR(S) Application No 6318

T. C. No. _____

Map Date _____

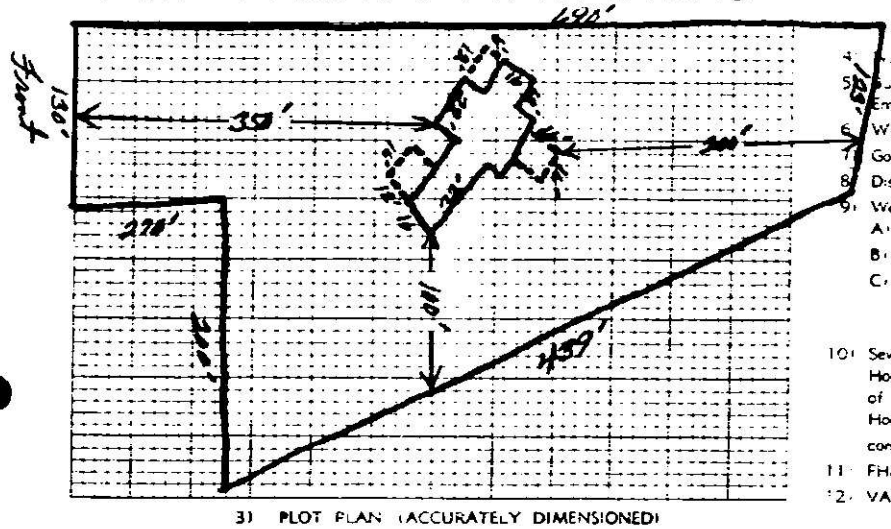
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



New Bath
New Den
Office

4) No. of Bedrooms Two Bedrooms
5) Business Use — Max No Employees _____
6) Washing Machine X Yes ___ No
7) Garbage Disposal: ___ Yes ___ No
8) Dishwasher ___ Yes ___ No
9) Water Supply
A) Individual Well ___
B) Governmental System ___
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. ___

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Hansbrough (LAST) James (FIRST) C. (MIDDLE)

14) ADDRESS OF OWNER 6600 Providence Road

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM 6600 Providence Road (STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2838 AT PAGE 64

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

May 15, 1973
DATE OF APPLICATION

James C. Hansbrough
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued August 6, 1973 Serial No. 3256

LA No. 6318

T. C. No. 211-021-04

Map Date 2-14-73

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 Hansbrough (LAST) James (FIRST) C. (MIDDLE)

ADDRESS OF OWNER 6600 Providence Road ZIP _____

LOCATION OF LOT 6600 Providence Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ 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 6318 . 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.

Nona R. Ward
Environmentalist

John R. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7-30-73

Serial No. 4100

ICAR(S) Permit No. 6318

T C. No. _____

Map Date _____

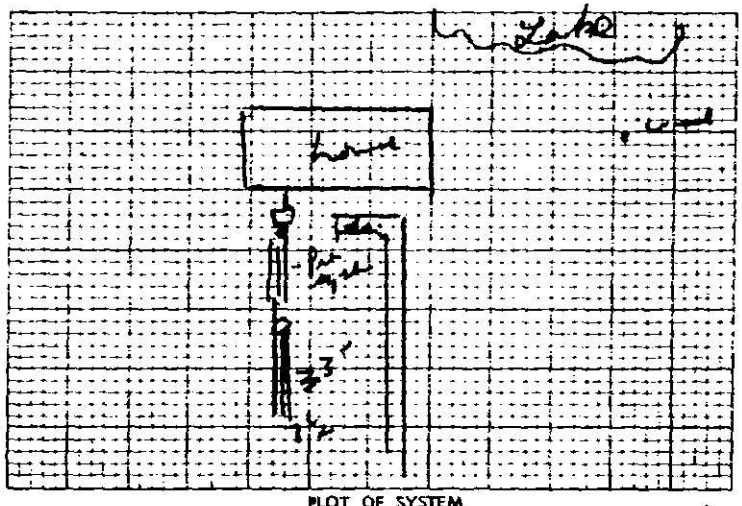
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6318, dated 5-18-73 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 8-30-73, 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 Lenght 100'

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER James C. Handsurgh

LOCATION OF PROPERTY 6600 Prov. 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: 7½ x 32 x 17" stone - adding to syst for new bedroom by Lyle Co. Blk C.

_____

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 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 8-3-73

Serial No. 3708

C of A (s) No. 6318

T. C. No. 211-621-01

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 Hansbrough (LAST) James (FIRST) C. (MIDDLE)

Location of Property 6600 Providence Rd.

Application Number 6318 Permit Number 6318

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 4

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 8-3-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 8-3-73 (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: addition to septic tank by Taylor Con. Co. Inc.

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY