Date Received **RECEIVED** JUN 25 1973 ENVIRONMENTAL HEALTH DIVISION

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No 6534

T C No 183-092-01

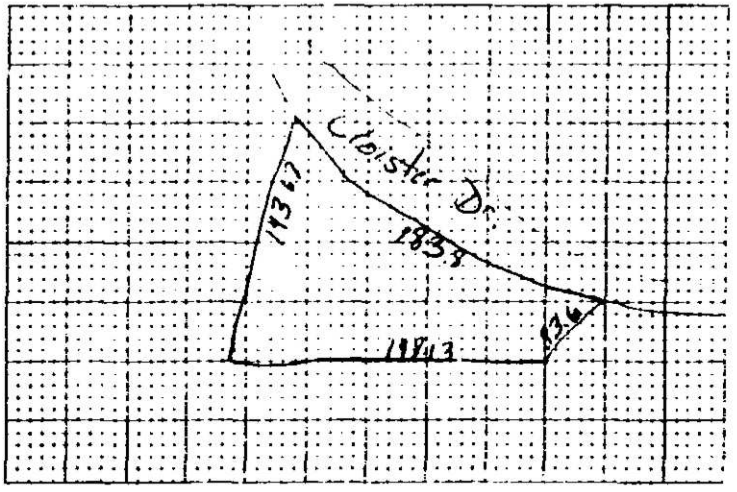
Map Date R-1473

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 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
B) Government system
C) Community system
1) Well owner
2) Government agency

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

13) NAME OF OWNER Whitson (LAST) William (FIRST) Earl (MIDDLE)

14) ADDRESS OF OWNER 1401 Cloister Drive Charlotte, N.C. 28211

15) PHONE NO Home 366-6221 Office

16) LOCATION OF SYSTEM Lot 1 Wellington, Ltd. (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 1 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 6/19/73

OWNER Earl W. Whitson

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8/17/73

Serial No. 4162

ICAR(S) Permit No. 6534

T. C. No. _____

Map Date _____

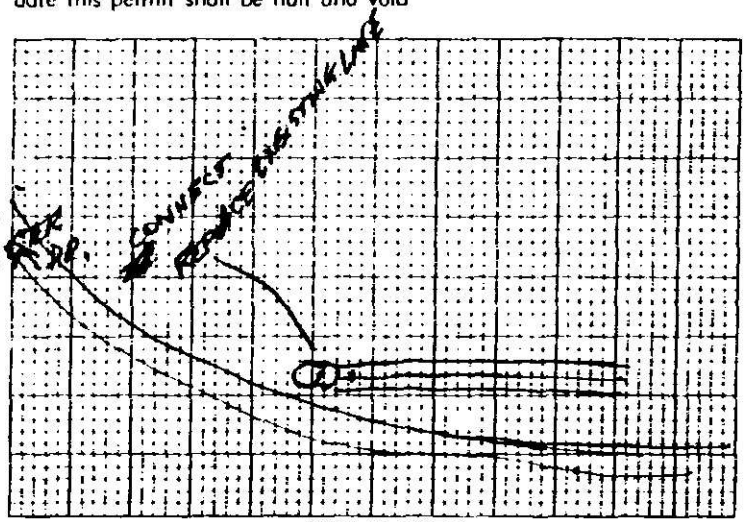
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6534, dated 6/25/73 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 REPAIR

Liquid Capacity of Tank 4

Tank Construction 2(

Absorption and/or Nitrification Lines:

Total Line Lenght 200

Number of Lines 3 (7½'X67'X17")

Distance from House 50' ±

Distance from Property Line 50' ±

Distance from Well 50' ±

NAME OF OWNER Wm. D. FLINTOM

LOCATION OF PROPERTY 1901 CUSTER 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: OVER 200' FROM SEWER ALSO LOWER 17" W/GRADE BOARDS TOP OF CONNECTION & NEW LINE TO BE 6" min. 12" MAX BELOW ROAD LEVEL NIXON

Division or Section Head JA/LPB

Environmentalist R P Bridgeman

* 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 9/13/23 Serial 3918

C of A (s) No. 6534

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 FLINTOM (LAST) WM (FIRST) D. (MIDDLE)

Location of Property 1961 CLOISTER DR.

Application Number 6534 Permit Number 6534

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material CONC

Total Length of Drain Tile 300 Number of Lines 3

Depth of Filter Material 17" Cover Depth 2-2½'

Water Supply Source IND WELL Distance from Water Source 50'±

Excavation Inspected 9/13/23 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 9/13/23 (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 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: _____

(Sanitarian)

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

HEALTH DEPARTMENT'S COPY