SEE INSTRUCTIONS ON BACK

Date Received 3/[illegible]/74

ICAR(S) Application No. 1745

T C No. 047-262-07

Map Date 11-28-75

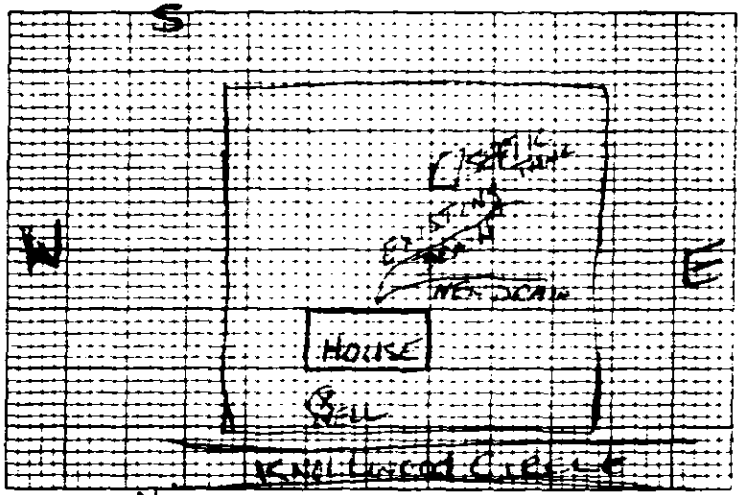
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



N 3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Business Use — Max No. Employees ___

6) Washing Machine ✓ 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. ___

13) NAME OF OWNER Pitcat (LAST) William (FIRST) Eugene (MIDDLE)

14) ADDRESS OF OWNER Rte. 4 Knollwood Circle, Newell, N.C.

15) PHONE NO. Home 596-0147 Office 373-3720

16) LOCATION OF SYSTEM Knollwood Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Knollwood Acres Lot No. 23 & 24 Block No. 2

Map Book No. 7 Page No. 103

18) DEED REFERENCE — DEED BOOK 2803 AT PAGE 67

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN Sept 67

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.

Feb 24 1976
DATE OF APPLICATION

William Eugene Pitcat
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 3/11/76

Serial No. 7231

ICAR'S Permit No. 10745

T C No. 049-262-07

Map Date 11 23 75

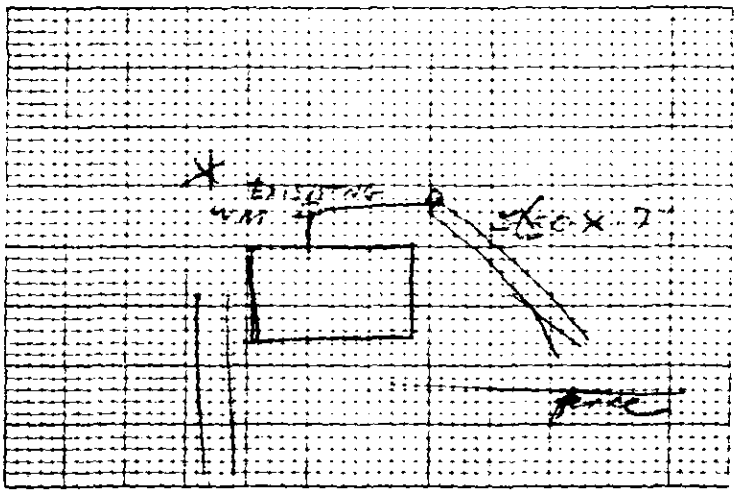
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 10745, dated _____ 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 11/11/76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate Refer

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100 lin ft

Number of Lines 2 (5' x 50')

Distance from House 16'

Distance from Property Line 0'

Distance from Well 50'+

NAME OF OWNER W. F. FORIST

LOCATION OF PROPERTY 300 INGLEWOOD CIR.

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: ADD DIST BOX W/OUTLET TO REPAIR ABOVE EXISTING DRAIN.

_____ T B. Jenson

Division or Section Head 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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 3/25/76 Serial No.

C of A (s) No 10745

T C No 049-262-07

Map Date 11-28-75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner PETEAT (LAST) W.E. (FIRST) ____ (MIDDLE)

Location of Property 800 KNOLLWEED CIR.

Application Number 10745 Permit Number 10745

Inspection Data:

Liquid Capacity of Tank RE Tank Material PAIR

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 17" Cover Depth 18"

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

Excavation Inspected 3/25/76 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3 (DATE)

Washing Machine Line Inspected, If Applicable 3/25/76 (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 R. Farman

L P Buchanan
Environmentalist

FORM NO E-6-8-1-72

...LTH DEPARTMENT ...