Date Received 1-17-73

ICAR(S) Application No. 5439

T. C. No. _____

Map Date _____

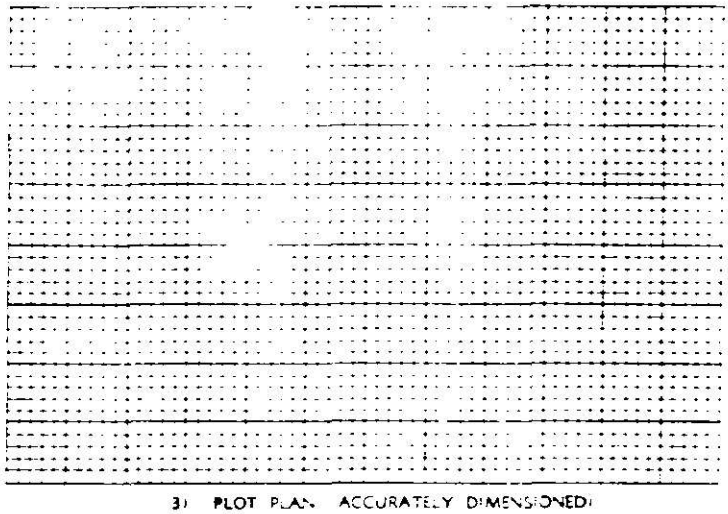
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



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) 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. _____

31) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER _____ LAST, _____ FIRST, _____ MIDDLE

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____ 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 ___ 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.

Jan 2, 1973
DATE OF APPLICATION

Grant E. Shuster
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 6-12-73

ICAR(S) Application No 5439

T C No 043-123-09

Map Date 2-23 72

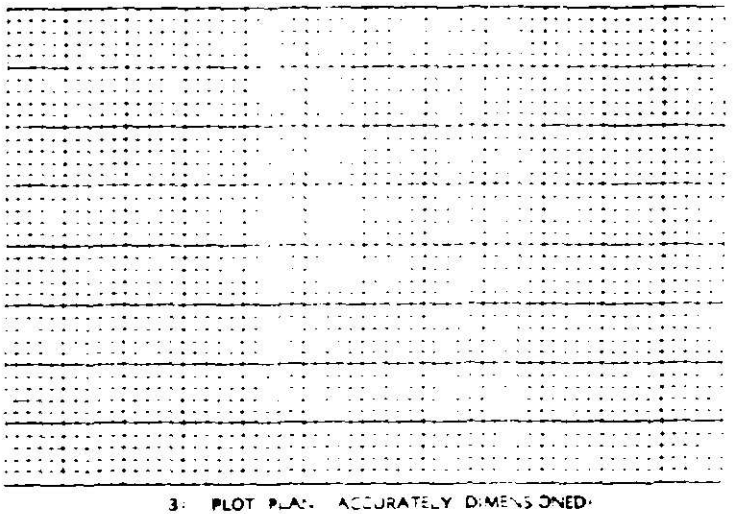
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

( ) Install or Construct ( ) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3 Bed Room Dwg

4 No. of Bedrooms

5 Bathroom Facilities

Employee

6 Washing Machine

7 Garbage Disposal

8 Dishwasher

9 Water Supply

A

b Swimming Pool

We

No

3) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER Hairston John Odell
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6000 Rockwell Blvd East

15) PHONE NO Home 596-8755 Office

16) LOCATION OF SYSTEM 6000 Rockwell Blvd. East
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 ____ 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.

John O. Hairston
OWNER

DATE OF APPLICATION _____

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 13, 1973

Serial No. 3038

LA No. 5439

T. C. No 043-123-09

Map Date 2-23-72

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 Hairston (LAST) John (FIRST) Odel (MIDDLE)

ADDRESS OF OWNER 6000 Rockwell Blvd. East ZIP _____

LOCATION OF LOT 6000 Rockwell Blvd. East (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 5439 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, altered 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 existing system.

R. H. Kirby
Environmentalist

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

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 14 Mar 73 Serial No. 2295 ICAR(S) Permit No. 5439

T C No. C43-123-09

Map Date 23 Jan 72

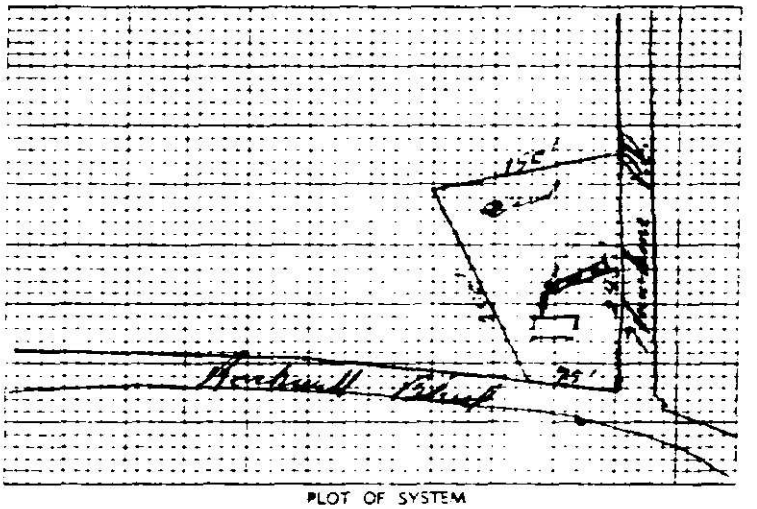
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5439, dated Mar 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 14 Mar 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'

Number of Lines 2 (5 x 50 ft)

Distance from House 25'

Distance from Property Line 15'

Distance from Well 75'

NAME OF OWNER Winston & Hewitt E.

LOCATION OF PROPERTY 2616 Rockwell Blvd (Santa)

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 Haulmon Morrison (Contr)

Division or Section Head ____

Environmentalist W. H. Kirby

* 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

APPLICANT'S COPY

Date Issued 16 Feb 73

Serial No. 2936

C of A (s) No. 5439

T. C. No. C43-123-09

Map Date 23 Oct 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Houston / Hewitt E. (LAST / FIRST / MIDDLE)

Location of Property 6000 Rockwell Blvd (Olivia)

Application Number 5439 Permit Number 5439

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Repair

Total Length of Drain Tile 100' Number of Lines 2 (5'x3'x17")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Well Distance from Water Source 95'

Excavation Inspected 16 Feb 73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 16 Feb 73 (DATE)

Washing Machine Line Inspected, If Applicable 2-24 (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 Gardner Manor (Cont)

M A Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY