SEE INSTRUCTIONS ON [illegible]

Date Received 1-25-23

ICAR (S) Application No. 5420

T. C. No 901-161-22

Map Date 2 Mar 7 x

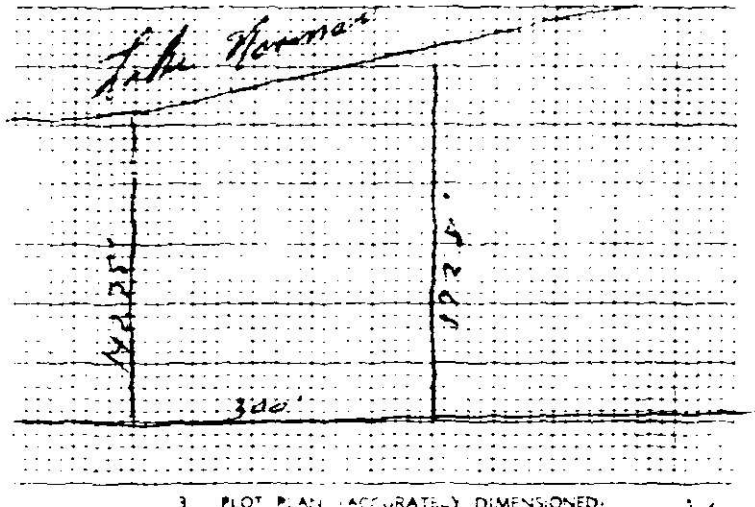
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ☐ ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



4 [illegible] 4

5 Family Unit No [illegible]
Employer [illegible]

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 ☐
Well Code [illegible]
Governmental Supply [illegible]

Sewage System
Well located a min 200 feet ✓
from sewer Yes ☐ No
Well located a min 200 feet ✓
from sewer Yes ☐ No

FHA Case No [illegible]

VA Case No [illegible]

3 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Allen (LAST) George (FIRST) E (MIDDLE)

14) ADDRESS OF OWNER [illegible] Dornoch

15) PHONE NO Home 892-8780 Office [illegible]

16) LOCATION OF SYSTEM Country Club Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 11 Block No. [illegible]

Map Book No [illegible] Page No [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? [illegible] YES [illegible] NO DATE RUN [illegible]

20) PTR NUMBER (See Instructions) [illegible]

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

George Edgar Allen
OWNER

FORM NO E-4-A-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 25 Jan 73

Serial No. 2227

ICARIS Permit No. 5470

T C No 001-161. 2?

Map Date 24 Jan 73

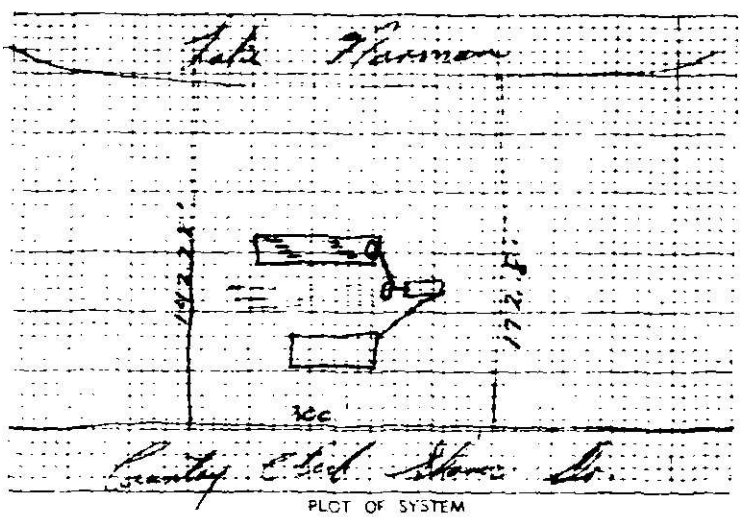
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated 22 Jan 73 and this permit shall be void and of no effect if the information contained in the application is not true and correct. All work shall be completed on or before 22 Feb 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ____

Liquid Capacity of Tank ____

Tank Construction ____

Absorption Area Trench Lines ____

Total Length 200

Number of Lines 4 (16'x36"x12")

Distance from Water 25'

Distance from Property Lines 25'

Distance from Well 100

NAME OF OWNER Ellen Harge

LOCATION OF PROPERTY County Club Shores (#4)

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 unserviceable or can be used.

Comments C.C. (Curtis)

Division or Section Head ____

Environmentalist M. L. 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. ES-4 1 7

HEALTH DEPARTMENT'S COPY

Date Issued 26 Jan 73

Serial No. 2930

C of A (s) No. 5470

T C. No. C01-161-2

Map Date 24 Mar 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Eller, George E
(LAST, FIRST, MIDDLE)

Location of Property Country Club Dr.

Application Number 5470 Permit Number 5470

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Asphalt

Total Length of Drain Tile 200' Number of Lines 4 (10' x 50' x 17")

Depth of Filter Material 17" Cover Depth 13"

Water Supply Source Ind Well Distance from Water Source 100'+

Excavation Inspected 26 Jan 73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 26 Jan 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 Eller (Contr.)

M. H. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY