Date Received 1-30-74

MECK COUNTY HEALTH DEPT.
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ENVIRONMENTAL HEALTH DIVISION

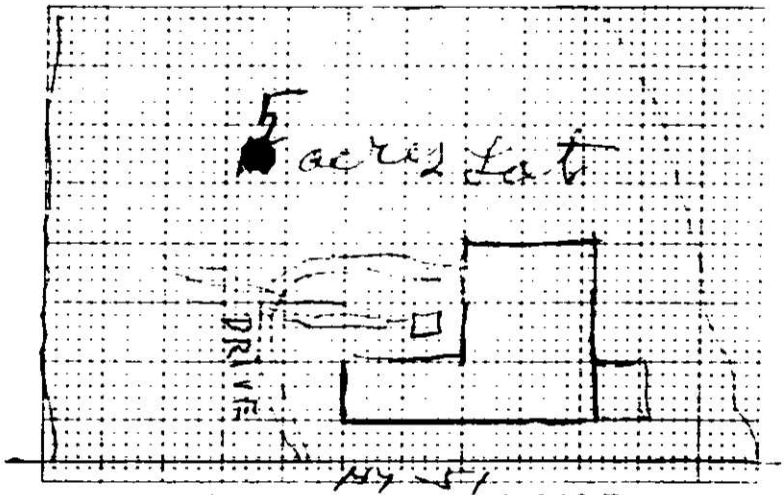
CAR S' Application No 7446
T C No
Map Date

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



4 No of bedrooms 2
5 Type of Water Supply
Employees
6 Washing Machine Yes No
7 Garbage Disposal Yes No
8 Dishwasher Yes No
9 Water Supply
A Individual Well YES
B Government
C Community System
1 Well YES
2 Surface
Garage in Home
Public Sewer Available Yes X No
Public Water Available Yes
Community Sewer Yes X No
11 FHA Case No
12 VA Case No

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Sarver Mike M.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Rt 1 Box 455 Charlotte NC

15) PHONE NO Home 545-4621 Office 596-7420

16) LOCATION OF SYSTEM Same Hwy 51
STREET OR COUNTY ROAD

17) SUBDIVISION None Lot No Block No
Map Book No 1331 Page No. 478

18) DEED REFERENCE -- DEED BOOK [redacted] AT PAGE [redacted]

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.

Mike M. Sarver
OWNER

DATE OF APPLICATION

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 15Feb74 Serial No. 4836 ICAR(S) Permit No. 7446

T C No. _____

Map Date _____

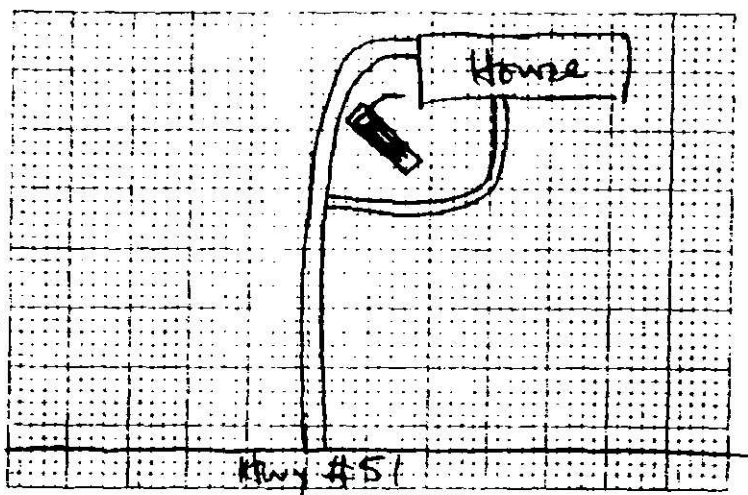
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7446, dated _____ and this permit shall be void and of no effect if the information provided in the application is not true or is otherwise as. All work shall be completed on or before 1 Mon74, 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 200 ft

Number of Lines (3) 7½' x 66'

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 100'+

NAME OF OWNER Barber, Millo

LOCATION OF PROPERTY Hwy #51

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: attach repair line to tank

_____

_____

_____ J.M. Reynolds

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 S-4-1-71

HEALTH DEPARTMENT'S COPY