6

SEE INSTRUCTIONS ON [illegible]

Date Received 2 28 73

ICAR(S) Application No 5670

T. C. No. _____

Map Date _____

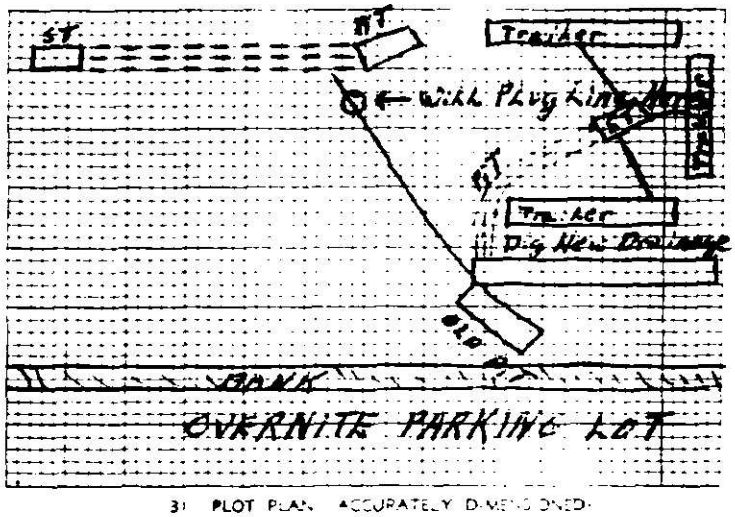
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN ACCURATELY DIMENSIONED

4) No of Bedrooms ___

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 Funderburk (LAST) Mark (FIRST) Stevenson (MIDDLE)

14) ADDRESS OF OWNER 1810 Oneida Dr.

15) PHONE NO Home 596-4746 or 596-5457 Office ___

16) LOCATION OF SYSTEM SAME 1810 Oneida Dr. (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.

2-28-73
DATE OF APPLICATION

Mark S Funderburk Jr.
OWNER
By Robert James Funderburk

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3/12/73

Serial No. 1137

ICAR(S) Permit No. 5670

T C No.

Map Date

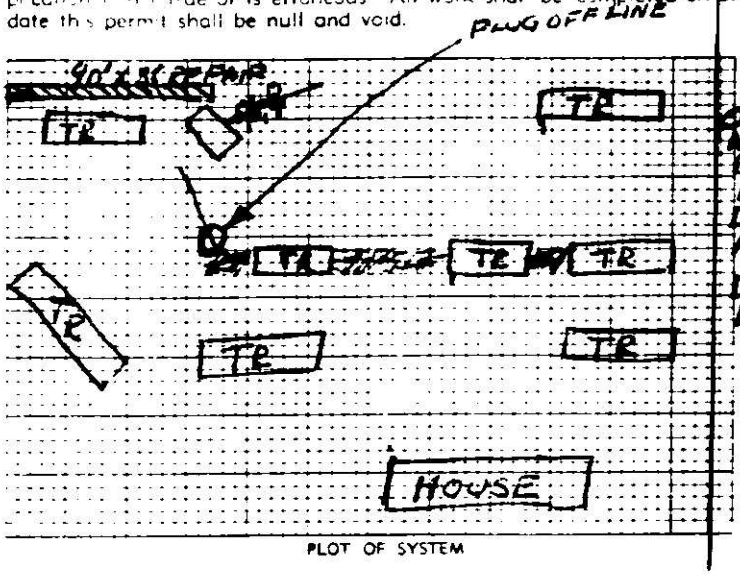
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5670, dated 2/28/73 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 3/23/73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Irrigation Lines

Total Line Length 90'

Number of Lines 1 [2 x 5' x 90' x 12"]

Distance from House —

Distance from Property Line 8

Distance from Well 50

NAME OF OWNER MARK S. FUNDERBURK

LOCATION OF PROPERTY 1810 ONEIDA 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 INSTALL NIT. FIELD 90' X 2.5' X 12" - SET ON GRADE BOARDS

PLUG OFF OVERFLOWING SYSTEM AT ARROW COMPLETE BY 3/23/73

Division or Section Head

John McKinnon
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 5-4-72

HEALTH DEPARTMENT'S COPY