B

SEE INSTRUCTIONS ON BACK

Date Received 6-11-73

ICAR(S) Application No 6465

T C No

Map Date

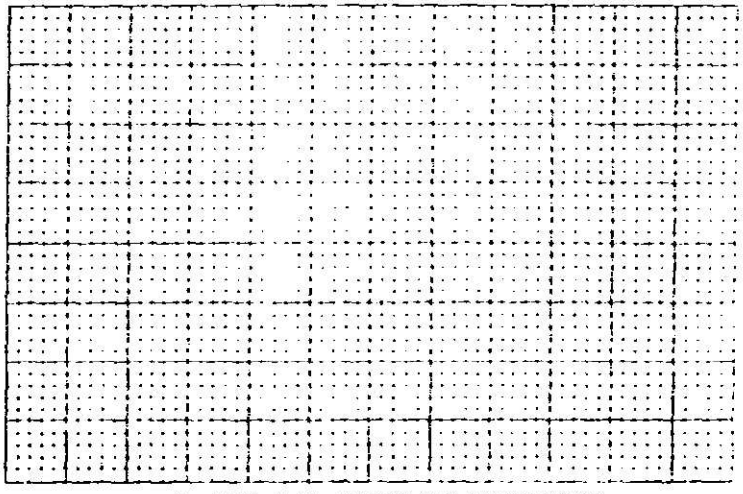
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7 No

7) Garbage Disposal Yes ___ No

8) Dishwasher Yes ___ No

9) Water Supply
A) Individual Well ___
B) Government(s) System ___
C) Community System
1 Well Owned ___
2 Government(s) ___

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 Blanche Graves Caldwell
(First) (Middle) (Last)

14) ADDRESS OF OWNER Rt 7 Box 502 Charlotte N.C.

15) PHONE NO Home 5962082 Office ___

16) LOCATION OF SYSTEM Mt Holly Rd
STREET OR COUNTY ROAD

17) SUBDIVISION H. P. Caldwell Lot No. 3 Block No 2

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.

6 -- 6 -- 73
DATE OF APPLICATION

Blanche Graves Caldwell
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/11/73

Serial No. 3790

ICAR(S) Permit No. 6465

T. C. No. _____

Map Date _____

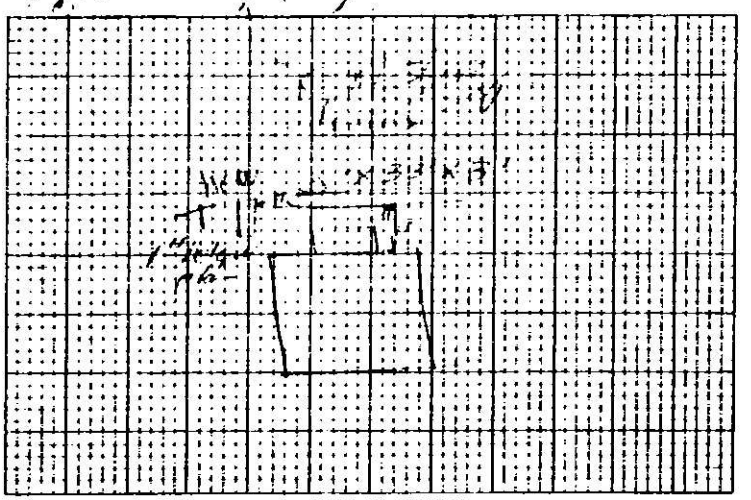
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6465, 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 6/15/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 2

Tank Construction 2

Absorption and/or Nitrification Lines

Total Line Lenght 132'

Number of Lines 2 (5' x 33' x 3")

Distance from House 10'

Distance from Property Line 10' min.

Distance from Well 80'

NAME OF OWNER [illegible] CALDWELL

LOCATION OF PROPERTY [illegible]

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: [illegible]

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 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7/13/23 **Serial No.** 3591 C of A (s) No. 6465

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner CALDWELL (LAST) DEANNE (FIRST) C. (MIDDLE)

Location of Property NC 27 (At Tax Lot)

Application Number 6465 Permit Number 6465

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material Concrete

Total Length of Drain Tile 100' + Number of Lines 2 (5 x 33 x 3)

Depth of Filter Material 2ND 3' Cover Depth 12" 16"

Water Supply Source Well Distance from Water Source 200'+

Excavation Inspected 7/13/23 (DATE) Tank Inspected 7/13 (DATE)

Nitrification Field Inspected 7/13/23 (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, X 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: Bldg - Soil Appears Adequate
System Has Adequate Distance at Back
End of Tile.

Environmentalist

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

HEALTH DEPARTMENT COPY