W

SEE INSTRUCTIONS ON BACK

Date Received 5-30-73

ICAR (S) Application No 6388

T C No

Map Date

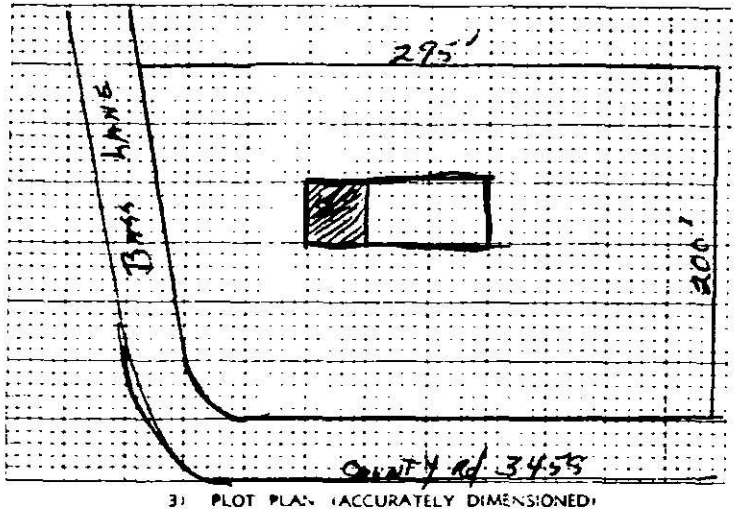
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 2 ___
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 ___
C) Community System
1 Well ___
2 Governmental ___
Sewage System
Number of Baths and Toilets Connected to Public Sewer ___
Public Sewer Yes ✓ No
Number of Baths and Toilets Connected to Private Sewer ___
Private Sewer Yes ___ No
11) EHA Case No ___
12) LA Case No ___

13) NAME OF OWNER Bass (LAST) Carson (FIRST) Odell (MIDDLE)

14) ADDRESS OF OWNER 524 Bass Ln. Matthews, N.C.

15) PHONE NO Home 847-6664 Office 847-4069

16) LOCATION OF SYSTEM Bass Lane (County Rd. 3455) (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No. ___

Map Book No 213 Page No. 11

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.

May 29, 1973
DATE OF APPLICATION

Carson O. Bass
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-30-23

ICAR(S) Application No 1389

T C No 197-086 04

Map Date 5-11-23

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

3 Bdrm Ranch 36

3) PLOT PLAN (ACCURATELY DIMENSIONED)

4 No of Bedrooms ___

5 Business Use Max No Employees ___

6 Washing Machine ✓ Yes No

7 Garbage Disp ✓ Yes No

8 Dishwasher Yes No

9 Water Supply
A Individual Well
B Community System
C Community Supply
1 Well ___
2 Community ___

10 Sewage System
Public Sanitary Sewer
If Public Sewer Yes No
Public Sanitary Sewer Available
Connected to Sewer Yes No

11 EHA Case No ___

12 VA Case No ___

13) NAME OF OWNER Thigpen, Vincent Matthews (LAST, FIRST, MIDDLE) (WHITMIRE LANE)

14) ADDRESS OF OWNER Rt # 2 Box 263-C

15) PHONE NO Home 545-5792 Office ___

16) LOCATION OF SYSTEM Whitmire Ln. (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.

26 May
DATE OF APPLICATION

Vincent Thigpen
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

6389

Date Issued 28 May 73 Serial No. 3745 ICAR(S) Permit No. [redacted]

T C No 197-086-04

Map Date 5 11 73

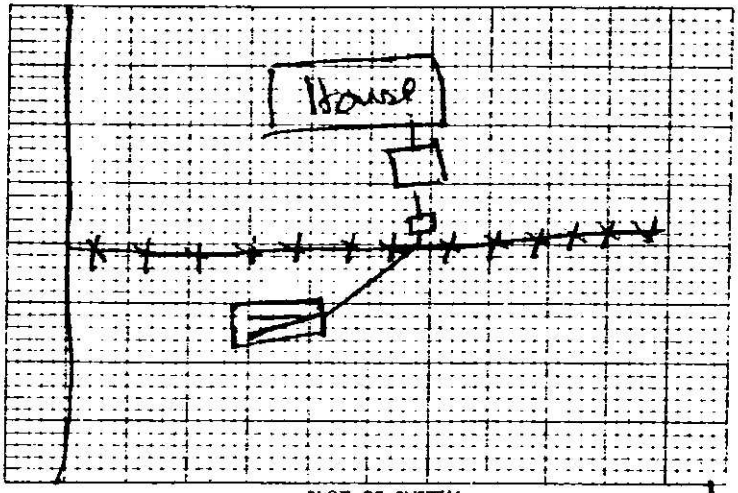
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 28 May 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 _____, 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 Lenght Min - 100'

Number of Lines Two (5' x 16' / 4' stone) 10'

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER Tangari - Vincent

LOCATION OF PROPERTY Rt #2 Box 263-C Whitmire Lane

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: 100' = 5' x 16' x 4' stone - 5' wide 2 lines / 10' wide 4 lines

200' = 5' x 32' x 4' stone OR 10' x 16' x 4' stone

300' = 10' x 24' x 4' stone / May install new Fink Lid

* MIN - 18" cover MAX - 24" - Owner to check

Division or Section Head

Q. M. Reynolds
Environmentalist

535-2655

* 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

WHITE COPY

Date Issued 12 June 73 Serial No. 3440

C of A (s) No. 6389

T. C. No. 197-086-04

Map Date 5-11-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Tanghari (LAST) Vincent (FIRST) (MIDDLE)

Location of Property Rt #2 Box 263-C Whitmire Ln

Application Number 6389 Permit Number 6389

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100'+ Number of Lines Two 5'x46' x4'

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 12 June 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 12 June 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: Locust Const. installed repair -

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY