B

SEE INSTRUCTIONS ON BACK

Date Received 8-2-73

ICAR(S) Application No 6775

T C No 059-221-12

Map Date 1/1/71

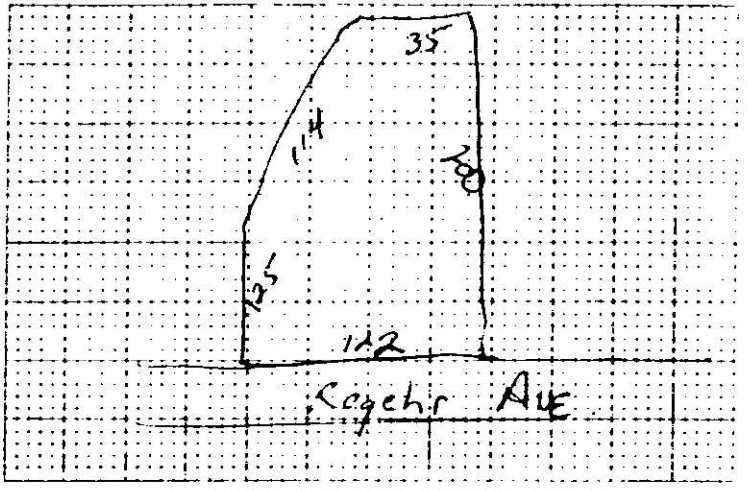
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Bathroom Location: Main Floor ___ Basement ___ Both ___

Employees ___

6) Washing Machine: Yes ✓ No ___

7) Garbage Disposal: Yes ___ No ✓

8) Dishwasher: Yes ✓ No ___

9) Water supply:
A) Private Individual Well ✓
B) Community System ___
C) Community System ___
1. Well ___
2. Connection to ___

10) Sewage System:
House connected to public sewer: Yes ___ No ✓
House connected to community system: Yes ✓ No ___

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER Hubbard (LAST) Percy (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 1220 Regehr (STREET) Avenue

15) PHONE NO Home 394-7083 Office ___

16) LOCATION OF SYSTEM 1220 Regehr Avenue (STREET OR COUNTY ROAD)

17) SUBDIVISION Town Park Estates Lot No 9 Block No D

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.

DATE OF APPLICATION

OWNER Caroline J. Hubbard

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5/6/73

Serial No. 4135

ICAR(S) Permit No. 6715

T C No. 59-23-L

Map Date 1-4-71

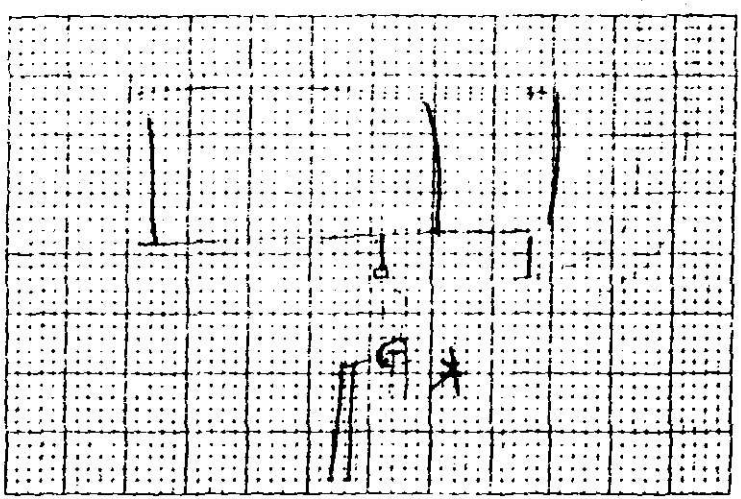
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6715 dated 5/2/73 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 5/15/73, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate 45 MIN

Liquid Capacity of Tank 1000

Tank Construction CONC

Absorption and/or Nitrification Lines

W III

Total Line Lenght 160'+

Number of Lines 2 (5'x 25'x 5')

Distance from House 20'

Distance from Property Line 15' +

Distance from Well 50'+

NAME OF OWNER Leroy Howard

LOCATION OF PROPERTY 1116 Pleasant Dale

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: Cannot locate existing Lit. Use new area as indicated. Trench to run parallel with house on left side

J.H. 5/7/73

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 8/7/73 **Serial No.** 3723 C of A (s) No. 6775

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 HUBBARD (LAST) PERCY (FIRST) L (MIDDLE)

Location of Property 1220 HIGHER Dr.

Application Number 6775 Permit Number 6775

Inspection Data:

Liquid Capacity of Tank REQ'D Tank Material

Total Length of Drain Tile 100' per Engr. Number of Lines 2 (75'x5'x3' typ)

Depth of Filter Material 3' Cover Depth 24"

Water Supply Source IND WELL Distance from Water Source 50

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 8/7/73 (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 Farm

L. L. Buchman

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 12/21/73

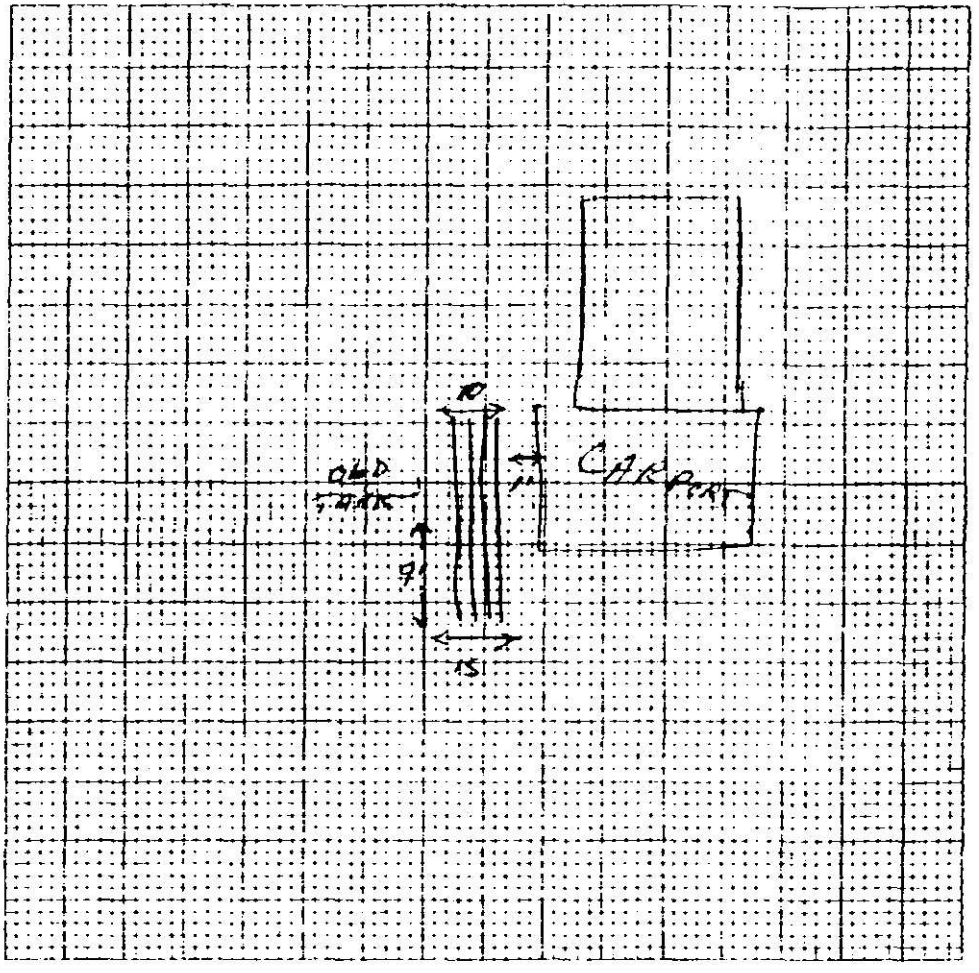
C of A (s) No 6725

T C No

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Environmentalist

FORM NO. E 7-1-70

HEALTH DEPARTMENT'S COPY