Date Received 2 2 23

ICAR(S) Application No. 6534

T C No _____

Map Date _____

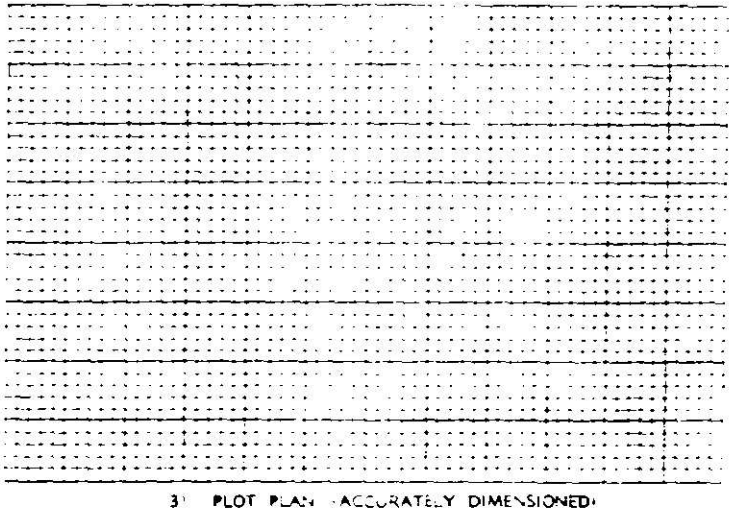
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3 Bedrooms
Estimated Daily Water Usage
Employees
4 Washing Machine Yes No
5 Garbage Disposal Yes No
6 Dishwasher Yes No
7 Water Supply
A Individual Well
B Governmental System
C Community System
1 Well Source
2 Governmental System
8 Sewage System
House located within 200 feet of public sewer Yes No
House located within 200 feet of community sewer Yes No
9 FHA Case No
10 VA Case No

31 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Roper (LAST) Edwin (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 2 Shenandoah Place

15) PHONE NO Home 5 1722 Office

16) LOCATION OF SYSTEM 2 Shenandoah Place (STREET OR COUNTY ROAD)

17) SUBDIVISION Shenandoah Park 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.

_____ DATE OF APPLICATION

E.T. Roper OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2165

ICAR'S) Permit No. 5534

Date Issued 12/15/72

T C No.

Map Date

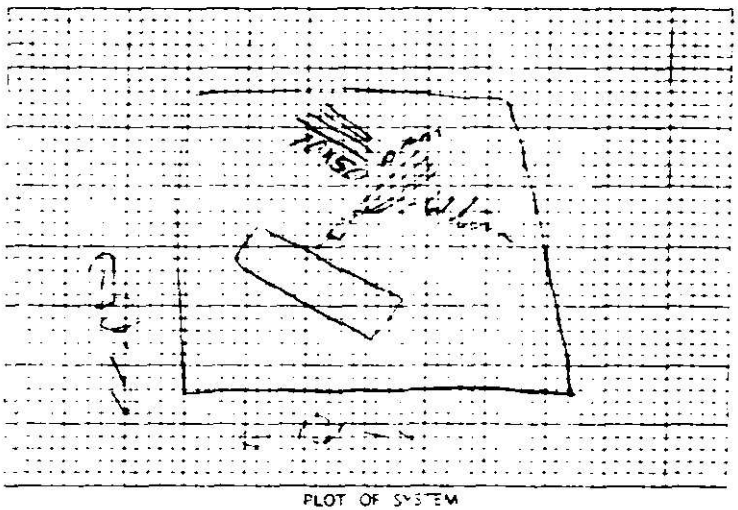
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated 12/15/72 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 12/21/72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Distribution Lines

Total Line Length 200

Number of Lines 4

Distance from House 16

Distance from Property Lines 16

Distance from Well 50

NAME OF OWNER Zeigler - Edwin Furniss

LOCATION OF PROPERTY 201 Harrand 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 PVC - 16 X 50 [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 2/5/13

Serial No. 2954

C of A (s) No. 5534

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 Lopez (LAST), Edwin (FIRST) Jimenez (MIDDLE)

Location of Property 200 Memorial Place

Application Number _____ Permit Number 3165

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200' Number of Lines 4

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 2/5/13 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 2/5/13 (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 _____

Russell Hyatt
Environmentalist

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

HEALTH DEPARTMENT'S COPY