SEE INSTRUCTIONS ON BACK

Date Received 4-30-73 ICAR(S) Application No. 6068

Travis Orr, Tel. 545-5503 will do the work

T C No

Map Date

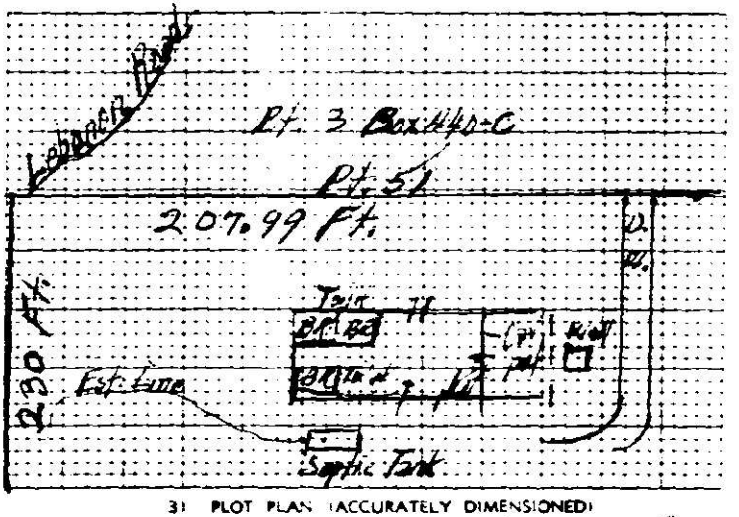
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of Bedrooms 3

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 Government
C Community
Well System
2 Governmental
Sewage System
House right-of-way 1 from
of public sewer Yes ✓ No
House right-of-way 2 from
community sewer Yes ✓ No

11 FHA Case No.

12 VA Case No.

13) NAME OF OWNER Hewitt (LAST) Louis (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER Rt. 3 Box 140-C, Mathews, N. C.

15) PHONE NO Home 545-6648 Office 377-1523

16) LOCATION OF SYSTEM N. C. Rt. 51, Mecklenburg County
STREET OR COUNTY ROAD

17) SUBDIVISION Sharon Hill Township Lot No Block No

Farmer Deed Book 2595 Pg. 533

Map Book No 2 Page No.

18) DEED REFERENCE — DEED BOOK 3469 AT PAGE 281

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 4-27-73

OWNER L. F. Hewitt

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5-1-73

Serial No. 3589

ICAR(S) Permit No. 6068

T. C. No. ____

Map Date ____

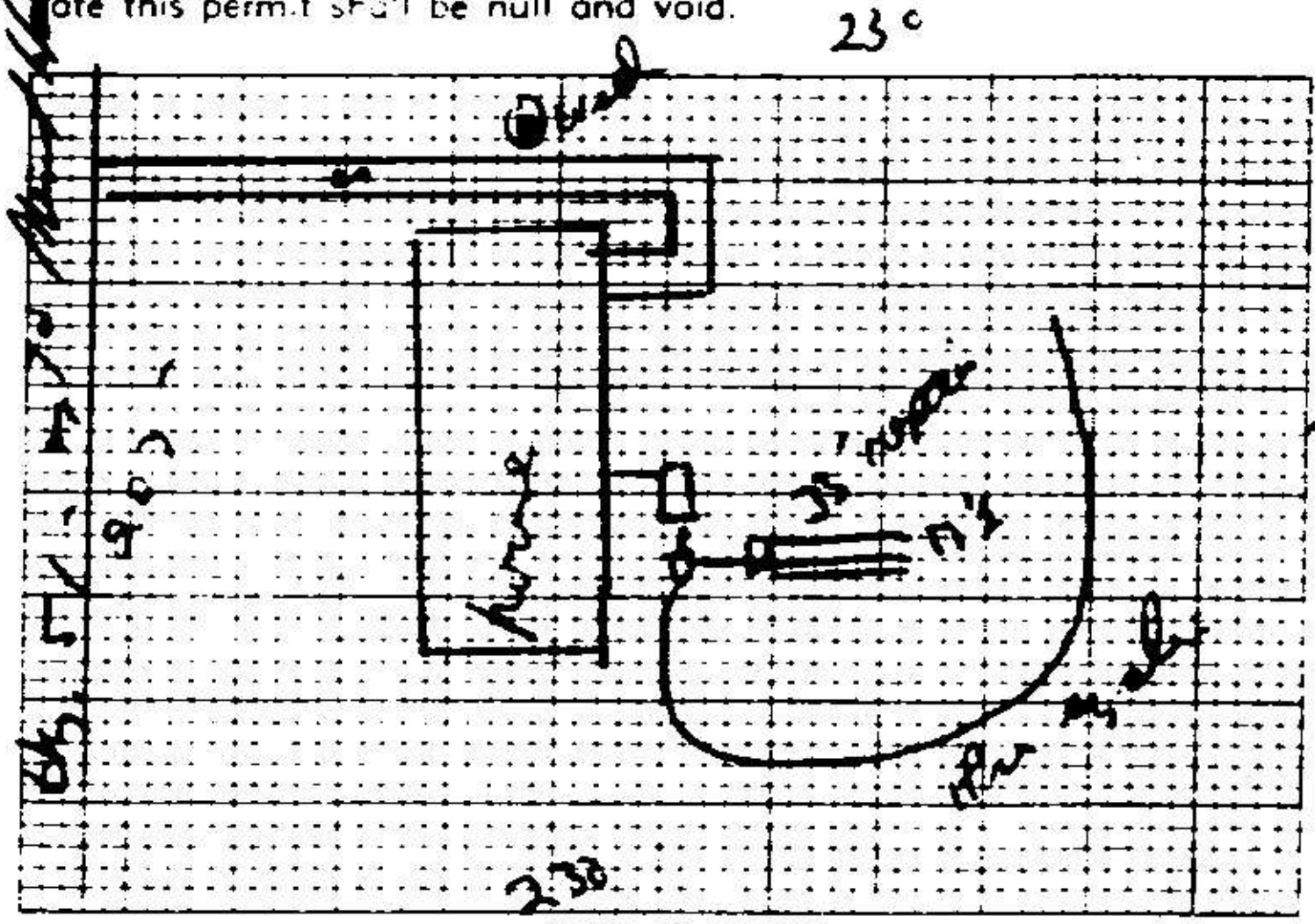
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste-water 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 6068, dated 4-3-73 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 6-1-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines

Total Line Lenght 100'

Number of Lines 3

Distance from House 15'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Robert Franklin Hewitt

LOCATION OF PROPERTY Hy. 51

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 7 1/2 x 33 x 12" stone repair to system

Division or Section Head

Thomas R. Ward

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

Serial No. 3218

C of A (s) No. 6066

Date Issued 5-1-73

T. C. No. 45-021-10

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hewitt (LAST), Robert (FIRST) Franklin (MIDDLE)

Location of Property Hwy. 51

Application Number 6066 Permit Number 6066

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 3

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 5-1-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5-1-73 (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: Repair by Ora Bros. Const. Co.

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY