Date Received 1-26-23

ICAR(S) Application No. 5476

T C No.

Map Date

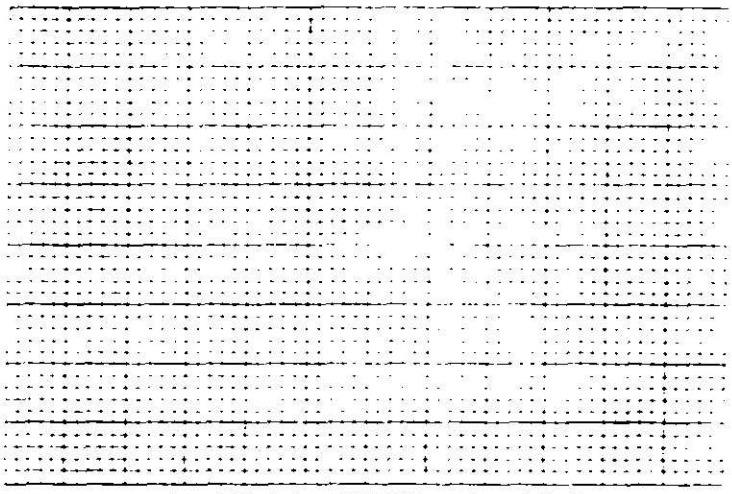
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms
2 bathrooms

4) [illegible]
5) [illegible] No
6) Garbage D[illegible] ___ Yes X No
7) Dishwasher X Yes ___ No
8) Water Supply
A [illegible] X
B Government System
C Community System
Well Site
Spring Site
Sewage System
House located within 200 feet of sewer ___ Yes X No
House located within 200 feet of sewer ___ Yes X No
FHA Case No.
VA Case No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER [illegible] Scott N.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6131 Sarais Road, Charlotte, N. C. 28211

15) PHONE NO Home 366-3309 Office

16) LOCATION OF SYSTEM W. Sarais [illegible] Road
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No. 11 Block No
Map of John M. Gallagher
Map Book No 7 Page No. 537

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

Ellis T. Allman
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 3-20-73 Serial No. [illegible]25 ICARIS Permit No 5476

T C No 189-062-28

Map Date 2-14-73

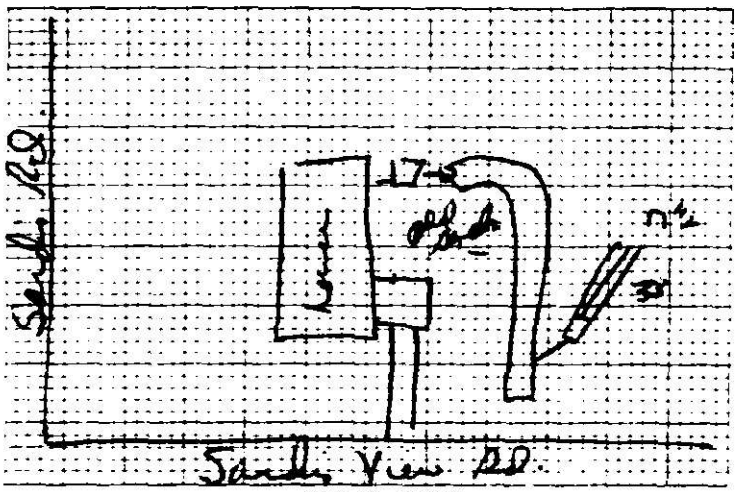
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5476 dated 1-24-73 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 4-20-73 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 Length 100'

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ellis W. Tallman

LOCATION OF PROPERTY 6131 Sandis View Rd.

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 7½ x 33 x 1" repair to old 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 NC E-5-4 1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3-23-73

Serial No. 3103

C of A (s) No. 5476

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 Tallman, Ellis W.
(LAST, FIRST, MIDDLE)

Location of Property 6131 Sardis View Rd.

Application Number 5476 Permit Number 5476

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 3-23-73 (DATE) Tank Inspected 3-23-73 (DATE)

Nitrification Field Inspected 3-23-73 (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 Installed by Oaks Septic Tank Service

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY