SEE INSTRUCTIONS ON BACK

Date Received 9/13/73

ICAR(S) Application No 6987

T C No 059-031-11M

Map Date 9/5/73

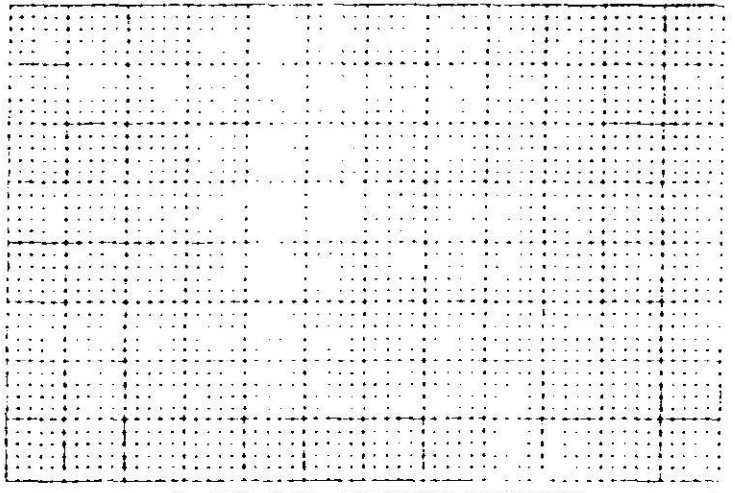
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No. of bedrooms 3

5) Number Daily Maximum Employees

6) Washing Machine yes

7) Garbage Disposal yes X No

8) Dishwasher yes X No

9) Water supply

A) Individual Well ✓

B) Government

C) Community

1) Well

2) Connection

Sewage Pump Yes No

Elevation

Pump Make

Pump Model

Pump Capacity Gpm ft

Community sewer Yes No

11) FHA Case No

12) VA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER (W&M) NC NB Trust Co W/ W. Nancy S. Hayes
LAST FIRST MIDDLE

14) ADDRESS OF OWNER (W&M) PO Box 120 (28201) "

15) PHONE NO Home (W&M) 374-5731 Hayes's office 344-8807

16) LOCATION OF SYSTEM 4929 Tuckaseege Rd.
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 statements 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.

9/13/73
DATE OF APPLICATION

X William P. Hayes
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9-14-73 **Serial No. 4336** ICAR(S) Permit No. 6987

T. C. No. _____

Map Date _____

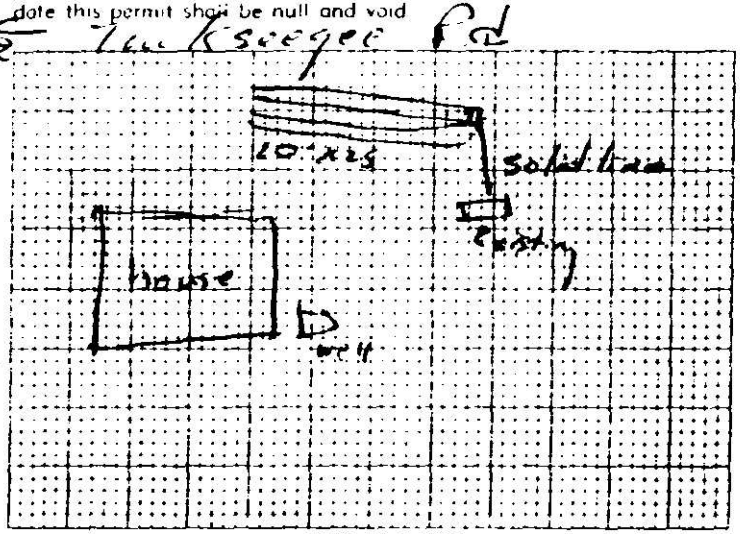
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6987, dated 9/13/73 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 9-30-73, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1000 gl

Tank Construction 11

Absorption and/or Nitrification Lines:

Total Line Lenght 100 4(25'x10'x1')

Number of Lines 4

Distance from House 10

Distance from Property Line 10'+

Distance from Well 50+

NAME OF OWNER NCNB TRUSTEE U/W MARY S. HAYES

LOCATION OF PROPERTY 4928 TUCKASEEGEE 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 Letter

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 9/11/72

Serial 3919

C of A (s) No. 6252

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 [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

Location of Property [illegible]

Application Number [illegible] Permit Number [illegible]

Inspection Date:

Liquid Capacity of Tank [illegible] Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines [illegible]

Depth of Filter Material [illegible] Cover Depth [illegible]

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected [illegible] (DATE) Tank Inspected [illegible] (DATE)

Nitrification Field Inspected [illegible] (DATE)

Washing Machine Line Inspected, If Applicable [illegible] (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 [illegible]

[illegible]

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY