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Date Received 8-15-73

MECK COUNTY HEALTH DEPT.
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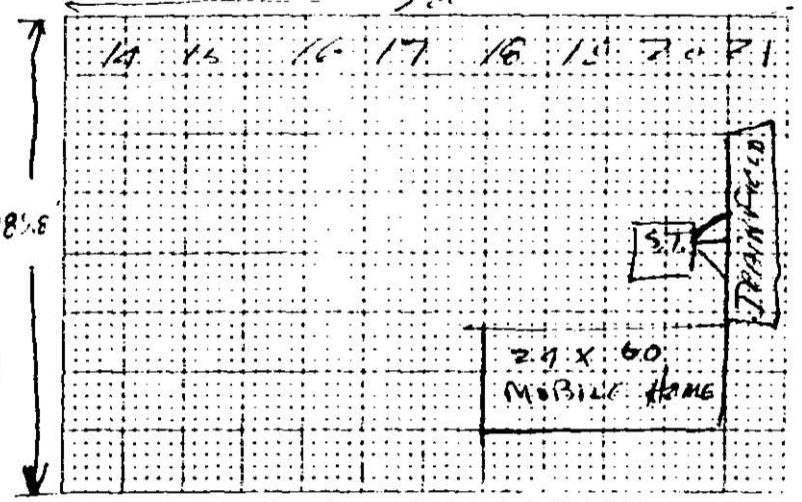
ICAR IS Application No 6743
T C No
Map Date

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 the 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



4) No. of Bedrooms 2
5) Business Use Max No. Employees
6) Washing Machine ✓ Yes No
7) Garbage Disposal ✓ Yes No
8) Dishwasher ✓ Yes No
9) Water Supply
A Individual Well ✓
b Governmental System
C Community System
1 Well Owned
2 Governmental System
10) Sewage System
House located within 200 feet of public sewer Yes ✓ No
House located over 200 feet from community sewer Yes ✓ No
11) FHA Case No
12) VA Case No

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Cash (LAST) Richard (FIRST) Doyle (MIDDLE)

14) ADDRESS OF OWNER Rt. 13 Box 267 Chas. 28215

15) PHONE NO Home 536-5715 Office 339-0280

16) LOCATION OF SYSTEM Victoria Ave. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 14 THRU 71 Block No ___

Map Book No 6 Page No. 235

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.

8-13-73
DATE OF APPLICATION

Doyle McCash
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4358

ICAR (S) Permit No. 6743

Date Issued 17 July 73

T. C. No. 032 251-10

Map Date 27 Jan-22

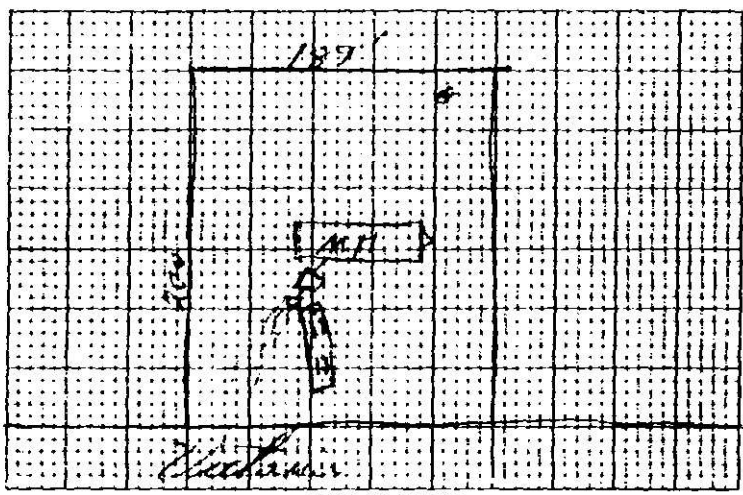
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 6743, dated 17 July 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 17 Oct 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 2 (5' X 50' X 12")

Distance from House 20'

Distance from Property Line 20

Distance from Well 100'

NAME OF OWNER Casey Richard Lloyd

LOCATION OF PROPERTY Victorian Ave

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: Remove Old Tank (Concrete)

Division or Section Head _____

Environmentalist Will Eudy

* 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 20 Sep 73

Serial 3936

C of A (s) No. 6743

T. C. No 037-251-1c

Map Date 27 Sep 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Cook (LAST) Richard (FIRST) Hoyle (MIDDLE)

Location of Property Victoria Ave

Application Number 6743

Permit Number 6743

Inspection Data:

Liquid Capacity of Tank _____

Tank Material Steel

Total Length of Drain Tile 100'

Number of Lines 2 (5'x50'x12")

Depth of Filter Material 12"

Cover Depth 18"

Water Supply Source Dug Well

Distance from Water Source 100'

Excavation Inspected 20 Sep 73 (DATE)

Tank Inspected _____ (DATE)

Nitrification Field Inspected 20 Sep 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: Bonnie Cable (Cont.)

W. A. Kirby

Environmentalist

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

HEALTH DEPARTMENT'S COPY