Date Received 2-7-73

ICAR(S) Application No. 5535

T C No. _____

Map Date _____

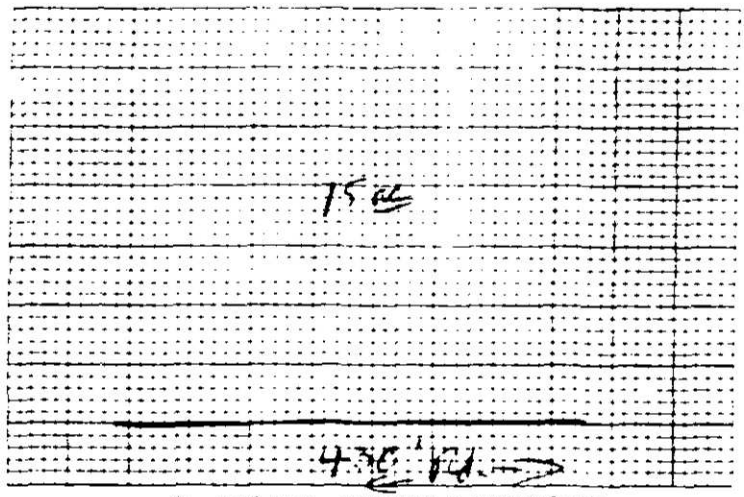
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of bedrooms 3

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) Government System ___
C) Community System
1) Well source ___
2) Government source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No. ___

12) VA Case No. ___

13) NAME OF OWNER MULLIS (LAST) JAMES (FIRST) CLARE (MIDDLE)

14) ADDRESS OF OWNER RT. 6 BOX 613 CHARLOTTE, NC.

15) PHONE NO. Home 545-6676 Office CHARLOTTE-MECK BD OF ED 346-8348

16) LOCATION OF SYSTEM BARTLETT ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3499 AT PAGE 443

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.

1-26-1973
DATE OF APPLICATION

James Mullis
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 1/22/73 Serial No. 3268 ICAR (S) Permit No. 5535

T. C. No. _____

Map Date _____

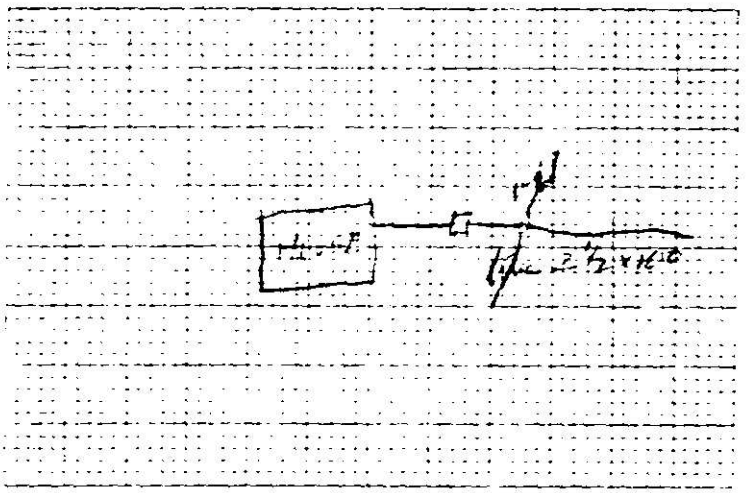
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 and disposal with subsurface soil absorption effluent discharge as executed herein at the described location. This permit is granted based upon the information supplied in application _____ dated 1-26-73. Should a permit not be validated of no effect if the information provided in the application is not true and complete. All work shall be completed on or before 2/22/73 after which date this permit shall be null and void.



FLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght 100'

Number of Lines 1

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Freddie Lee Chase

LOCATION OF PROPERTY Bartlett 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 unserviceable or can be used.

Comments Will use 1 Tank to serve Box - 2½ x 100 more

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 NC E 5-4-1-(2)

HEALTH DEPARTMENT'S COPY

Date Issued 2/1/23

Serial No. 2952

C / A (s) No. 5535

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 Mullis (LAST) James (FIRST) Clem (MIDDLE)

Location of Property Gantt Rd.

Application Number ____ Permit Number 3264

Inspection Data:

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 100' Number of Lines 1

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 2/1/23 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 2/1/23 (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: Gantt

J Donald Hyatt

Environmentalist

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

HEALTH DEPARTMENT'S COPY