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SEE INSTRUCTIONS ON BACK

Date Received 6/8/73

ICAR(S) Application No 6464

T C No 007-257-02

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

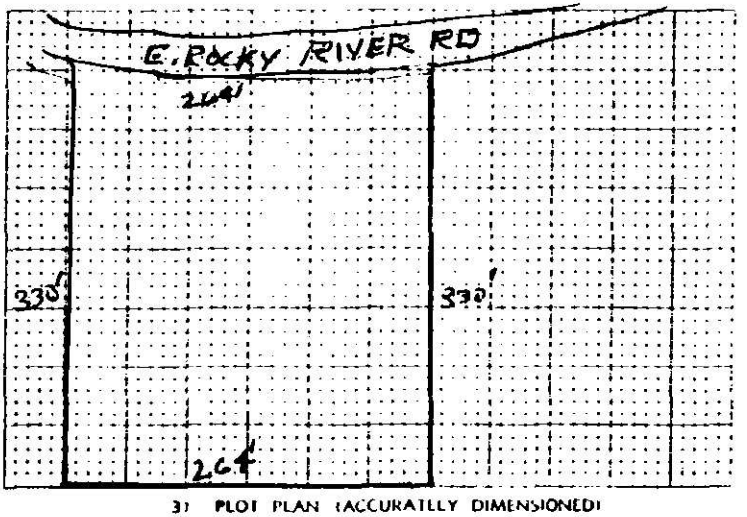
## ENVIRONMENTAL HEALTH DIVISION

**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

ADDING 1 BED ROOM




3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms ___

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 ___

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

11) FHA Case No NO ___

12) VA Case No NO ___

13) NAME OF OWNER HILL (LAST) ___ FURMAN (FIRST MIDDLE)

14) ADDRESS OF OWNER Rocky River Rd (BOX 371, CORNELIUS) MAILING ADD

15) PHONE NO Home 892-1805 ___ Office

16) LOCATION OF SYSTEM Some E. Rocky River 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 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.

6/8/73
DATE OF APPLICATION

Eugenia Hill
OWNER

COPY NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 13, 1973 **Serial No. 3039**

LA No. 6464

T. C. No. 007-251-02

Map Date _____

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Hill (LAST) Furman (FIRST) _____ (MIDDLE)

ADDRESS OF OWNER Post Office Box 371, Cornelius, N.C. ZIP _____

LOCATION OF LOT E. Rocky River Road (STREET OR COUNTY ROAD) _____

SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * , on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6464. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.

2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit (s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

* May use existing system.

Environmentalist _____

John R. Adkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

V 6464

Serial No. 4388

ICAR(S) Permit No. 6364

T. C. No. M195-M1-01

Map Date 3-11-73

Date Issued 9-24-73

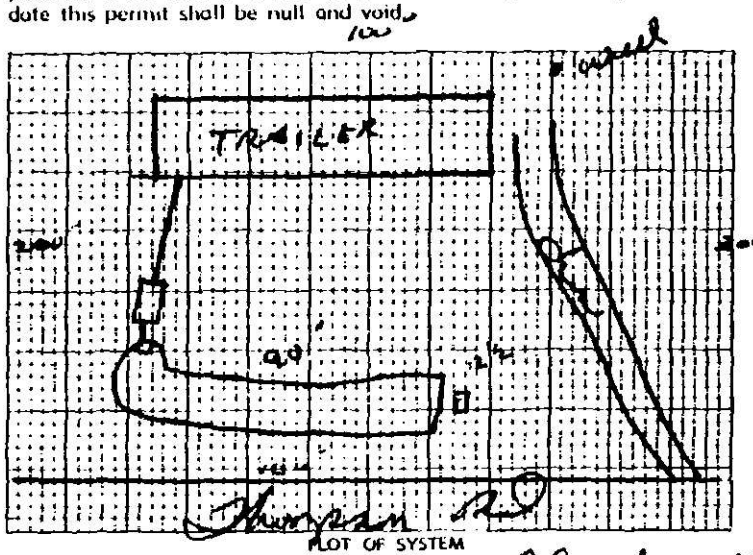
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 6364, dated 7-5-73 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 10-24-73, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 Gal

Tank Construction 450 precast con.

Absorption and/or Nitrification Lines:

Total Line Lenght 450'

Number of Lines 5

Distance from House 20'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNLR Ernest Clark Thompson

LOCATION OF PROPERTY Thompson 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: 12½' X 90' X 17" ston - aerobic pd
Howard Hyatt, contractor

Thomas R. Ward
Environmentalist

Division or Section Head

* 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