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SEE INSTRUCTIONS ON BACK

Date Received 4 30 73

ICAR (S) Application No 6118

T C No

Map Date

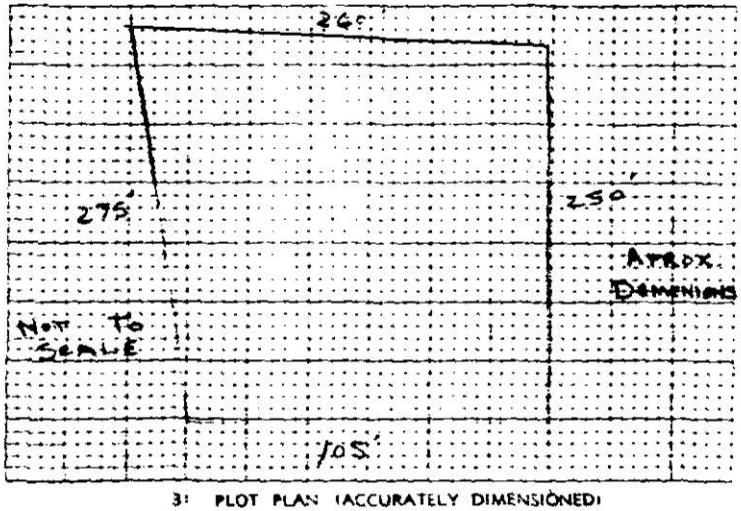
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Governmental System
C Community System
1 Well owned
2 Governmental 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 [illegible] (LAST) [illegible] (FIRST) STEVENS (MIDDLE)

14) ADDRESS OF OWNER Windsor Ave. RT 3 MATTHEWS, N.C.

15) PHONE NO. Home 542-5566 Office 537-4150 MINT HILL, N.C.

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

17) SUBDIVISION Mint Valley Acres 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.

4-22-73
DATE OF APPLICATION

[signature]
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 14 Nov 73

Serial No. 3695

ICAR(S) Permit No. 6118

T. C. No. _____

Map Date _____

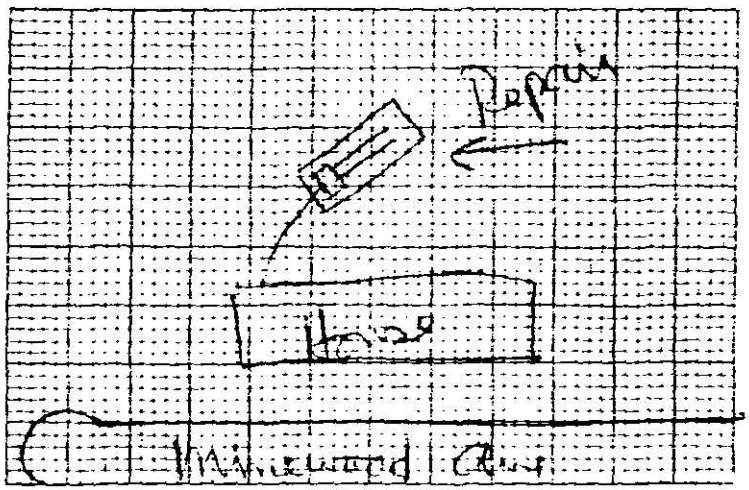
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 6118 dated 4-30-70 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 _____, 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'+/FT

Number of Lines Two (5'x16'x4in tile)

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Rogers, Jimmy Stewart

LOCATION OF PROPERTY Winewood 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: _____

Terry Cox

_____
Division or Section Head

G. M. Reynolds
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 14 May 73 **Serial No.** 3318

C of A (s) No. 6118

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 Rogers, Jimmy (Tommy) Stewart
(LAST, FIRST, MIDDLE)

Location of Property Minecrest Ave

Application Number 6118 Permit Number 6118

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100'+ Number of Lines Two (5' x 16' x 4" line)

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 14 May 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 14 May 73 (DATE)

Washing Machine Line Inspected, If Applicable 14 May 73 (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:

G. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY