SEE INSTRUCTIONS ON BACK

Date Received 4-17-73

ICAR (S) Application No. 6036

T C No

Map Date

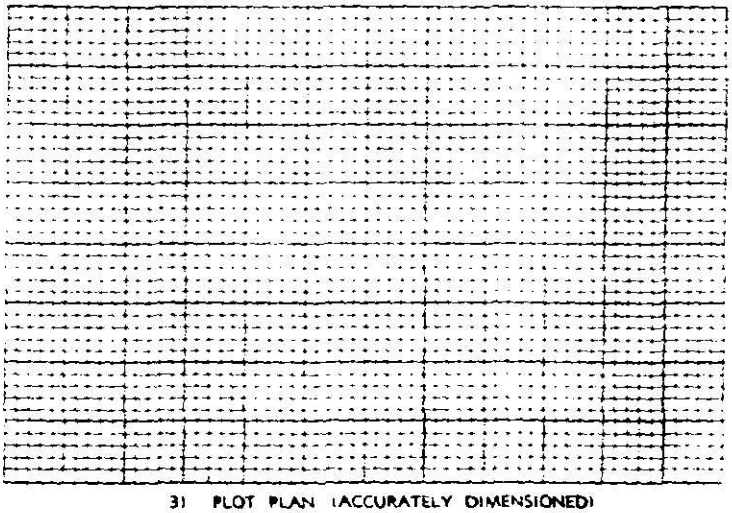
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms Three

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
Well source
2 Governmental

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 381-115616-203

12) VA Case No

13) NAME OF OWNER Hoover (LAST) Arthur (FIRST) East (MIDDLE)

14) ADDRESS OF OWNER 316 Clark Blvd Charlotte, N.Car. 28213

15) PHONE NO. Home 596-6236 Office 596-2519

16) LOCATION OF SYSTEM Clark Blvd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 20 Block No. 1

Map Book No. 1698 Page No. 449

18) DEED REFERENCE — DEED BOOK 3435 AT PAGE 288

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.

DATE OF APPLICATION

Arthur E. Hoover
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 17 April 73 Serial No. 3535 ICAR(S) Permit No 6036

T C No.

Map Date

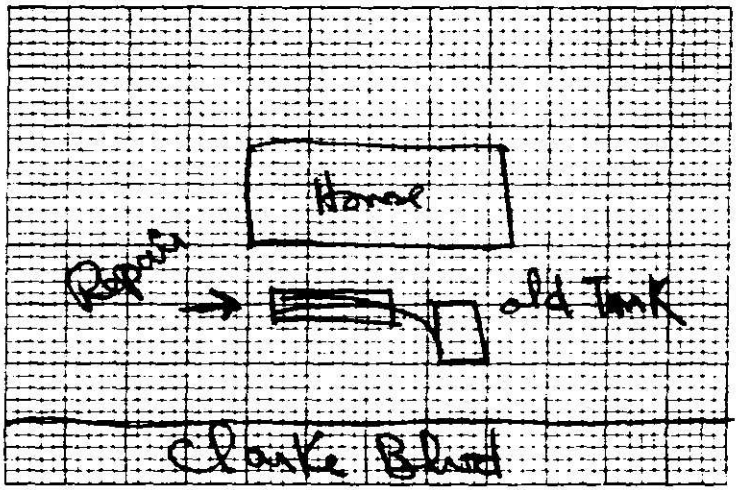
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 _____ dated _____ 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 May 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

Tota Line Lenght 200'+/-

Number of Lines 2 (5'x32'x4' stone)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER HANNER, Arthur Earl

LOCATION OF PROPERTY 316 Clarke Blvd

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: Ronnie Oaks - 4-18-73

Division or Section Head

R. 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 18April73 Serial No. 3240

C of A (s) No. 6036

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 Hammer (LAST) Arthur Earl (FIRST) _____ (MIDDLE)

Location of Property 316 Clarke Blvd

Application Number 6036 Permit Number 6036

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200'+1ft Number of Lines Two (5'x32'x4'tone)

Depth of Filter Material 4 feet Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 18April73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 18April73 (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: _____

G. M Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY