SEE INSTRUCTIONS ON BACK

Date Received 9-28-73 ICAR(S) Application No 7059

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

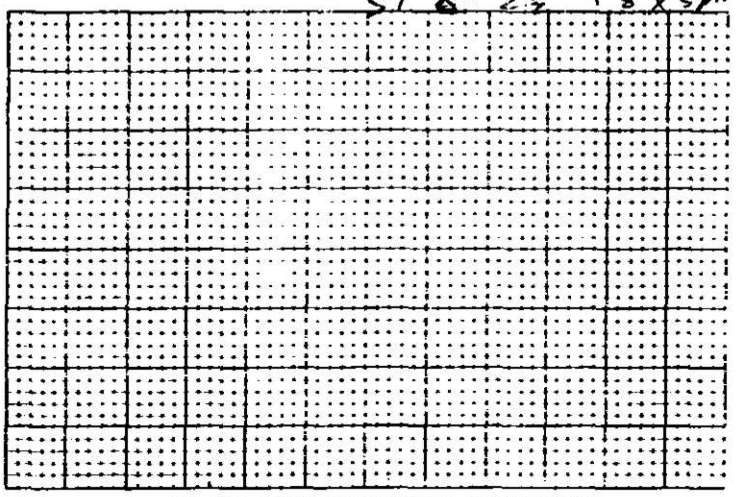
ENVIRONMENTAL HEALTH DIVISION

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

ST 6 25 1 8 X 5 11



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 2

5) Business Use Max No Employees ___

6) Washing Machine Yes X No

7) Garbage Disp. Yes X No

8) Dishwasher Yes X No

9) Water Supply
A) Individual dwg ___
B) Governmental ___
C) Community ___
1 Well source ___
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 Caldwell (LAST) Hugh (FIRST) Parry (MIDDLE)

14) ADDRESS OF OWNER R-1 Box 502 Charlotte N.C.

15) PHONE NO. Home 596-2085 Office ___

16) LOCATION OF SYSTEM (STREET OR COUNTY ROAD) Lot 7 on Hwy 521 just past Jack T.'s 391 Caldwell St.

17) SUBDIVISION H.G. Caldwell Lot No. 9 Block No. 2

Map Book No. 1135 Page No. 166

18) DEED REFERENCE — DEED BOOK 14 AT PAGE 639

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 ___

H.G. Caldwell
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9/28/23 **Serial No. 4329** ICAR(S) Permit No. 7059

T. C. No. _____

Map Date _____

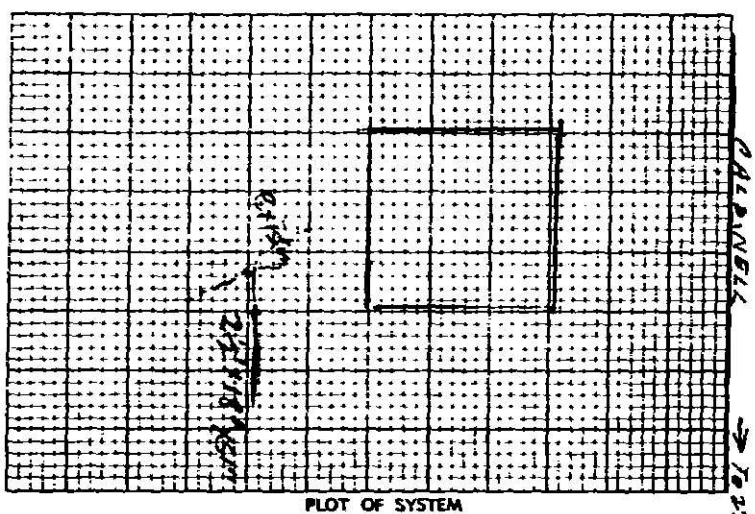
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 7059, dated 9/28/23 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 10/10/23, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank "

Tank Construction "

Absorption and/or Nitrification Lines

Total Line Lenght 100' ±

Number of Lines 1

Distance from House 15'

Distance from Property Line 10' min

Distance from Well 50'+

NAME OF OWNER HUGH P. CALDWELL

LOCATION OF PROPERTY 501 CALDWELL ST.

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: _____

JA/tdb

Division or Section Head

L. R. Bridgeman

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. 8-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 10/1/73

Serial 3995

C of A (s) No. 7059

T. C. No 031-033 15

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 CALDWELL (LAST) HUGH (FIRST) P. (MIDDLE)

Location of Property 501 CALDWELL ST

Application Number 7059 Permit Number 7059

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material

Total Length of Drain Tile 100'eg Number of Lines 1

Depth of Filter Material 51" Cover Depth 2 ½'

Water Supply Source COMM WTR Distance from Water Source 60'+

Excavation Inspected 9/28/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 9/28/73 (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, X 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: _____

L. P. Bridgeman

Environmentalist

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

HEALTH DEPARTMENT'S COPY