Date Received 2-28-74 ICAR'S Application No 7560

T C No

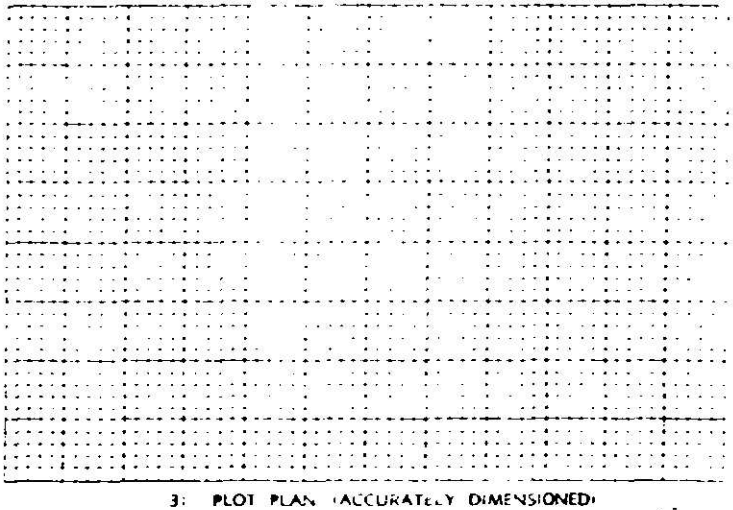
Map Date

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



4 Number of Bedrooms 4
Living Units Water
Employees
5 Washing Machine Sep. Yes
6 Garbage Disposal Yes X No
7 Dishwasher Yes X No
8 Water Softener
A Automatic Yes
B Garbage Grinder
Water
Yes X No
10 FHA Case No.
11 VA Case No.

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Smith, Kyle Francis (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 5222 Tuckaseegee Rd

15) PHONE NO Home 399-6125 Office Same

16) LOCATION OF SYSTEM 5222 Tuckaseegee 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

DATE OF APPLICATION 2/28/74 OWNER C P Smith

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 909 ICARIS Permit No 7560

Date Issued 5/28/79 T C No 059-151-06

Map Date 5-5-79

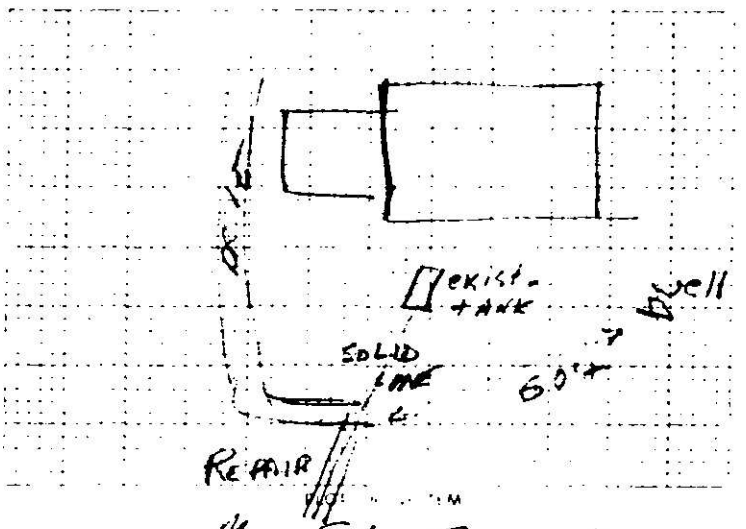
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby granted 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 property. This permit is granted based upon the information supplied in application 7560 dated 5/23/79 and this permit shall be void and of no effect if the information provided in the application is not correct. All work shall be inspected on or before 11/28, 79 after which date this permit is revoked and void.



Percolation Rate REPAIR

Liquid Capacity of Tank

Tank Construction

Absorption (major) Installation Lines

Total Line Length 150

Number of Lines 3 (2½' X 50' X 17")

Distance from Building 70'±

Distance from Property Line 25'±

Distance from Well 60'±

NAME OF OWNER Mrs. S.L. SMITH

LOCATION OF PROPERTY 5222 TUCKAGEE RD.

This permit is granted subject to requirements as set forth in the Regulations of the Mecklenburg County Board of Health which were 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

Date 5/28/79

Environmentalist L.L. Linthicum

This permit for new installation or construction of a new system must be signed by the division or a Mecklenburg County Environmental Health Director in order to be valid. Only the signature of the Environmentalist is necessary on existing systems being altered or repaired.

E-S-8-1-72

Serial 4468

C of A (s) No. 75

Date Issued

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 SMITH (LAST) C (FIRST) (MIDDLE)

Location of Property 5222 Tuckseege Pl

Application Number

Permit Number

Inspection Date:

Liquid Capacity of Tank REF

Tank Material C

Total Length of Drain Tile 150

Number of Lines 3 (75' X 50' X 17"

Depth of Filter Material

Cover Depth

Water Supply Source

Distance from Water Source

Excavation Inspected (DATE)

Tank Inspected (DATE)

Nitrification Field Inspected (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

Environmentalist

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

HEALTH DEPARTMENT'S COPY