Date Received 8-6-73

MSK CORRECTION/FEEDBACK
RECEIVED
AUG - 6 1973
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No. 6793

T. C No. _____

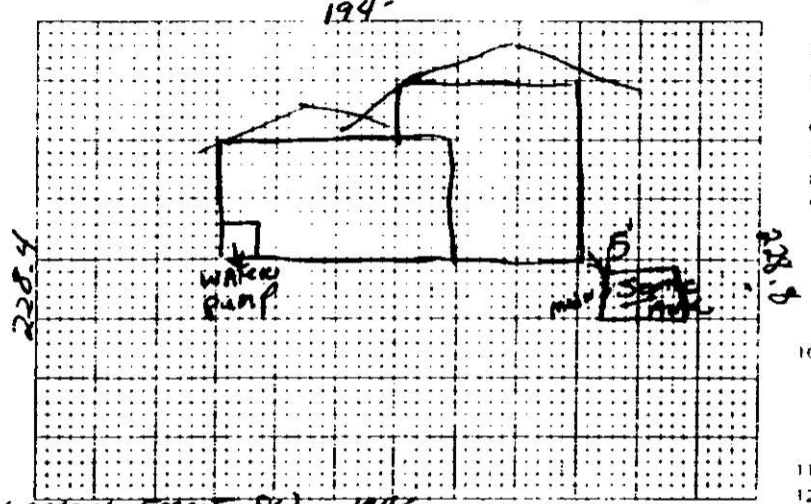
Map Date 7

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 or party 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



4) No of Bedrooms 4
5) Business Use N/A 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 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 ____

(CARMEL FOREST DR.) (WAS CONNIE AVE) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER MACK (LAST) Joe (FIRST) CHANNING (MIDDLE)

14) ADDRESS OF OWNER 4109 CARMEL FOREST DR.

15) PHONE NO Home 364-3151 Office 304-5471

16) LOCATION OF SYSTEM CARMEL FOREST DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION CARMEL FOREST Lot Nos 16 & 17 Block No. A

Map Book No 209 Page No. 25

18) DEED REFERENCE — DEED BOOK ? AT PAGE ?

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ✓ NO DATE RUN @ 1959

20) PTR NUMBER (See Instructions) N/A

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.

August 4, 1973
DATE OF APPLICATION

Mrs Joe C. Mack
OWNER

FORM NO. E 4 4/71

HEALTH DEPARTMENT'S COPY

Date Issued 5/7/74

Serial No. 5165

ICAR(S) Permit No 6793

T C No 209-252-07

Map Date 1-28-74

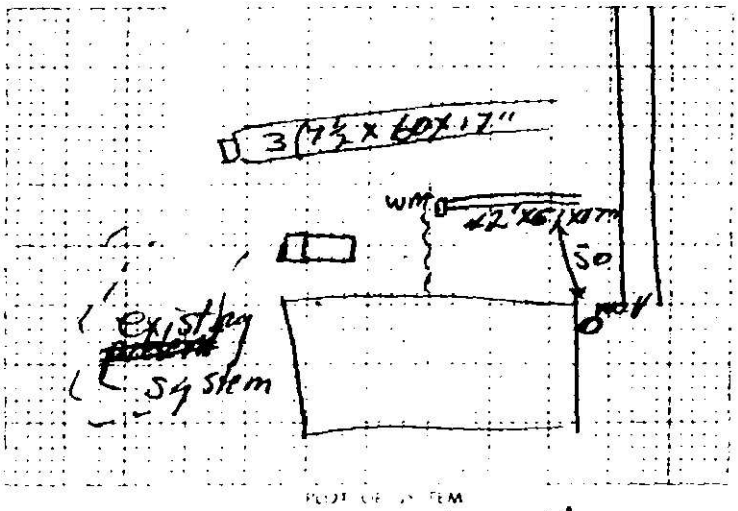
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste water 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 the permit shall be void and of no effect if the information provided on the application proves to be false. All work shall be completed on or before after which date this permit shall be null and void.



PLOT OF ITEM

Percolation Rate REPAIR

Liquid Capacity of Tank 11

Tank Construction 11

Absorption and/or Distribution Line WM ST

Total Line Length 100 180'

Number of Lines 2 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' min

NAME OF OWNER JOE MINOR

LOCATION OF PROPERTY 4109 CARMEL FOREST DR LOT 16&17

This system shall meet 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 New T in tank or off dist box above existing lines

Director of Sanitation JA 1&1B

Environmentalist L P Bingham

If this permit is for the installation or construction of a new system it must be signed by the division or a [illegible] Environmental Health Director to be valid. Only the signature of the Environmentalist is required on existing systems being altered or repaired.

E-5-9-1-72

Date Issued 5/9/79

Serial 4795

C of A (s) No. 6793

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 [illegible] (LAST) [illegible] (FIRST) (MIDDLE)

Location of Property [illegible]

Application Number [illegible] Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank [illegible] Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines [illegible]

Depth of Filter Material [illegible] Cover Depth [illegible]

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected [illegible] (DATE) Tank Inspected [illegible] (DATE)

Nitrification Field Inspected [illegible] (DATE)

Washing Machine Line Inspected, If Applicable [illegible] (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 [illegible]

[illegible]

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY