Date Received 2 2013

ICAR(S) Application No. 5606

T C No 113-153-12

Map Date

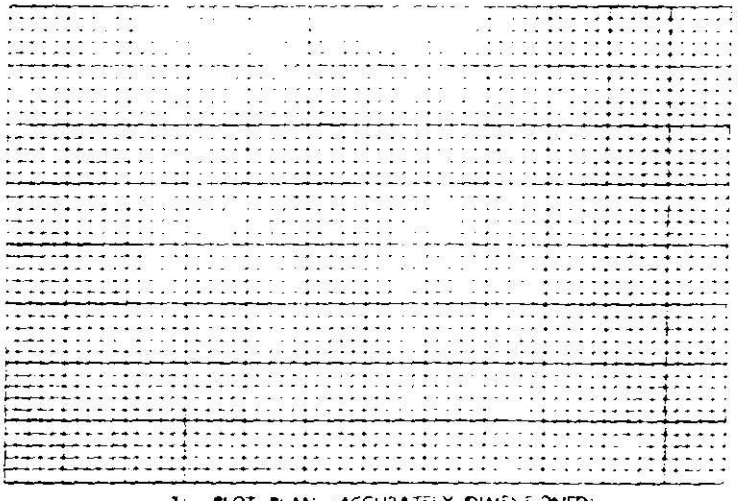
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. Bedrooms ___

5) Bldg. 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 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) EnA Case No. ___

12) WA Case No. ___

13) NAME OF OWNER CC Thompson Trustee (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER RFD 7 Box 769 H

15) PHONE NO Home 596-4447 Office 399-4465

16) LOCATION OF SYSTEM Wilkinson Blvd AT Catawba River (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

CC Thompson Trustee
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 28 Feb 1973 Serial No. 3352 ICAR (S) Permit No 5606

T C No 113-052-12

Map Date ___

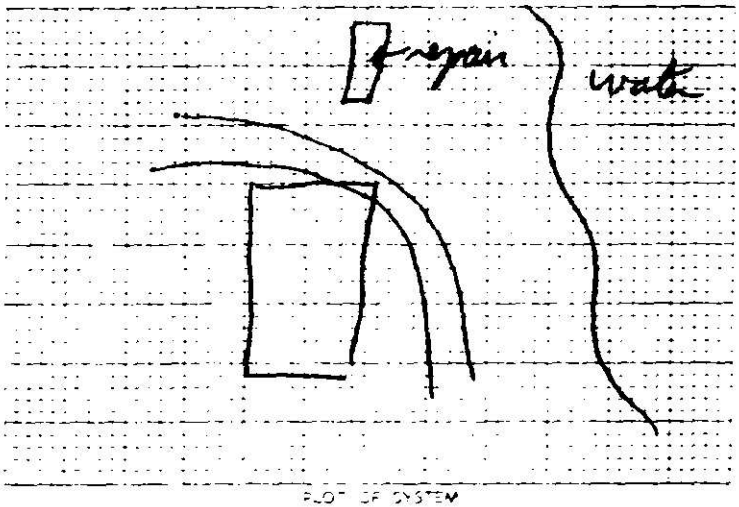
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 is void and of no effect if the information provided in the application is not true. Construction shall be completed on or before 15 May 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Repair Data

Absorption and/or Nitrification Lines

Total Line Length 200 l/ft

Number of Lines 3 (7½ x 33 x 36")

Distance from House 20'

Distance from Property Line 20'

Distance from Well 50 +

NAME OF OWNER O. O. Thompson Estate

LOCATION OF PROPERTY W Thomson Blvd RVB Lounge

This system shall meet all 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 place excess dirt in dug well on premises

Division or Section Head ___

Environmentalist John R Atkinson

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. B 5-4 (7)

...TS COPY

Date Issued 28 Feb 1977 **Serial No.** 2914 C of A (s) No. 5606

T C. No. 113-053-12

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 O. O. Thompson Estate (LAST FIRST MIDDLE)

Location of Property R+B Lounge Wilkinson Blvd

Application Number 5606 Permit Number 5606

Repair

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200 L/ft Number of Lines 3

Depth of Filter Material 36" Cover Depth 24"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 2/28/77 (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 as well as 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 placed in bed 7½ x 33 x 36" of #1 stone

John B Adkisson

Environmentalist

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

HEALTH DEPARTMENT'S COPY