SEE INSTRUCTIONS ON BACK

Date Received 9-21-73

ICAR (S) Application No 7030

T C No

Map Date

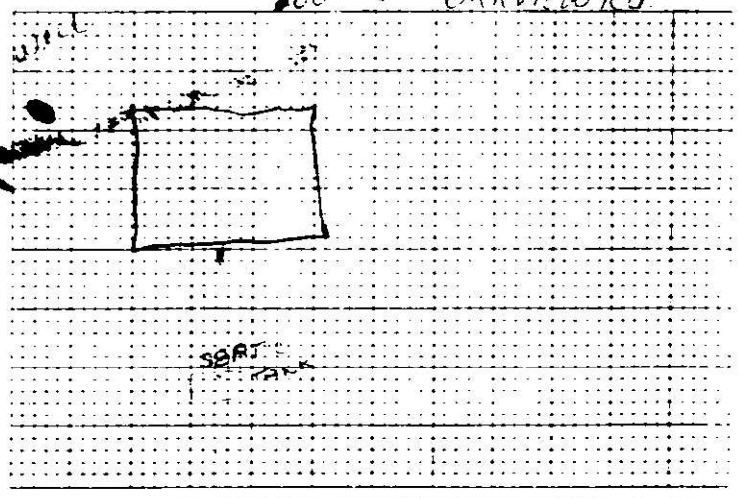
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

✓ Install or Construct ( ) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



4 No of Bedrooms 3

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

C Community

1 Well

2 Governmental

Sewage System

Is property located in a Sewer Service Area? Yes No

Has preliminary approval been granted? Yes No

EHA Case No

FHA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER ORR (LAST) RONSON (FIRST) K (MIDDLE)

14) ADDRESS OF OWNER Rte 12 Box 313 Charlotte N.C. 28212

15) PHONE NO Home 5454543 Office 5454543

16) LOCATION OF SYSTEM ORRview Dr. (STREET OR COUNTY ROAD) 3198

17) SUBDIVISION ORRview Lot No 9 Block No B

Map Book No 2095 Page No. 437

18) DEED REFERENCE — DEED BOOK 3116 AT PAGE 373

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.

SEPT 21-1973
DATE OF APPLICATION

R K Orr
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued [illegible]

Serial No. 4405

ICAR(S) Permit No. 7030

T C No. _____

Map Date _____

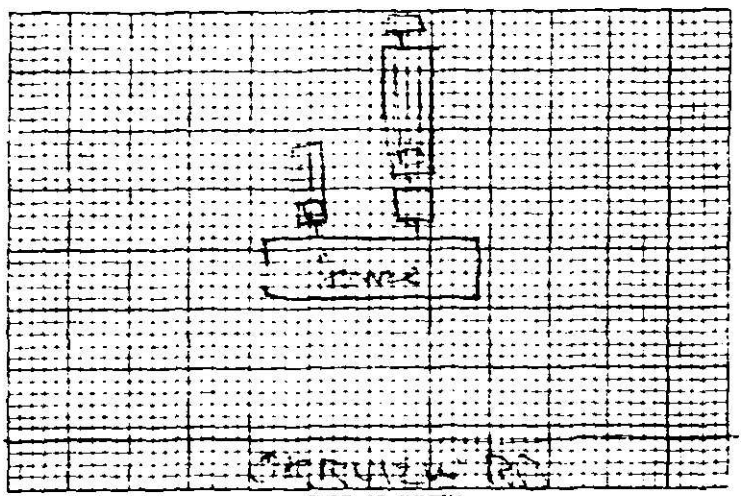
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ___ 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 7030 dated 21 Sept 73 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 24 [illegible] 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1000 Gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 300' & 150'

Number of Lines 3

Distance from House 10'

Distance from Property Line 15'

Distance from Well 100'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 3[illegible] Iverson Rd

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: 1000 Gal 3 Comp 50' x 1" Stone

Alternate Bed 300' x 4' Stone

_____

G. M. Thompson

Division or Section Head

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 25 Feb 74 Serial 4451

C of A (s) No. 7030

T C No 137-041-24

Map Date 28 Jan 74

John R Adkinson

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner ORR, RAWSON K. (LAST, FIRST, MIDDLE)

Location of Property 3198 ORRUM Rd

Application Number 7030 Permit Number 7030

Inspection Data:

Liquid Capacity of Tank 1000gal Tank Material Precast Concrete

Total Length of Drain Tile 400' & 150' Number of Lines 4 10' X 100'

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 25 Feb 74 (DATE) Tank Inspected 25 Feb-74 (DATE)

Nitrification Field Inspected 25 Feb 74 (DATE)

Washing Machine Line Inspected, If Applicable 25 Feb 74 (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: aeration pit O.K.

E. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY