SEE INSTRUCTIONS ON BACK

Date Received 3-23-73

ICAR (S) Application No. 5827

T. C. No. 167-061-14

Map Date ____

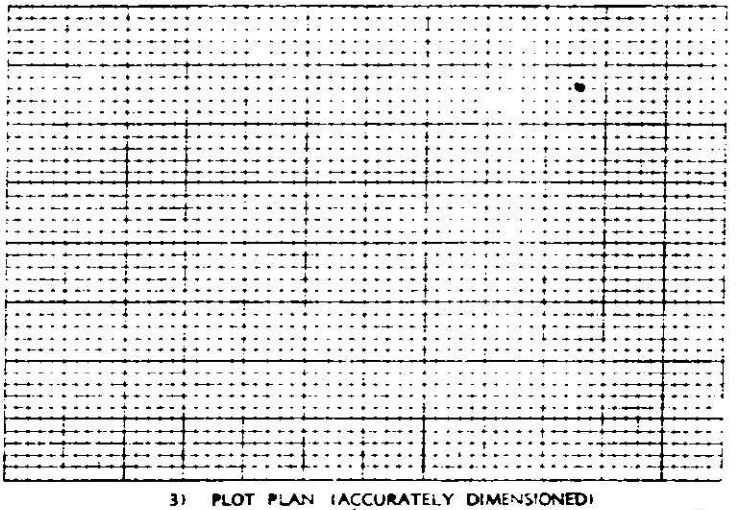
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 2

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 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. ____

13) NAME OF OWNER WENHOUSE (LAST) WILL (FIRST) J. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 3014 CONCORD NC 28025

15) PHONE NO Home ____ Office 786-5014

16) LOCATION OF SYSTEM 132 WILLETTA DR (STREET OR COUNTY ROAD) CHARLOTTE NC

17) SUBDIVISION ____ Lot No. 16 Block No. ____

Map Book No. 169 Page No. 061

18) DEED REFERENCE — DEED BOOK 2508-13 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.

March 19 1973
DATE OF APPLICATION

Will J. Wenhouse
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 4/24/73

Serial No. 3559

ICAR (S) Permit No. 5 3827

T. C. No. 167-061-14

Map Date

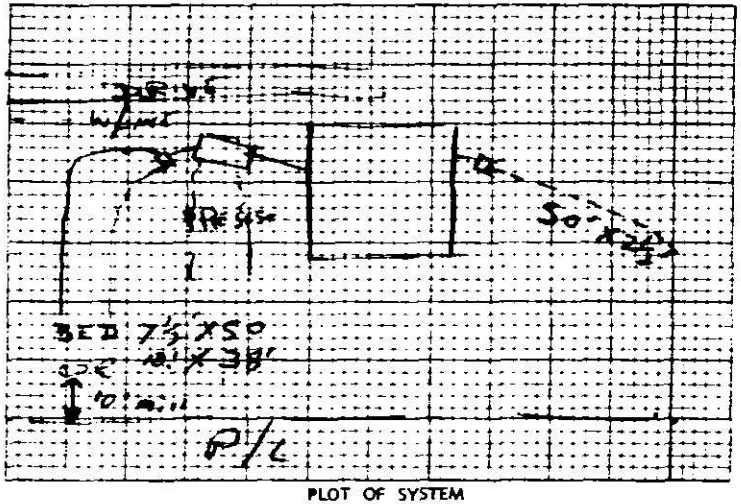
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 53827, dated 3/23/73 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 5/4/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 2

Tank Construction ?

Absorption and/or Nitrification Lines:

Total Line Length 50 WM 150' ST

Number of Lines 10-3 or 4

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well City

NAME OF OWNER Will J. Widenhouse

LOCATION OF PROPERTY 132 Willetta Dr

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 R. Cakes

RL Meek / KPB

Division or Section Head

T R Clinkscales

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

Serial No. 3225

C of A (s) No. 5827

Date Issued 4-3-73

T. C. No. 167-061-4

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 WIDENHOUSE (LAST) WILL (FIRST) J. (MIDDLE)

Location of Property 131 WILLETTA DR.

Application Number 5827 Permit Number 5827

Inspection Data:

Liquid Capacity of Tank 2,-

Tank Material

Total Length of Drain Tile 150 ST 90 WM

Number of Lines BED 3'x40' WM 10'x38' ST DRAIN

Depth of Filter Material 17"

Cover Depth 30"

Water Supply Source CITY

Distance from Water Source

Excavation Inspected 4-30-73 (DATE)

Tank Inspected (DATE)

Nitrification Field Inspected 4-30-73 (DATE)

Washing Machine Line Inspected, If Applicable 4-30-73 (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: CONTRACTOR STATED NEW BED FULL OF WATER BEFORE TANK CONNECTED - HIGH ELEVATION IN THIS LOCATION

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 4/31/73 **Serial No.** 3224 C of A (s) No. 5827

T. C. No. 167-061-14

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 ~~Wm. J.~~ WIDEMOUSE W. J.
LAST FIRST MIDDLE

Location of Property 132 WILLETTA DR

Application Number 5822 Permit Number 5822

Inspection Data:

Liquid Capacity of Tank - Tank Material ?

Total Length of Drain Tile WM 50 ST 100 Number of Lines ST 4 WM 1

Depth of Filter Material 17" 24" Cover Depth ST 8-10 30"x10" WM 5'x2½' 3' 1½

Water Supply Source CITY Distance from Water Source -

Excavation Inspected 4-31-73 DATE Tank Inspected DATE

Nitrification Field Inspected 4-31-73 DATE

Washing Machine Line Inspected, If Applicable 4-31-73 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: Recommend plumber connect BOTH old P.T. & New drain line on washer

Environmentalist

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

HEALTH DEPARTMENT'S COPY