Date Received 3-8-73

ICAR(S) Application No 5720

T C No

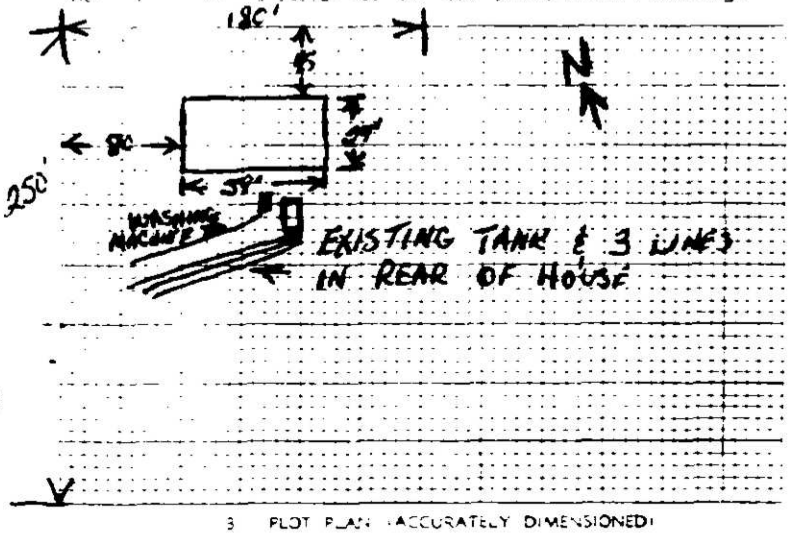
Map Date

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 [illegible] 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 [illegible] subsurface soil absorption, effluent discharge



3

[illegible] Yes ✓ No

Garbage [illegible] Yes ✓ No

Disposal [illegible] ✓ Yes [illegible] No

Water Supply

A [illegible] ✓

B Governmental System [illegible]

C Community System

Well's [illegible]

[illegible] Governmental source [illegible]

Private System

House [illegible] 200 feet [illegible] ✓ No

House located within 200 feet [illegible]

[illegible] Yes ✓ No

FHA Case No [illegible]

VA Case No [illegible]

3 PLOT PLAN (ACCURATELY DIMENSIONED)

13 NAME OF OWNER Howie (LAST) William (FIRST) Harold (MIDDLE)

14 ADDRESS OF OWNER RT. 8 Box 103-R, CHARLOTTE, N.C.

15 PHONE NO Home 596-1664 Office 374-2372

16 LOCATION OF SYSTEM Rocky River Road & Brookwood Rd. (STREET OR COUNTY ROAD)

17 SUBDIVISION Brookwood Lot No. 3 Block No

Map Book No 9 Page No. 259

18 DEED REFERENCE — DEED BOOK 2389 AT PAGE 103

19 HAS A PERCOLATION TEST BEEN RUN? ? YES NO DATE RUN IF RUN, 1963

20 PTR NUMBER (See Instructions) [illegible]

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.

8 March 1973
DATE OF APPLICATION

William H. Howie
OWNER

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 22 May 73 Serial No 7702 ICAR(S) Permit No. 5720

T C No

Map Date

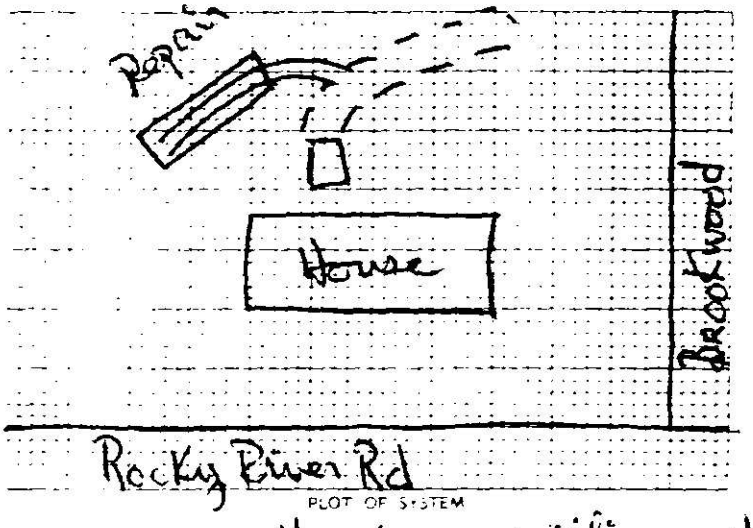
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is 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 5720, dated 5 May 73 and this permit shall be void and of no effect if the information provided in the application is misleading or erroneous. All work shall be completed on or before 22 June 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines

Total Line Length 200 +/- ft

Number of Lines 2 (5' x 32' x 4' stone)

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50' +

NAME OF OWNER Harris, William H.

LOCATION OF PROPERTY Rocky River Rd & Brookwood Rd

This permit is issued subject to 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 continuous seepage from septic lines indicate may have leaking concrete seals or leaking faucets. At owners discretion - have water usage checked

Clark Septic Tank
Division or Contractor Name

G.M. Reynolds
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.

FOR HEALTH DEPARTMENT USE ONLY

YELLOW COPY

Date Issued 23 May 73 Serial No. 3366

C of A (s) No. 5720

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 Hawley (LAST) William (FIRST) H (MIDDLE)

Location of Property Rocky River Rd & Brookwood Dr

Application Number 5720 Permit Number 5720

Inspection Data:

Liquid Capacity of Tank — Tank Material

Total Length of Drain Tile 200'/ft Number of Lines Two (5' x 33' x 4' stone)

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 23 May 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 23 May 73 (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:

G M Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY