Date Received 2623

ICAR(S) Application No. 5516

T C No 201-0310 9

Map Date 5-25-71

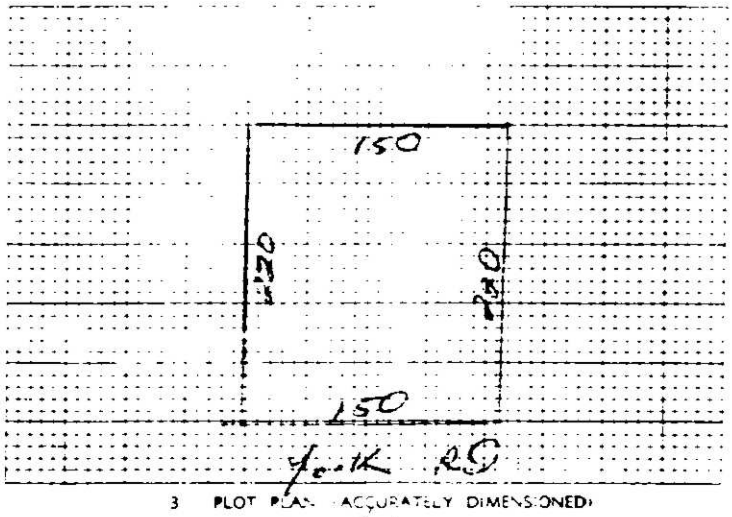
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

[ ] Install a new system [X] Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. of bedrooms 3

5 Business Use — Max No Employees

6 Washing Machine [X] Yes [ ] No

7 Garbage Disposal [ ] Yes [X] No

8 Dishwasher [ ] Yes [X] No

9 Water Supply City water
A Individual Well
B Governmental System
C Community System
Well source
2 Governmental Source

10 Sewage System
House located within 200 feet of pub. 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 Carl H Miller + Mary P Miller (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER Rt 2 Box 433 B

15) PHONE NO Home 588-1180 Office

16) LOCATION OF SYSTEM Yc-K RD (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

Carl H. Miller + Mary P. Miller
OWNER

FORM NO E-4-4-(-7)

HEALTH DEPARTMENT'S COPY

Date Issued 15 Feb 1973 Serial No. [illegible]395 ICAR(S) Permit No 5516

T C No 201-031-09

Map Date 5-25-71

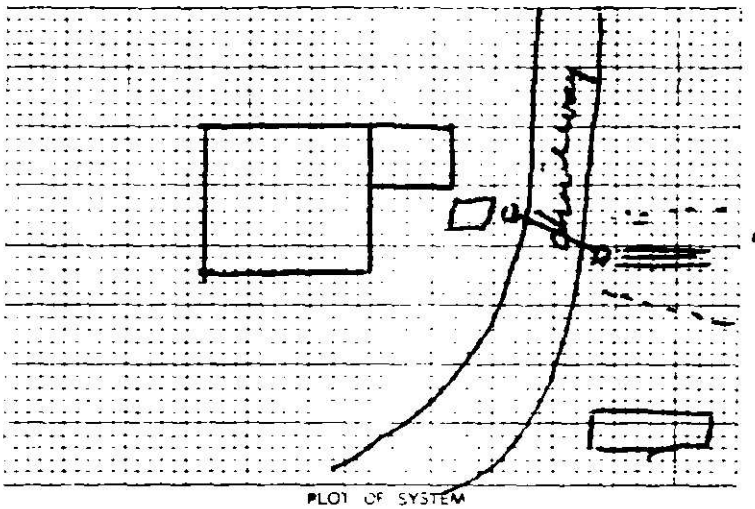
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ☐ 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 5516, dated 2-6-73 and this permit becomes null and void if the information provided in the application is not true or is erroneous. All work 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 1000

Tank Construction ____

Absorption Area (Type) Trench Location Lines

Rogan Data

Total Length 200 l/ft

Number of Lines 3 Y2 X 33 X 36"

Distance from House 10'

Distance from Property Lines 10'

Distance from Ave 50'

NAME OF OWNER Carl H. Miller

LOCATION OF PROPERTY York 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 pump tank & replace 4" pipe supply from well to new tank. Cut off old tee with single line to new tank. Backfill ditch by "Trenton"

Division or Section Head ____

Environmentalist: J M 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. E 514 1/71

[illegible] PAYMENTS COPY

Date Issued 16 Feb 1973 Serial No. 2910 C of A (s) No. 5516

T C No. 201-031-09

Map Date 3-25-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Carl H. Miller (LAST / FIRST / MIDDLE)

Location of Property York Road

Application Number 5516 Permit Number

Bygan Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material —

Total Length of Drain Tile — 700'/ft Number of Lines 3

Depth of Filter Material 4' Cover Depth 24"-30"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 2/16/73 (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

John R. Thusson
Environmentalist

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

HEALTH DEPARTMENT'S COPY