Date Received 2-22-73

ICAR(S) Application No. 5661

T C. No.

Map Date

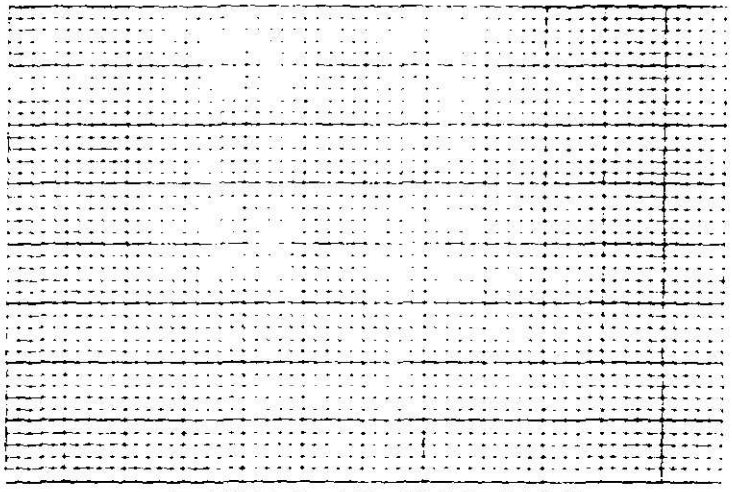
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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. 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 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 Smith (LAST) Marion (FIRST) Burke (MIDDLE)

14) ADDRESS OF OWNER 5612 Coulee Pl

15) PHONE NO Home 525-5454 Office 354 4317

16) LOCATION OF SYSTEM 5612 Coulee Pl. (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.

2-22-73
DATE OF APPLICATION

Marion B. Burke
OWNER

FORM NO. E-4-4-(-2)

HEALTH DEPARTMENT'S COPY

Serial No. 3355

Date Issued 2 Mar 1972

ICAR(S) Permit No 5661

T C No 167-042-22

Map Date

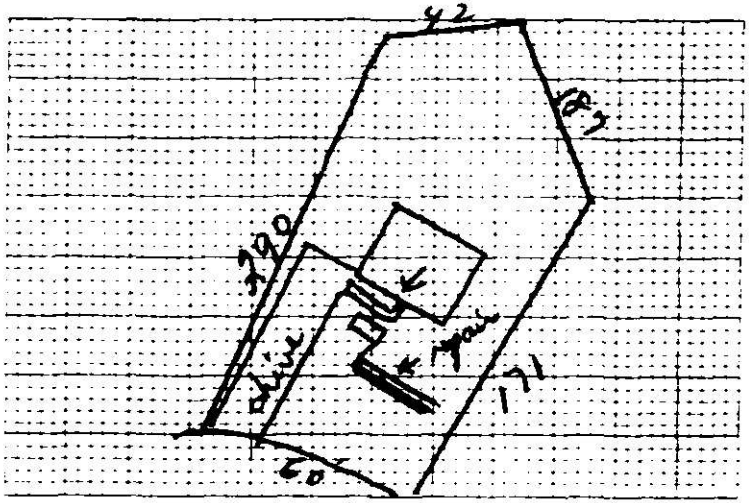
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 5661, dated 22 Feb 1972 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 2 April 1972 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate /

Liquid Capacity of Tank 1000 gal

Tank Construction p.c. concrete

Repair Data

Absorption and/or Nitrification Lines

Total Line Length 100 L/ft

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well City

NAME OF OWNER Blansett, Marion G.

LOCATION OF PROPERTY 5612 Coulee Place

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* in bed 7½ X 33' X 12" with grade boards ½" fall per 10' with 12" total depth of #10 washed stone. call for inspection before putting stone in bed.

John R. Adkisson

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.H. 4-67

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