SEE INSTRUCTIONS ON BACK

Date Received 10-18-73

MECK COUNTY HEALTH DEPT.
RECEIVED
OCT 18 1973
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No 7129

T. C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

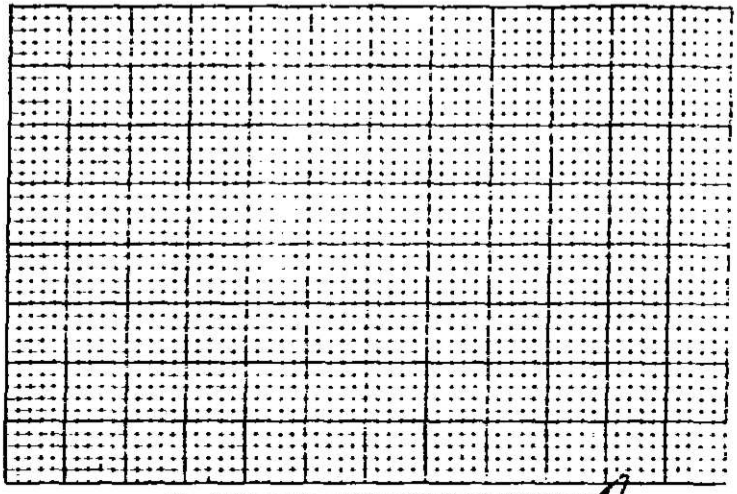
ENVIRONMENTAL HEALTH DIVISION

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 Dalton (LAST) Donald (FIRST) Ray (MIDDLE)

14) ADDRESS OF OWNER Route 9, Box 441-C Charlotte, N.C.

15) PHONE NO. Home 392-3831 Office 392-6353

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

17) SUBDIVISION Kelly Park (Stonegate) Lot No. 5 & 6 Block No.

Map Book No. 8 Page No. 421

18) DEED REFERENCE — DEED BOOK 2668 AT PAGE 573

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES Lot 6 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.

10-12-73
DATE OF APPLICATION

Donald R. Dalton
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 23 Oct 73

Serial No. 4542

ICAR (S) Permit No. 7129

T. C. No. 037-091-37

Map Date Sept 73

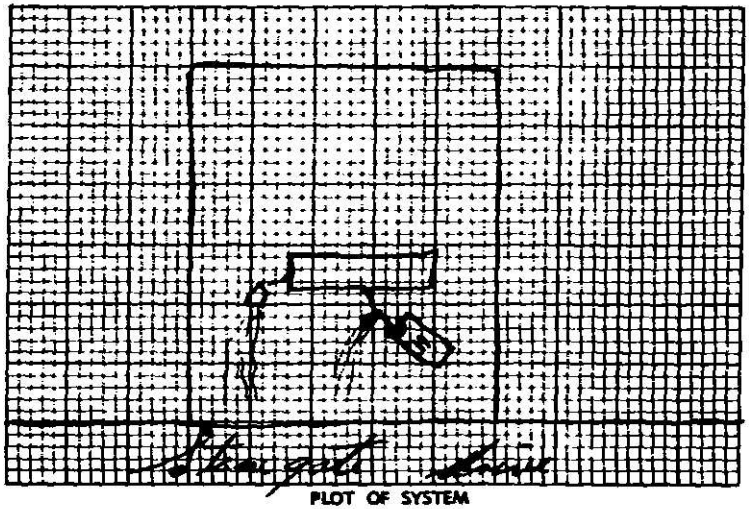
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7129, dated 18 Oct 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 23 Nov 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 Lenght 100'

Number of Lines 2 @ 5 @ 16' X 48"

Distance from House 20'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER Walton, Randall Ray

LOCATION OF PROPERTY Stonegate Drive

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: Trenches (Conv.)

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

Serial 4115

C of A (s) No. 7129

Date Issued 24 Oct 77

T. C. No. 033-091-33

Map Date 5-4-23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Miller, Donald Ray
(LAST, FIRST, MIDDLE)

Location of Property Stengate Drive.

Application Number 7129 Permit Number 7129

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 100' Number of Lines 2 (5'x16'x48")

Depth of Filter Material 48" Cover Depth 24"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 24 Oct 77 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 24 Oct 77 (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: Trenches (Cont-)

W. R. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY