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SEE INSTRUCTIONS ON BACK

Date Received 7-2-73

ICARIS Application No 6572

T C No

Map Date

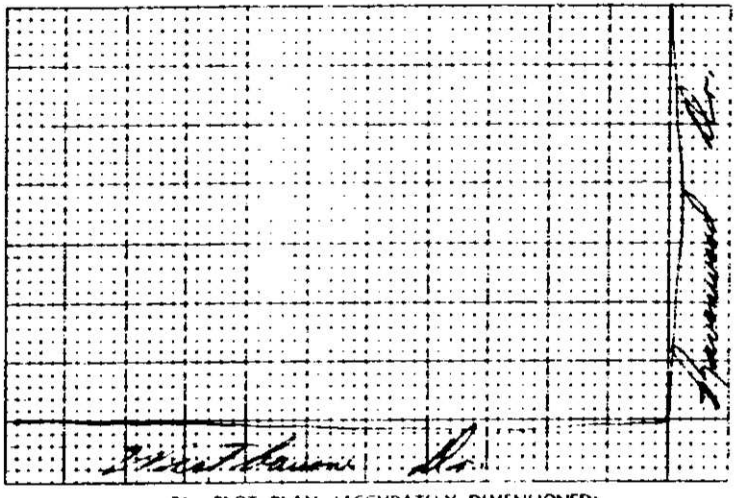
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31 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) Government System
C) Community System
1 Well Owned
2 Government 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 Gayle (LAST) William (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 1635 West Haven Drive

15) PHONE NO Home 399-6701 Office

16) LOCATION OF SYSTEM Same 1635 Westhaven Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION West Haven 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

OWNER ✓ Mel W.B. Gayle

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2 July 73

Serial No. 3928

ICAR(S) Permit No. 6572

T. C. No. 275-143 12

Map Date 11 May 73

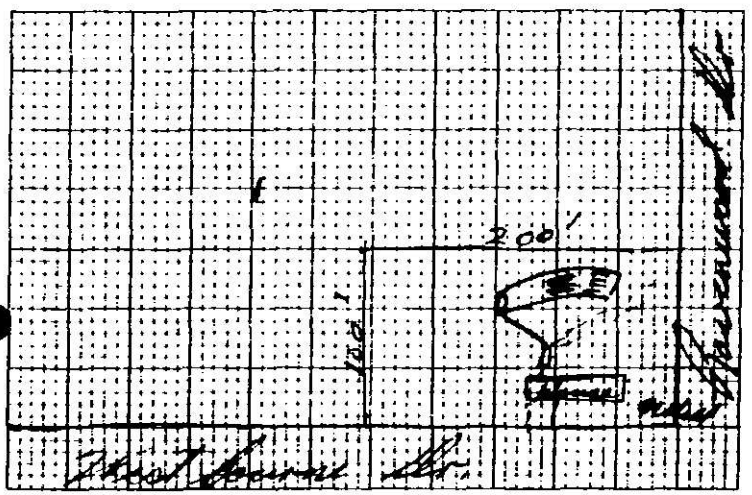
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6572, dated 2 July 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 2 Aug 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 200'

Number of Lines 4 (10' x 50' x 12")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 10

NAME OF OWNER Fraylor, William H.

LOCATION OF PROPERTY 1635 Westbourne 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: James Stewart (Contr.)

Division or Section Head _____

Environmentalist M D Kelly

* 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

Date Issued 3 July 73 **Serial No.** 3527 C of A (s) No. 6572

T. C. No. 035-143-12

Map Date 11 May 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Gayle (LAST), William (FIRST) B (MIDDLE)

Location of Property 1635 Whitburn Drive

Application Number 6572 Permit Number 6572

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Pair

Total Length of Drain Tile 200' Number of Lines 4 (10' x 50' x 22")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Drilled Well Distance from Water Source 75'

Excavation Inspected 3 July 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3 July 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: James Stewart (Contr.)

M. D. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY