SEE INSTRUCTIONS ON BACK

Date Received 5-23-73

ICARUS Application No 6362

T C No 111-131-23

Map Date 9 70

Mr. Allison -

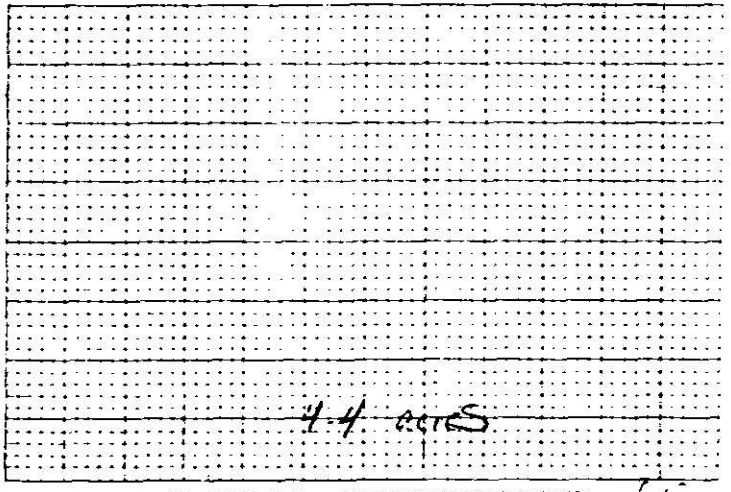
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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




4) No. of Bedrooms ____

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 ___
C) Community or Public
1) Well ___
2) Governmental ___

10) Sewage System
Home presently with septic tank & soil absorption system ___
If not, is sewer available? Yes ___ No
Home presently with public sewer ___
Is community sewer available? Yes ___ No

11) FHA Case No. ___

12) VA Case No. ___

31) PLOT PLAN (ACCURATELY DIMENSIONED) (Scorpio) (Walden)

13) NAME OF OWNER Reynolds (LAST) Bubba (FIRST) Estes (MIDDLE)

14) ADDRESS OF OWNER 9645 Sarton Cl.

15) PHONE NO Home ___ Office 536-0515

16) LOCATION OF SYSTEM 9645 Sarton Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 89 Block No. ___

Map Book No 5 Page No. 61

18) DEED REFERENCE — DEED BOOK 1840 AT PAGE 342

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.

5-14-73
DATE OF APPLICATION

Bubba Reynolds
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 24, 1973

Serial No. 2971

LA No 6362

T C No 111-131-23

Map Date 9-1-70

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Reynolds (LAST) Dekle (FIRST) Gates (MIDDLE)

ADDRESS OF OWNER 9645 Parkton Road ZIP _____

LOCATION OF LOT 9645 Parkton Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6362. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.

2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

* To add 1000 gallon septic tank to system.

Environmentalist

John A Adkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY