SEE INSTRUCTIONS ON BACK

R

Date Received 5-16-73

ICAR(S) Application No. 6311

T. C. No. 023-03-05

Map Date 12-15-72

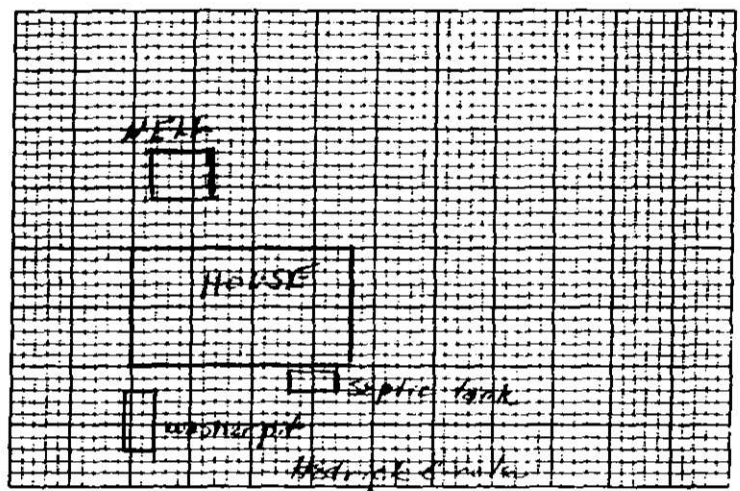
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



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 Wilson (LAST) William (FIRST) Patton (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 64 Huntersville, N.C. 28078

15) PHONE NO. Home 399-3973 Office 332-3772

16) LOCATION OF SYSTEM Hedrick Circle (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.

14 May 73
DATE OF APPLICATION

William Patton Wilson
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3749

ICAR(S) Permit No. 6311

Date Issued 24 May 23

T. C. No. [redacted]

Map Date [redacted]

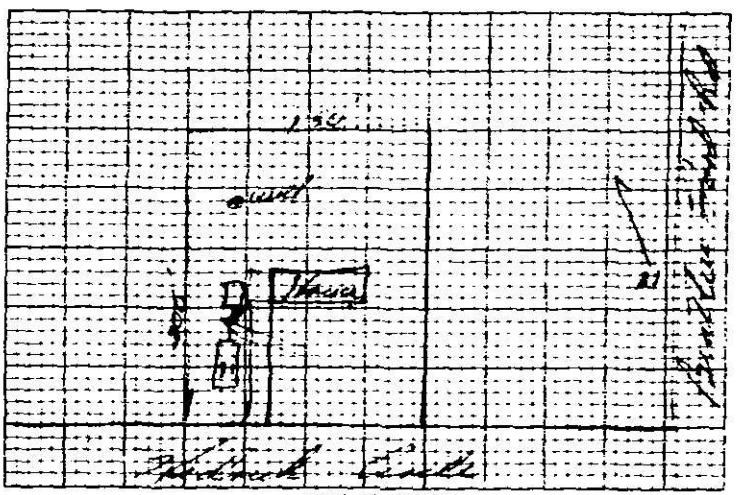
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [redacted] 6311 dated 16 May 23 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 June 23, 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'x16'x4")

Distance from House 20'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Hudson, Hudson Sutton

LOCATION OF PROPERTY Kimick Circle (Reg Club)

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: 4 bdrm (Cont.)

Septic line activation was made to separate the washing machine drain effluent from the septic system

_____ Division or Section Head

[redacted] 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

[redacted] DEPARTMENTS COPY

Serial No. 3376

C of A (s) No. 6311

Date Issued 24 May 73

T. C. No. 223-063-07

Map Date 15 Dec 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Walker, William Talton
LAST FIRST MIDDLE

Location of Property Hillside Circle (Long Creek)

Application Number 6311 Permit Number 6311

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 18"

Water Supply Source Lake Mill Distance from Water Source 100'

Excavation Inspected 23 May 73 DATE Tank Inspected — DATE

Nitrification Field Inspected 23 May 73 DATE

Washing Machine Line Inspected, If Applicable 23 May 73 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: 1 Storm (Cont.)

W. D. Dicky
Environmentalist

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

HEALTH DEPARTMENT'S COPY