Date Received 8-20-23

ICAR(S) Application No. 6861

T. C. No.

Map Date

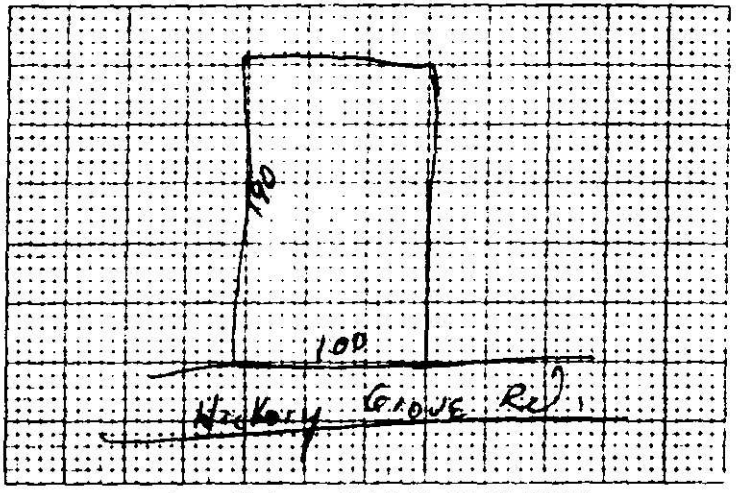
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 Bedroom 2

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 Henry P. Mayo
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6200 Hickory Grove Rd

15) PHONE NO Home 537-0326 Office ___

16) LOCATION OF SYSTEM 6200 Hickory Grove Rd
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.

Henry P. Mayo
OWNER

DATE OF APPLICATION ___

FORM NO E-4-9-1-72

**HEALTH DEPARTMENT'S COPY**

Date Issued 20 Aug 73 Serial No. 4225 ICAR(S) Permit No. 6861

T. C. No.

Map Date

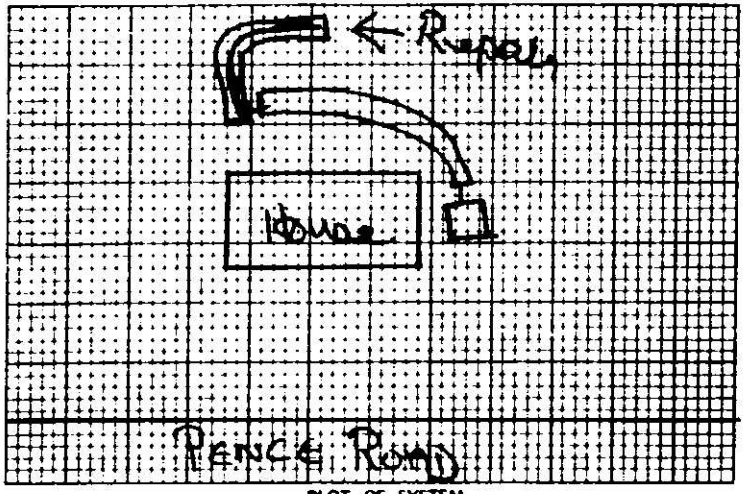
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 6861 dated 8-20-73 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 20 Sep 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 ft

Number of Lines (2) 5' x 50'

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'

NAME OF OWNER Maye, Henry P.

LOCATION OF PROPERTY 6300 Hickory Grove Rd (Pence Road)

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:

Division or Section Head

R. M. Reynolds
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**

Date Issued 21 Aug 73 **Serial 3778** C of A (s) No. [illegible]

T. C. No. [illegible]

Map Date 15 Sept 72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Moyle, Henry P. (LAST / FIRST / MIDDLE)

Location of Property 6360 Hickory Grove Rd

Application Number 6861 Permit Number 6861

**Inspection Data:**

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100'+ Number of Lines (2) 5'x50'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 21 Aug 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 21 Aug 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: _____

R. M. Reynolds
Environmentalist

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

**HEALTH DEPARTMENT'S COPY**