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SEE INSTRUCTIONS ON BACK

Date Received 10-25-73

ICAR(S) Application No 7180

T. C No 021-11473

Map Date 14-Sep-73

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 Bedroom 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 Morgan (LAST) Charles (FIRST) Everett (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 600

15) PHONE NO. Home 892-1211 Office 892-0639

16) LOCATION OF SYSTEM Island Forest Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Island Forest Lot No. 29 & 29A 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 ____

Charles E. Morgan
OWNER

FORM NO E 4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4547

Date Issued 25 Oct 73

ICAR(S) Permit No. 7180

T. C. No. 001-114-13

Map Date 14 Dec 73

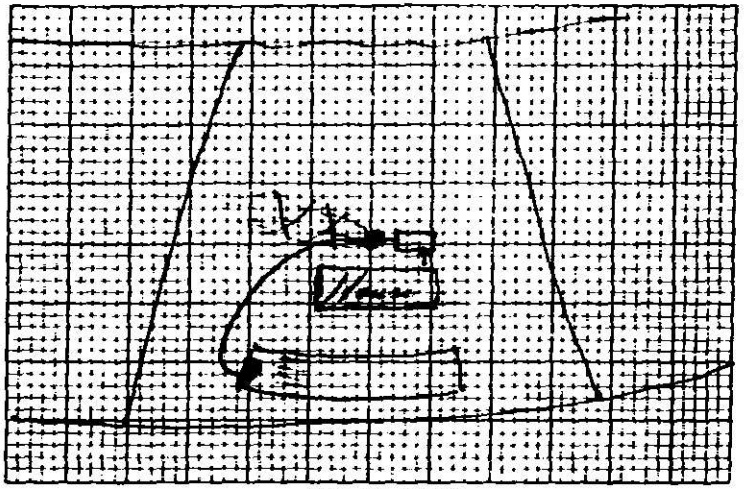
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___, dated 25 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 25 Jan 74, 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 500'

Number of Lines 5 (12' x 100' x 36")

Distance from House 20'

Distance from Property Line 20'

Distance from Well Community

NAME OF OWNER Morgan, Charles Everett

LOCATION OF PROPERTY Island Ferry 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: Same Structure (Cont.).

Pump size 55 GS (Goulds)

_____ Division or Section Head

W. D. Kirby 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 4121

C of A (s) No. 7180

Date Issued 26 Oct 73

T. C. No. 001-114-13

Map Date 14 Dec 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Morgan (LAST) Charles (FIRST) Ernest (MIDDLE)

Location of Property Island Ford Drive

Application Number 7180 Permit Number 7180

Inspection Date: Alteration

Liquid Capacity of Tank — Tank Material

Total Length of Drain Tile 500' Number of Lines 5 (12½ x 50' 36")

Depth of Filter Material 36" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 25 Oct 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 25 Oct 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: Jason Stewart (Contr.)

Note: a pump was installed and the drain field was installed over the road.

Environmentalist

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

HEALTH DEPARTMENT'S COPY