J

Date Received 10-1-73 — SEE INSTRUCTIONS ON BACK — (CARIS) Application No 7062

MECK COUNTY HEALTH DEPT. RECEIVED OCT 01 1973 ENVIRONMENTAL HEALTH DIVISION

MECK COUNTY HEALTH DEPT. RECEIVED Sep 24 1973 ENVIRONMENTAL HEALTH DIVISION

T C No 187-233-06

Map Date 8-9-72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

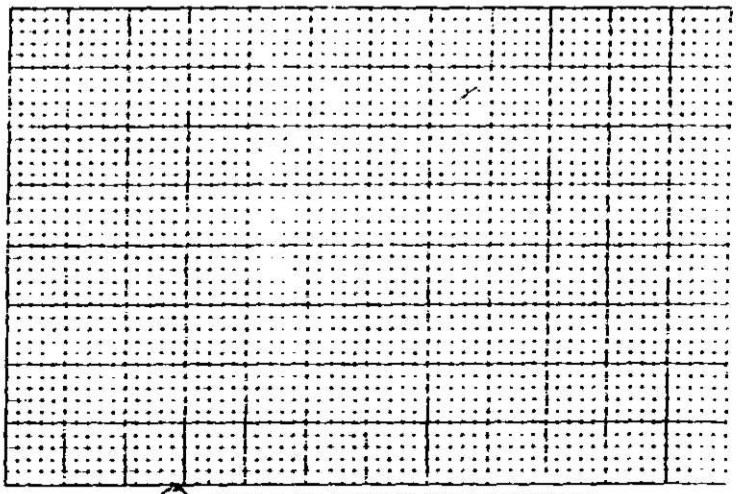
Application for Permit

**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: **MAKE REPAIRS TO SEPTIC TANK PIT**

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 Bedrooms 2

5) Business Use — Max. No. Employees A ___ B ___

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A. Individual ✓
B. Government ___
C. Community System ___
1. Well source ___
2. Government ___

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 Pell (LAST) Allison (FIRST) Hodges (MIDDLE)

14) ADDRESS OF OWNER 2001 Carmel Road, Charlotte, N. C. 28211

15) PHONE NO. Home 366-0409 Office 372-8804

16) LOCATION OF SYSTEM 4929 Sharon View Road (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.

DATE OF APPLICATION 9/18/73

OWNER A. H. Pell

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

7

Serial No. 4765

Date Issued 10-3-73

ICAR (S) Permit No. 7062

T. C. No. 167-233-96

Map Date 8-9-73

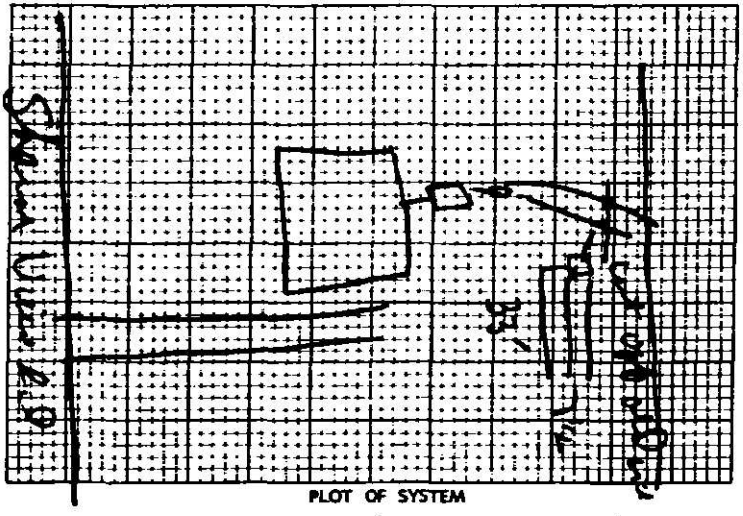
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 7062, dated 10-1-73 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 12-26-73, 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'

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Allison Hodge Reel

LOCATION OF PROPERTY 4929 Sharon View Rd.

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: 7½'x33' repair - cut off old line
Staple & Winkler

Division or Section Head

Thomas L. Ward
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 4366

C of A (s) No. 7062

Date Issued 11-25-73

T. C. No. 15-7-233-06

Map Date 3-9-73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Pell, (LAST) Allison (FIRST) Hooks (MIDDLE)

Location of Property 4929 Sharon View Rd.

Application Number 7062 Permit Number 7062

**Inspection Data:**

Liquid Capacity of Tank + Tank Material —

Total Length of Drain Tile 150' Number of Lines 3

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source well city Distance from Water Source 700'

Excavation Inspected 11-26-73 (DATE) Tank Inspected 11-25-73 (DATE)

Nitrification Field Inspected 11-26-73 (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: Staple & Washed

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY