SEE INSTRUCTIONS ON BACK

Date Received 9-20-73

ICAR(S) Application No. 7022

T C No.

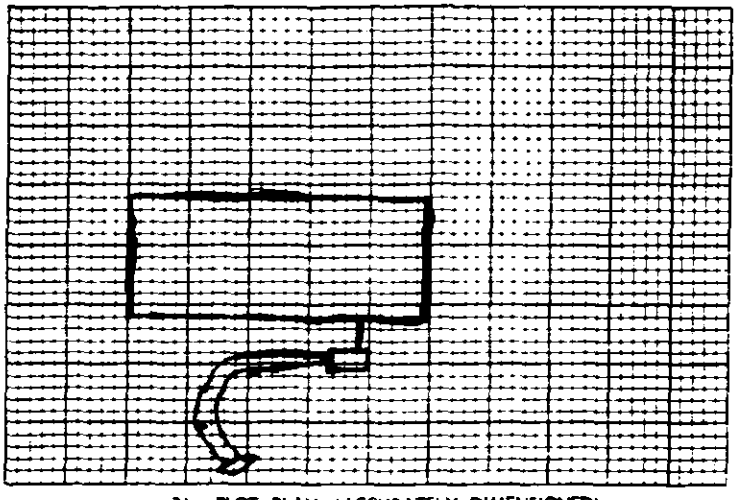
Map Date

# 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 Bedrooms 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 Hamilton (LAST), Elizabeth (FIRST)
14) ADDRESS OF OWNER 416 Linden St. (STREET OR COUNTY ROAD), Matthews (MIDDLE), N.C.
15) PHONE NO. Home 847-6422 Office
16) LOCATION OF SYSTEM Matthews (Meck. Co.) 416 LINDEN St. MATTHEWS
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.

Sept. 20, 1973
DATE OF APPLICATION

Elizabeth Hamilton
OWNER

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

HEALTH DEPARTMENT'S COPY

W

SEE INSTRUCTIONS ON BACK

Date Received 9-24-73

ICAR'S Application No 7022

T C No

Map Date

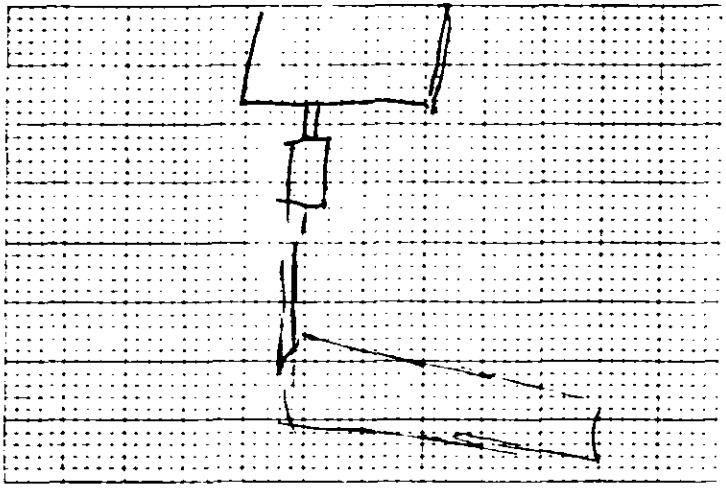
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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) ✓ 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 Beds — 3
5. Business Use — Max. No. Employees
6. Washing Machine — Yes / No
7. Garbage Disp — Yes / No
8. Dishwasher — Yes / No
9. Water Supply
   A. Individual Well
   B. Government
   C. Community
   D. Well
   E. Government
10. Sewage System
11. Public Water — Yes / No
12. Community Sewer — Yes / No
13. FHA Case No.
14. VA Case No.

13) NAME OF OWNER Hamilton (LAST) Elizabeth (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 416 Linden Street, Matthews, N. C.

15) PHONE NO Home 847-6422 Office

16) LOCATION OF SYSTEM County 416 Linden St (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 8/30/73

OWNER Elizabeth Hamilton

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9-26-73

Serial No. 4390

ICAR(S) Permit No. 7022

T. C. No.

Map Date

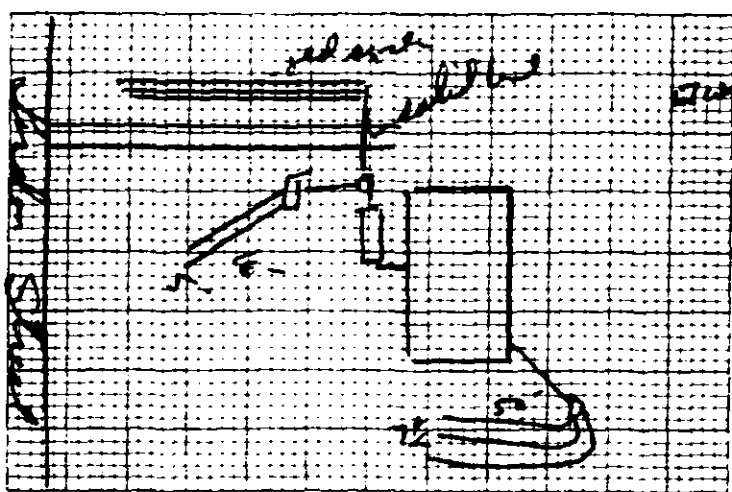
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 7022 dated 9-20-73 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 10-26-73 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' / 150'

Number of Lines 3 / 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 75'

NAME OF OWNER Elizabeth Hamilton

LOCATION OF PROPERTY 416 Linden St.

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: 5 x 16 x 4' repair to system - solid pipe underdrain with 7'x150'x12" stone

Division or Section Head

Thomas R. 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 3957

C of A (s) No. 7022

Date Issued 9-26-73

T. C. No. 215-031-10

Map Date 4-7-71

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Hamilton (LAST) Elizabeth (FIRST) (MIDDLE)

Location of Property 416 Linden St.

Application Number 7022 Permit Number 7022

**Inspection Data:**

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 150 Number of Lines 3

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 9-26-73 (DATE) Tank Inspected [illegible] (DATE)

Nitrification Field Inspected 9-26-73 (DATE)

Washing Machine Line Inspected. If Applicable 9-26-73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent dischorge 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: Plastic line by Orr Bros. Const. Co.

Thomas R. Ward
Environmentalist

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

**HEALTH DEPARTMENT'S COPY**