6

Date Received 3-16-73

ICAR (S) Application No 5724

T. C No

Map Date

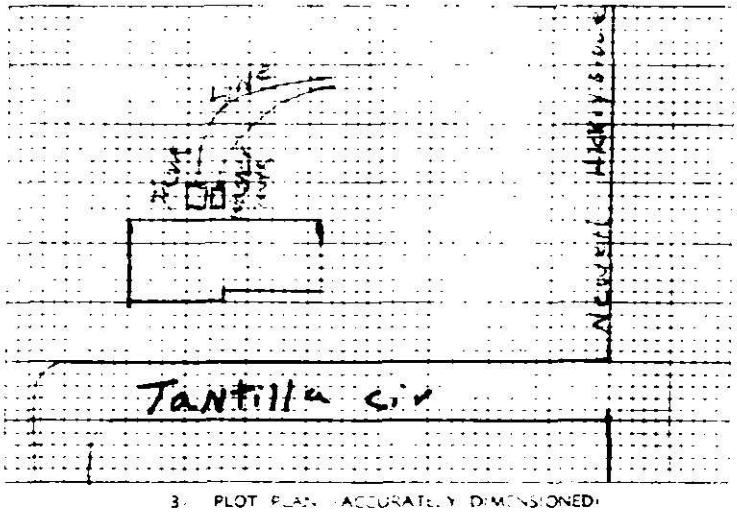
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

(Install or Construct) XXXX Alter or Repair an individual septic tank wastewater treatment and disposal system with subsurface soil absorption effluent discharge



(3) PLOT PLAN (ACCURATELY DIMENSIONED)

No. Bdrms	3
Bedroom Dist.	
Employees	
Washing Machine	X No
Garbage Disposal	X No
Dishwasher	X No
Water Supply	
A. Individual Well	X
B. Government System	
C. Community System	
Approved	
D. Government Approved	
Sewage System	
House located within 200' of sewer	
Public sewer	X No
House located within 200' of sewer	
Available	X Yes No
EHA Case No	
LA Case No	

(13) NAME OF OWNER RUSSELL Jr. (LAST) WORTH (FIRST) SLADE (MIDDLE)

(14) ADDRESS OF OWNER 4312 TANTILLA Cir.

(15) PHONE NO Home 536-4861 Office 374-2378

(16) LOCATION OF SYSTEM 4312 TANTILLA Cir. (STREET OR COUNTY ROAD)

(17) SUBDIVISION DELTA ACRES Lot No. 7 Block No. B

Map Book No 7 Page No 211

(18) DEED REFERENCE — DEED BOOK 2773 AT PAGE 15

(19) HAS A PERCOLATION TEST BEEN RUN? X YES ____ NO DATE RUN Aug. 1966

(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.

3-16-73
DATE OF APPLICATION

Worth Slade Russell Jr.
OWNER

FORM [illegible]

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]9 ICAR(S) Permit No 5774

Date Issued 3/22/23 T C No

Map Date

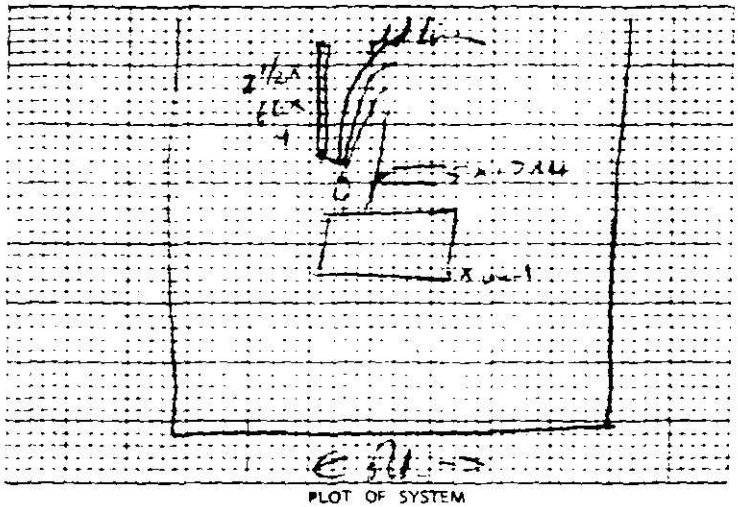
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated 3-16-23 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 3/22/23, 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 Length 200+200

Number of Lines 1 + 2

Distance from House 10

Distance from Property Line 10

Distance from Well 50

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 4[illegible] Tortola Cir.

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 [illegible]

Division or Section Head

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 S-4-1-71

[illegible] DEPARTMENT'S COPY

Date Issued 3/23/73

Serial No. 3059

C of A (s) No. 5274

T C No 099-292-13

Map Date 3/6/72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Howell (LAST) J. (FIRST) Wade (MIDDLE)

Location of Property 4312 Jamestown Ct.

Application Number 5274 Permit Number 3399

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100+100 Number of Lines 1 + 2

Depth of Filter Material 4' Cover Depth 2'

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 3/23/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3/23/73 (DATE)

Washing Machine Line Inspected, If Applicable 3/23/73 (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: J. Stewart

Donald Higgs
Environmentalist

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

HEALTH DEPARTMENT'S COPY