K

SEE INSTRUCTIONS ON BACK

Date Received 8 2 73 ICAR(S) Application No. 6278

T. C. No.

Map Date

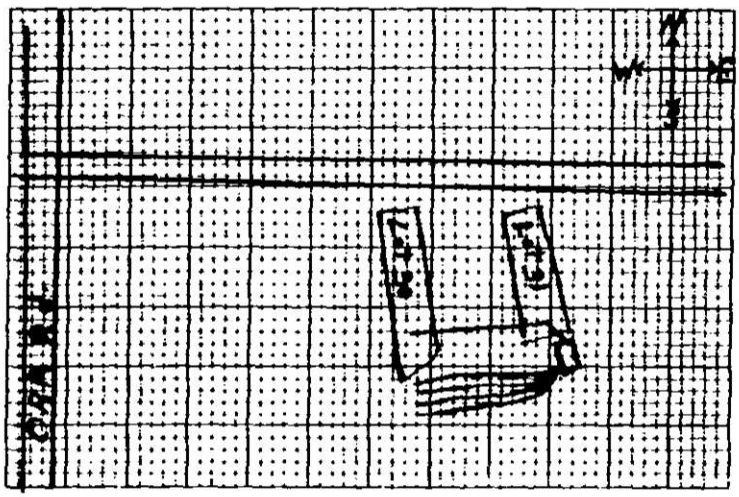
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X No
7) Garbage Disposal ___Yes X No
8) Dishwasher ___Yes X No
9) Water Supply:
A) Individual Well
B) Governmental System X
C) Community System:
1. Well source
2. Governmental source
10) Sewage System:
House located within 200 feet of public sewer ___Yes X No
House located within 200 feet of community sewer ___Yes X No
11) FHA Case No
12) VA Case No.

13) NAME OF OWNER Thompson (LAST) D. (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 5707 N. Tryon St. Charlotte

15) PHONE NO Home 596-6211 Office 596-6311

16) LOCATION OF SYSTEM 5800 CRA Rd. Lot #31 Charlotte (STREET OR COUNTY ROAD)

17) SUBDIVISION Pleasant Grove Mobile Home Park Lot No. 31 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.

8-1-73
DATE OF APPLICATION

D. L. Thompson
OWNER

FORM NO E 4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9 Aug 73 **Serial No. 4097** ICAR(S) Permit No. 6778

T. C. No. 097-061-06

Map Date 23 Apr 73

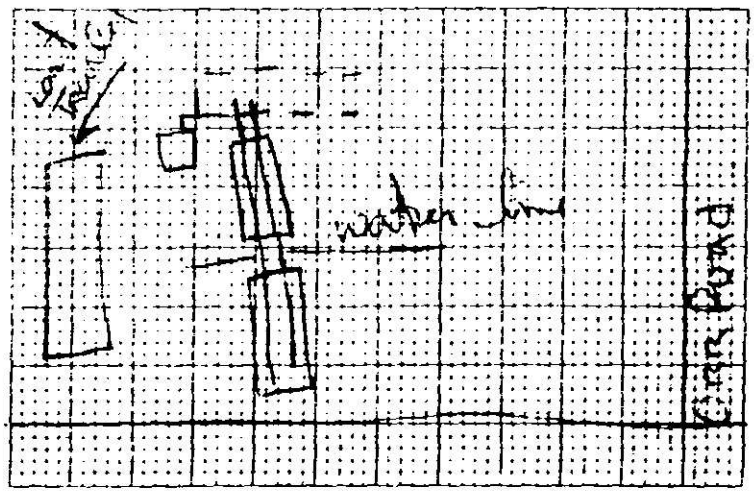
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____ 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 _____, 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 300 e/ft

Number of Lines (2) 5' x 45'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'+

NAME OF OWNER Thompson, Dale Pelican Grove Mobile Home Park

LOCATION OF PROPERTY Carr Road Lot # 31

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

G 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 10 Aug 73 Serial No. 3733 C of A (s) No. 6778

T C. No. C97-061-C6

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Thompson, D. Pecan Grove Mobile Home Park
(LAST, FIRST, MIDDLE)

Location of Property 5800 Orr Rd - Lot # 31

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 300 ft Number of Lines (2) 5' X 48'

Depth of Filter Material 4'+ Cover Depth 24"

Water Supply Source well city Distance from Water Source 150'+

Excavation Inspected 10 Aug 73 Tank Inspected / (DATE)

Nitrification Field Inspected 10 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:

C. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 2/14/77

ICAR (S) Application No. 6778

T C. No.

Map Date

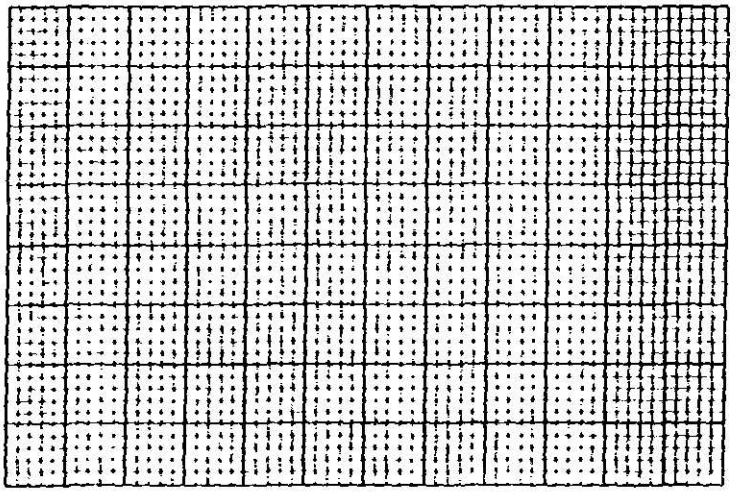
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Mob Homes
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 X
   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 THOMPSON (LAST) DONALD (FIRST) L (MIDDLE)

14) ADDRESS OF OWNER 5707 N. TRYON ST.

15) PHONE NO Home 547 8211 Office ___

16) LOCATION OF SYSTEM Rt. No. Cin's Circle (STREET OR COUNTY ROAD) Pacific Home Pk Lot 71

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.

2/14/77
DATE OF APPLICATION

Donald L. Thomp
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

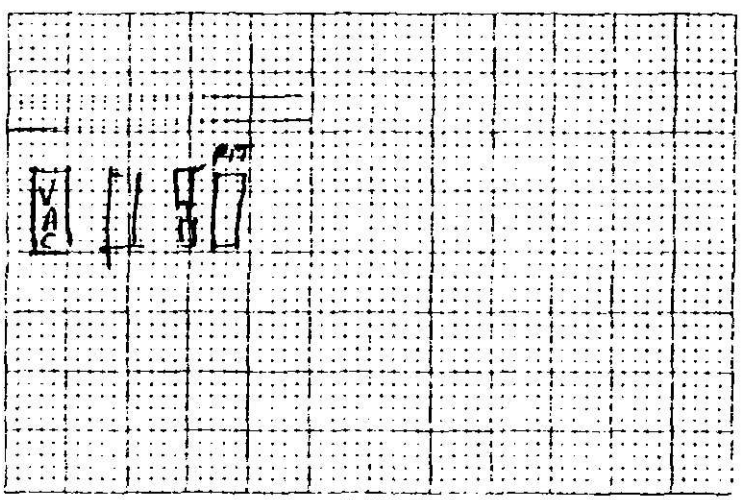
Date Issued 2/1/77 Serial No. 0402 ICAR(S) Permit No. 6728

T C No

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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, X 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 ___ 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 2/4/77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate REPAIR

Liquid Capacity of Tank "

Tank Construction "

Absorption and/or Nitrification Lines

Total Line Length PREV. 100'

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'+

Distance from Well CITY

NAME OF OWNER Plum Grove MH Park

LOCATION OF PROPERTY Cox Rd.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments

Division or Section Head

Environmentalist B. F. Buchanan

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy