SEE INSTRUCTIONS ON BACK

5

Date Received 3 26 73

ICAR(S) Application No. 5832

T. C. No. _____

Map Date _____

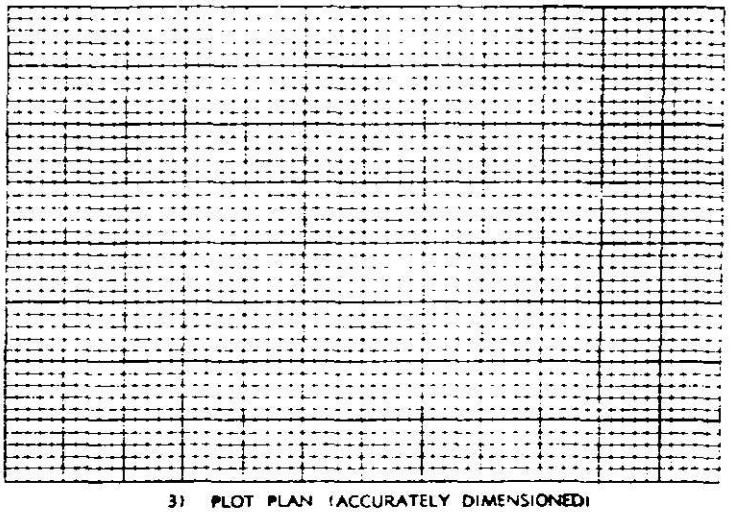
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 Bedrooms 3

5) Business Use — Max No Employees No

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 ~~James~~ Hill (LAST) James E. + Wife Jean H. (FIRST, MIDDLE)

14) ADDRESS OF OWNER 1716 Marlwood Circle

15) PHONE NO. Home 537-3335 Office 537-3358

16) LOCATION OF SYSTEM Marlwood Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Marlwood Acres Lot No. 3 Block No. C

Map Book No. 7 Page No. 77

18) DEED REFERENCE — DEED BOOK 2147 AT PAGE 250

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN April 30, 1960

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.

March 23 1973
DATE OF APPLICATION

James E. Hill + Jean H. Hill
OWNER'S

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

**HEALTH DEPARTMENT'S COPY**

Date Issued April 4, 1973

Serial No. 2695

LA No. 5832

T. C. No. 109-261-05

Map Date 9-1-70

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Hill (LAST) James (FIRST) E. (MIDDLE)

ADDRESS OF OWNER 1716 Marlwood Circle ZIP _____

LOCATION OF LOT Marlwood Circle (STREET OR COUNTY ROAD)

SUBDIVISION Marlwood Acres LOT NO. 3 BLOCK NO. C

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of *, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 5832. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

* Adding 1/2 bath, may use existing system.

Frank Stigger
Environmentalist

John R. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3/17/77

ICAR(S) Application No. 5832

T. C. No. 09-26105

Map Date 9-1-77

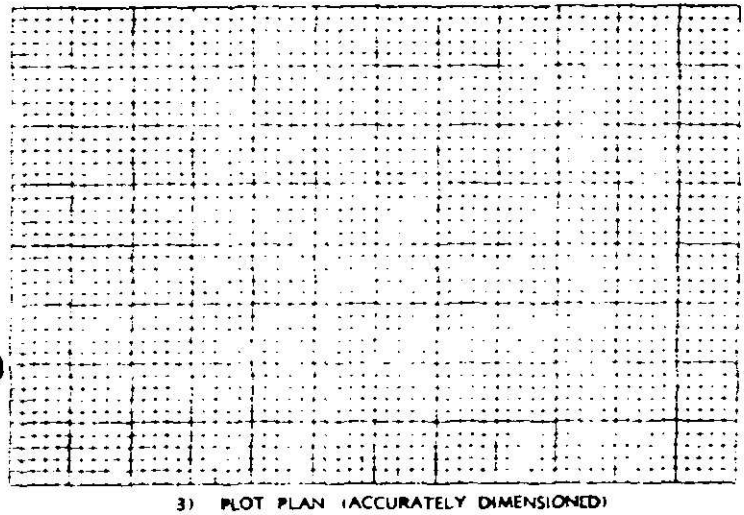
# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**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 Department of Environmental Health for a permit to:

1) Install or Construct 2) N/A Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.

Finish up Basement with 3 small rooms



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) Mobile Home ___ Yes ___ No
Residence ___ Yes ___ No
4) No. of Bedrooms 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 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 Harrington H. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 1716 Marlwood Circle

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM 1716 Marlwood Circle (STREET OR COUNTY ROAD)

17) SUBDIVISION Marlwood Area Lot No. 3 Block No. C

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? X YES ___ NO DATE RUN ___

20) PTR NUMBER (See Instructions) 5832

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 ___

X [signature] OWNER

EHD-5-76

**Environmental Health Department's Copy**

Date Issued 3/17/77

**Serial No. 0594**

LA No. 5832

T. C. No 109-261-05

Map Date 9-1-70

# MECKLENBURG COUNTY
# DEPARTMENT OF ENVIRONMENTAL HEALTH

**TO THE BUILDING INSPECTION DEPARTMENT**

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Harrington (LAST) H. (FIRST) T. (MIDDLE)

ADDRESS OF OWNER 1716 Marlwood Circle ZIP

LOCATION OF LOT 1716 Marlwood Circle (STREET OR COUNTY ROAD)

SUBDIVISION Marlwood Acres LOT NO 3 BLOCK NO. C

MAP BOOK NO. PAGE NO

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 5832. This approval is subject to the following terms and conditions.

1. That the nitritication field be installed, constructed, altered and/or repaired in the same area where the soil investigation was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-74

**Environmental Health Department's Copy**