01

SEE INSTRUCTIONS ON BACK

Date Received 31 Aug 1973

ICAR (S) Application No 6934

T C No 113-221-02I

Map Date 5-11 73

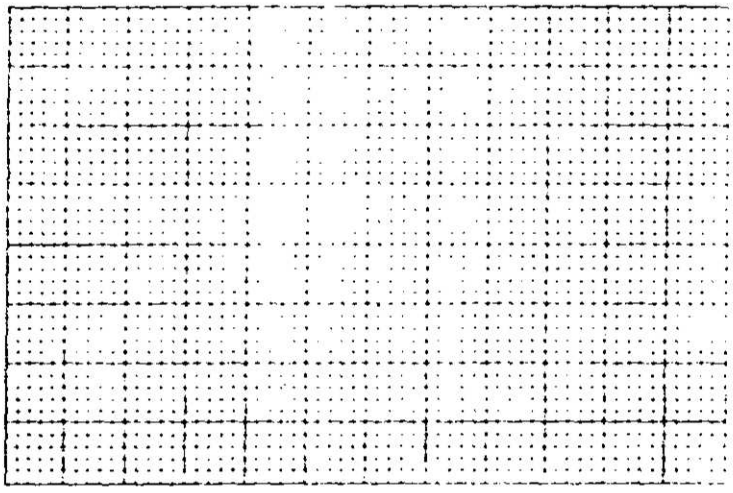
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



PLAN To Add later 1

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Austell (LAST) Bobby (FIRST) G. (MIDDLE)

14) ADDRESS OF OWNER RT 4 Box 421-M-1

15) PHONE NO Home 392-6893 Office Jim Rice 332-5077

16) LOCATION OF SYSTEM OFF WALKERS FERRY RD (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No 23 Block No

Map Book No 113 Page No. 22

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 content 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

31 Aug 1973
DATE OF APPLICATION

Bobby J. Austell
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9/12/23 **Serial No. 4337**

ICAR(S) Permit No. 6934

T. C. No. _____

Map Date _____

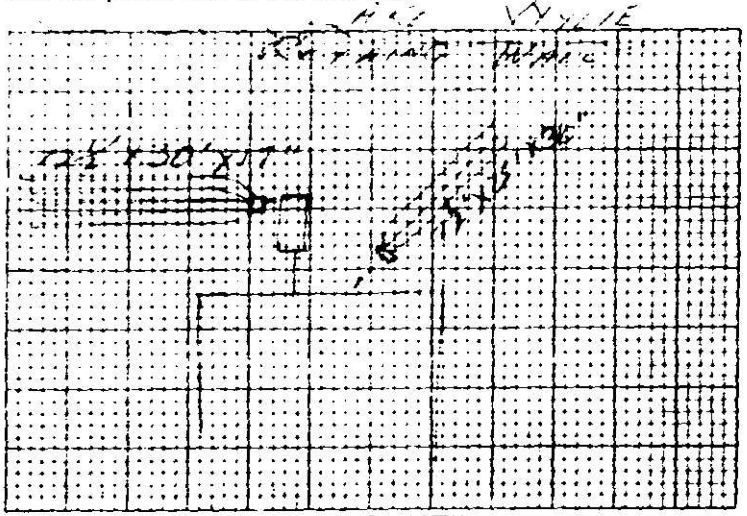
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6934, dated 8/31/23 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 9/30/23, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank — / 1250

Tank Construction 11

Absorption and/or Nitrification Lines: 5' / WIP

Total Line Lenght 150' / 150

Number of Lines 5 / 3 WIP

Distance from House _____

Distance from Property Line _____

Distance from Well _____

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible] OFF WALKER FERRY 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 [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 5-4-1 71

HEALTH DEPARTMENT'S COPY

Date Issued 9/21/73

Serial 3921

C of A (s) No. 6934

T. C. No.

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 [illegible] (LAST) [illegible] (FIRST) G (MIDDLE)

Location of Property Lake Wylie off Wallace Ferry Rd

Application Number 6734 Permit Number 6734

Inspection Date:

Liquid Capacity of Tank 1000 gal Tank Material Steel

Total Length of Drain Tile 57 ft Number of Lines 3

Depth of Filter Material 12" Cover Depth 14"

Water Supply Source Individual Distance from Water Source 62 ft

Excavation Inspected 9/21/73 (DATE) Tank Inspected 9/21/73 (DATE)

Nitrification Field Inspected 9/21/73 (DATE)

Washing Machine Line Inspected, If Applicable 9/21/73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: Use 4 inch [illegible] Hole is to be used if Filter Repair Needed

[illegible]

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY