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SEE INSTRUCTIONS ON REVERSE

Date Received 8-16-73

ICAR(S) Application No. 6848

T C No.

Map Date

# MECKLENBURG COUNTY HEALTH DEPARTMENT

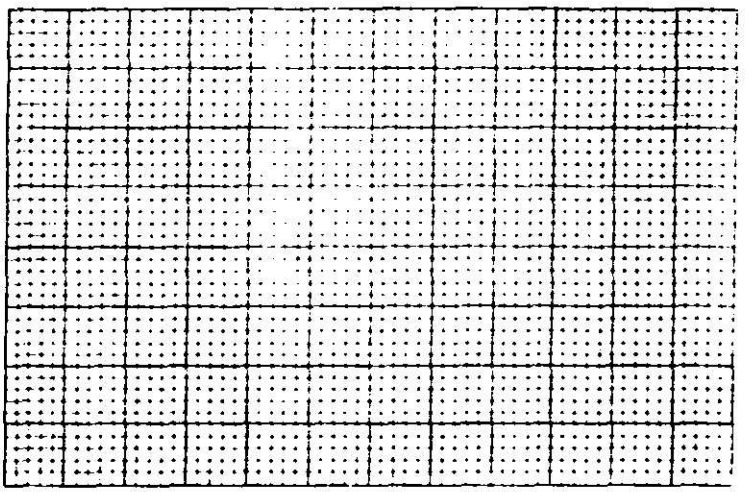
## ENVIRONMENTAL HEALTH DIVISION

**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

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3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms ___

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 Banks (LAST) Charlie (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER Route 1, Box 243, Huntersville, N.C.

15) PHONE NO. Home 875-2254 Office —

16) LOCATION OF SYSTEM Hwy 21 (Banks MHP) (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.

16 Aug 73
DATE OF APPLICATION

Charlie L. Banks
OWNER

FORM NO. E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4205

ICAR (S) Permit No. 6848

Date Issued 23 Aug 73

T. C. No. 012-044-04

Map Date 11 May 73

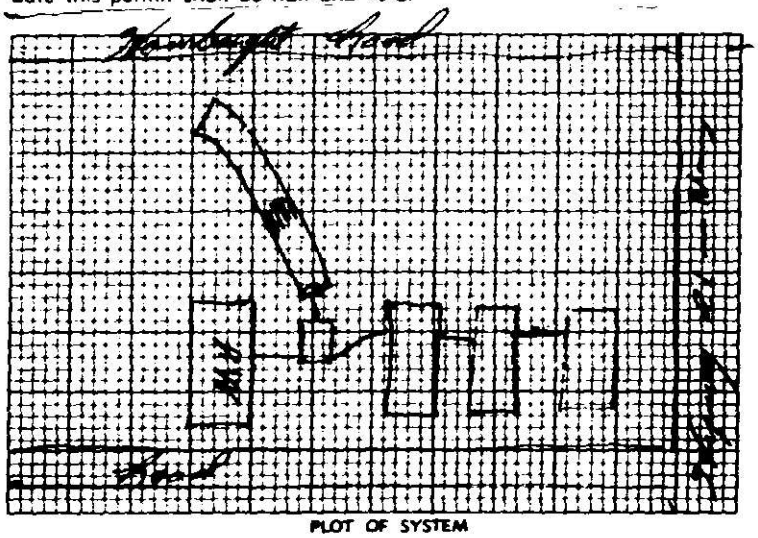
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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, 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 6848, dated 16 Aug 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 22 Sep 73, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Length 600'

Number of Lines 6 (25'x100'x12")

Distance from House 20

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Hawkins, Charlie T.

LOCATION OF PROPERTY Highway 21-N (Hawks MHP)

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: Caroline Morrison (Contr.)

Division or Section Head

M. H. Hawkins
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 3849

C of A (s) No. 6845

Date Issued 29 Aug 73

T. C. No. 017-044-04

Map Date 11 May 73

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Bowles (LAST), Charles (FIRST) L. (MIDDLE)

Location of Property Hwy 21-N Bowles Mobile Home Park

Application Number 6845 Permit Number 6845

Inspection Date: attached

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 600' Number of Lines 6 (5 x 100' x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Deep Well Distance from Water Source 100'

Excavation Inspected 28 Aug 73 (DATE) Tank Inspected 28 Aug 73 (DATE)

Nitrification Field Inspected 28 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: Charlotte Mecklenburg (Contr.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY