SEE INSTRUCTIONS ON BACK

Date Received 1-29-74

ICAR(S) Application No 9442

T C No

Map Date

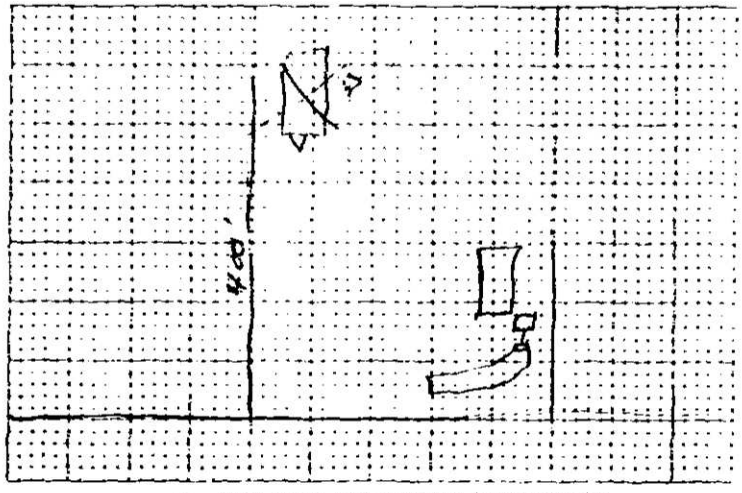
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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) X 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)

Office Use

4) Notified By ___
5) Permit Date ___ Work Not ___
Engineer ___
6) Well(s) Within 100' Yes ___ No
7) Septic Tank Yes ___ No
8) Driveway Yes ___ No
9) Water Supply
a) Individual Well ___
b) Government ___
c) Community System
1) Well ___
2) Government ___
Sewage System
Public Sewer Available? Yes ___ No
Private Sewer Available? Yes ___ No
Community Well Yes ___ No
11) FHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Mcleod Trucking - Rigging (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER P.O. Box 9267 Charlotte N.C. 28208

15) PHONE NO Home ___ Office 372 3611

16) LOCATION OF SYSTEM 4429 N. I 85 (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.

1-29-74
DATE OF APPLICATION

by Dick Yoder
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 29 Jan 74

Serial No. 4797

ICAR(S) Permit No. 2442

P.B T.C. No. 045-03201

Map Date 23 Feb 22

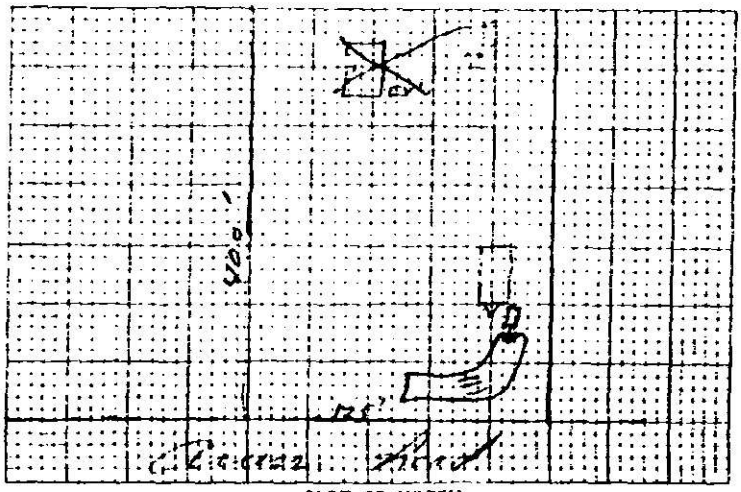
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 waste-water 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 2442, 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 25 Feb, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [redacted]

Liquid Capacity of Tank 1500

Tank Construction PC

Absorption and/or Nitrification Lines.

Total Line Lenght 300'

Number of Lines 4 (4 @ 33' X 36")

Distance from House 40'

Distance from Property Line 50'

Distance from Well 100'

NAME OF OWNER Mr. Lind Lawing & Higgins

LOCATION OF PROPERTY Access Rd. I-85 (4429 N-I-85)

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: Jane Stuart (Cont.)

Division or Section Head

M. A. Eudy
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 4393

C of A (s) No. 7442

Date Issued 30 Jan 74

P C T C No 045-031-01

Map Date 23 Feb 72

# MECKLENBURG COUNTY HEALTH DEPARTMENT

CERTIFICATE OF COMPLETION ENVIRONMENTAL HEALTH DIVISION

## CERTIFICATE OF APPROVAL

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

Name of Owner McLeod (LAST) McLeod (FIRST) Trucking Co. (MIDDLE)

Location of Property Cross Rds I-85 (4429 N-I-85)

Application Number 7442 Permit Number 7442

**Inspection Data:**

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 300' Number of Lines 4 (10'x33'x36")

Depth of Filter Material 36" Cover Depth 18"

Water Supply Source Individual Well Distance from Water Source 100'

Excavation Inspected 30 Jan 74 (DATE) Tank Inspected 30 Jan 74 (DATE)

Nitrification Field Inspected 30 Jan 74 (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: James Stewart (Cont.)

Environmentalist

FORM NO. E-6.4-1-71

**HEALTH DEPARTMENT'S COPY**