SEE INSTRUCTIONS ON BACK

Date Received 8-26-75

ICAR(S) Application No. 6926

T. C. No.

Map Date

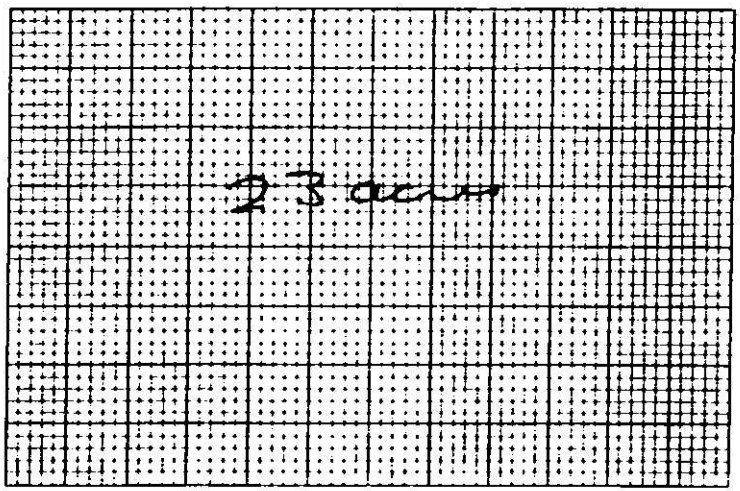
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 trailers

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 Howell (LAST) Ralph (FIRST) E (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 23197 Charlotte N.C.

15) PHONE NO Home 537 5236 Office —

16) LOCATION OF SYSTEM Hazelwood Lane (STREET OR COUNTY ROAD) Shalimar Home Park

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 some 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

R. E. Howell
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4259

Date Issued 8-29-73

ICAR (S) Permit No. 6926

T. C. No. 195-041-11

Map Date 2-14-73

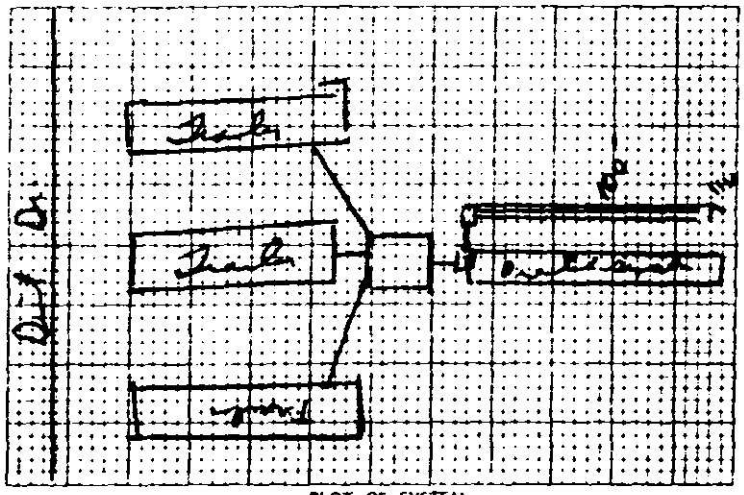
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6926, dated 8-29-73 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 9-15-73, 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'

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ralph E Howell

LOCATION OF PROPERTY Dogwood Trail Mobile Home Pk, Hy 51

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: 7½ x 100' repair to system
Locust Cont Co.

Division or Section Head

Environmentalist Thomas R. Ward

* 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 : 71

HEALTH DEPARTMENT'S COPY

Date Issued 8-29-73 Serial 3843 C of A (s) No. 6926

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 Howell, Ralph E. (LAST, FIRST, MIDDLE)

Location of Property Hy. 51, Dogwood Trail Mobile Home Pk.

Application Number 6926 Permit Number 6926

Inspection Data:

Liquid Capacity of Tank 1500 g Tank Material ~~Plastic~~

Total Length of Drain Tile 300' Number of Lines 3

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Comm. well Distance from Water Source 100'

Excavation Inspected 8-29-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 8-29-73 (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: Repair by Locust Const Co.

Thomas R. Ward

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY