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Date Received 1-5-73

ICAR(S) Application No. 5419

T. C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

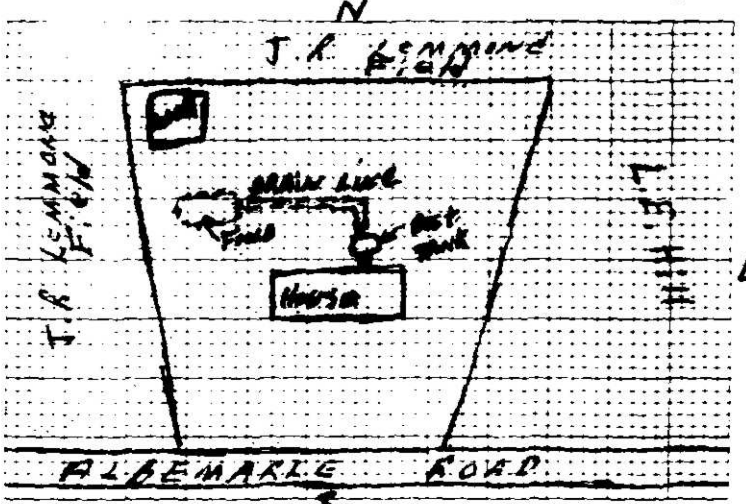
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The [illegible] that property described hereinafter hereby applies to the Mecklenburg County Health Department [illegible] a permit to

[illegible] or Construct ☐ ✓ Alter or Repair an individual septic tank wastewater treatment [illegible] & subsurface soil absorption, effluent discharge

WASHING MACHINE DRAIN ONLY



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 2

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 Caldwell (LAST) J (FIRST) P (MIDDLE)

14) ADDRESS OF OWNER Rt. 1, Box 318-C, Charlotte, N.C. 28212

15) PHONE NO Home 545-4954 Office 377-1583

16) LOCATION OF SYSTEM Albemarle Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. Block No.

Map Book No. Page No.

18) DEED REFERENCE — DEED BOOK 1225 AT PAGE 662

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.

Jan 4, 1973
DATE OF APPLICATION

J. P. Caldwell
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No 3345

ICAR(S) Permit No 5417

Date Issued

T C No

Map Date

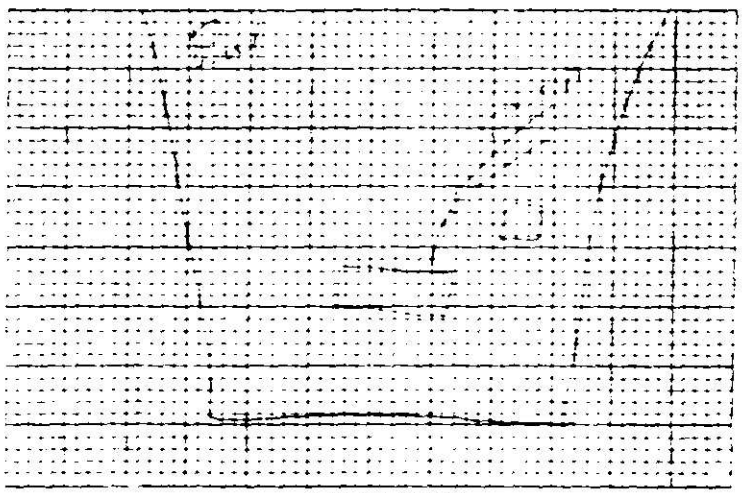
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, 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 ___ 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 ___ 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 Length ___

Number of Lines ___

Distance from House ___

Distance from Property Line ___

Distance from Well ___

NAME OF OWNER ___

LOCATION OF PROPERTY ___

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: ___

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 S-4 1-71

HEALTH DEPARTMENT'S COPY

Date Issued 24 April 78 Serial No. 3149

C of A (s) No. 5419

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 Caldwell, I.P. (LAST, FIRST, MIDDLE)

Location of Property Albemarle Rd

Application Number 5419 Permit Number 5419

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 ft Number of Lines Two (5' x 50')

Depth of Filter Material 17" Cover Depth 24'

Water Supply Source well Distance from Water Source 50

Excavation Inspected 24 April 78 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 24 April 78 (DATE)

Washing Machine Line Inspected, If Applicable 24 April 78 (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

G. M Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY