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Date Received 3-9-73

ICAR(S) Application No 5773

T C No

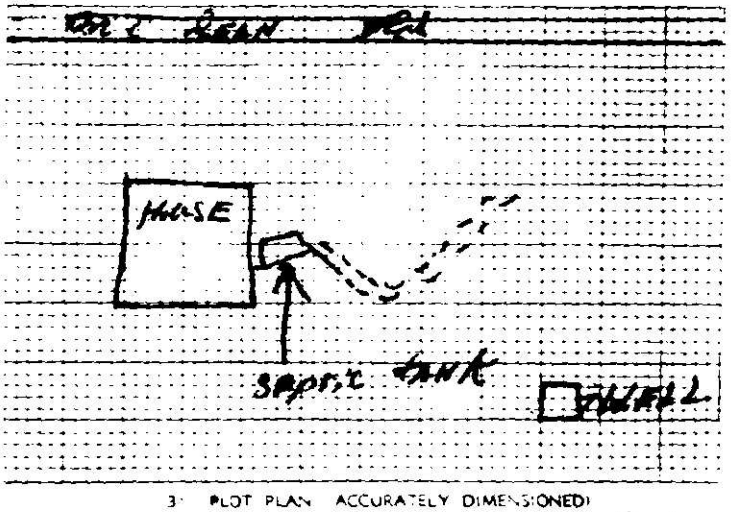
Map Date

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 undersigned property owner, described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

Install or Construct 2 ✓ Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



4) No. of Units 2

5) Business Using Water No. Employees

6) Washing Machine Yes ✓ No

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water Supply
A) Individual Well ✓
B) Government System
C) Community System
Well Only
D) Government Source

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 McLean (LAST) Robert (FIRST) Burt (MIDDLE)

14) ADDRESS OF OWNER Route 2 Box 429 Charlotte N.C.

15) PHONE NO Home 596-2558 Office

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

17) SUBDIVISION Lot No. Block No.

Map Book No. Page No.

18) DEED REFERENCE — DEED BOOK 1135-066-01 051-162-13-0 AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES X 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.

March 15, 1973
DATE OF APPLICATION

Robert Burt McLean
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 11 April 73 Serial No 3504 ICAR (S) Permit No. 5773

T C No

Map Date

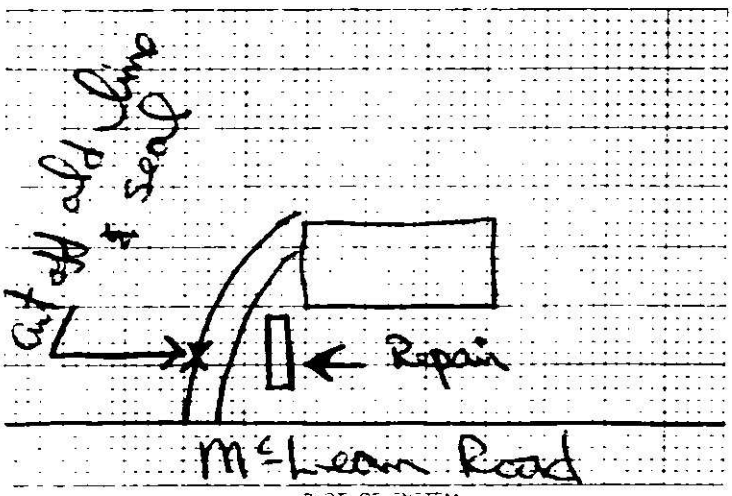
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 5773 dated 15 Mar 73 and this permit shall be void and of no effect if the information provided in the application is not true, complete and accurate. 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 Notification Lines

Total Line Length 100'+

Number of Lines 3 (7½' x 33')

Distance from House 10'+

Distance from Property Lines 10'+

Distance from Well 100'+

NAME OF OWNER McLean, Robert Bert

LOCATION OF PROPERTY McLean Road

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 unserviceable or can be used.

Comments

Environmentalist

Division Director

* If this permit is for the installation or construction of a new system it must be signed by the division or 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.

HSN No. 5-5141-1

YELLOW COPY

Date Issued 12 April 73 Serial No. 3174

C of A (s) No. 5773

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 McLeon, Robert Bert (LAST, FIRST, MIDDLE)

Location of Property McLeon Road

Application Number 5773 Permit Number 5773

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 lft Number of Lines 3 (7½'x33')

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 12 April 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 12 April 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

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY