SEE INSTRUCTIONS ON BACK

Date Received 4-26-71

ICAR (S) Application No. 1591

T. C. No.

Map Date

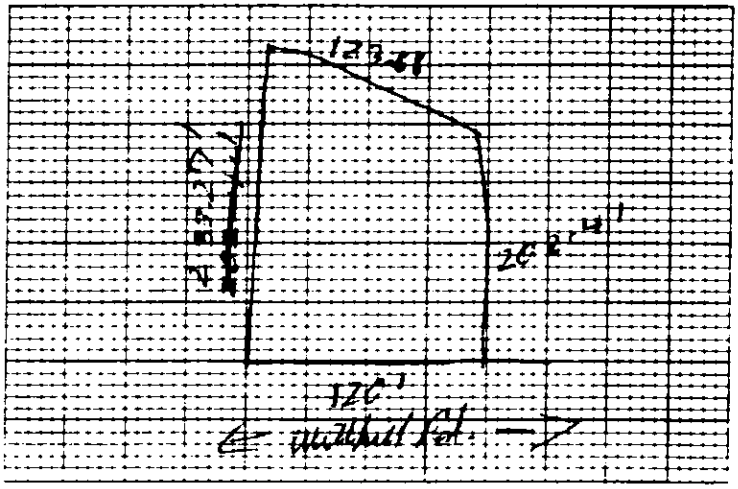
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 [illegible] (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home 536-[illegible] Office

16) LOCATION OF SYSTEM [illegible] (STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No. 6 Block No. 3

Map Book No. [illegible] Page No. 339

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE 359

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.

4-20-71
DATE OF APPLICATION

M. W. Russell
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Willhill Rd.
Subdivision Hilton Park
Lot No. & Block No. Lot 6 Block B
FHA Case No.

Owner M. M. Russell
Builder "
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate 33 Min./In. Date 12-18-67
2nd. Perc. Rate 40 Min./In. Date 12-23-67
3rd. Perc. Rate Min./In. Date
4th. Perc. Rate Min./In. Date

Lowest Rate Above = Average Perc. Rate

No. Bedrooms 3 Baths 2
Washing Machine Yes ✓ No Disposal Yes No ✓

Separate Yes No Separate Yes No

Tank Capacity 1000 Gallons
Nitrification Line 320 Lin. Ft. Sq. Ft.
100 under

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. Urinals Lavoratories
Showers Sinks Other

Check:
Approved ✓
Disapproved
Conditional

Agreement Card Signed

E. E. Ruch
Sanitarian - Engineer

EH: #85
9/1968

Serial No. 1165

ICAR (S) Permit No. 1591

Date Issued 8-12-71

T C No

Map Date

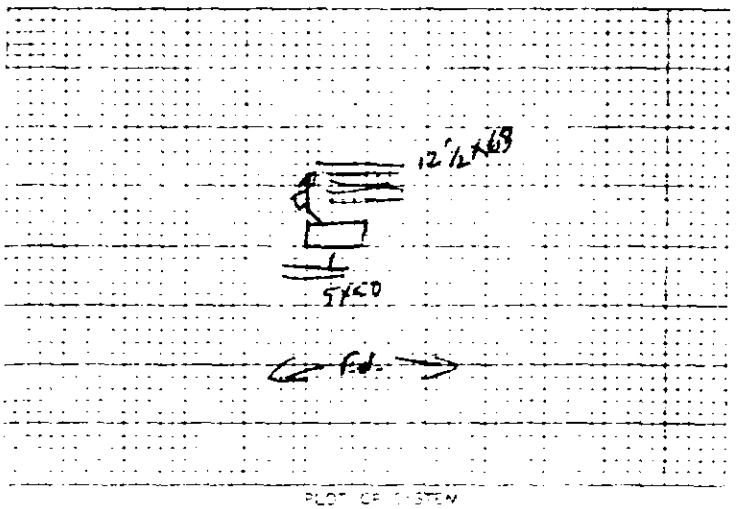
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 1591 dated 4-20-71 and this permit shall be void and of no effect if the information provided in the application is not true or is effected. All work shall be completed on or before 8-30-71 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 40

Liquid Capacity of Tank 1000

Tank Construction P.C.

Absorption and/or Irrigation Lines

Total Line Length 340+100

Number of Lines 5+2

Distance from House 10'

Distance from Property Line 10'

Distance from Well not in

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

This permit shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg [illegible] in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Department before the system can be covered up or otherwise rendered unavailable for use.

Comments 12½x48 S.T. Existing

John Gibson
Director (or authorized)

Burnett Hoyle
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 [illegible]

[illegible] COPY

Serial Nº 932

Date Issued 8-12-71

C of A (s) No. 1591

T. C. No. 132-023-08

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Russell (LAST) M (FIRST) W. (MIDDLE)

Location of Property 8401 Hillbill Rd.

Application Number 1591 Permit Number 1165

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material P.C.

Total Length of Drain Tile 340+100 Number of Lines 5 & 2

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source . Distance from Water Source 50' or +

Excavation Inspected 8-12-71 (DATE) Tank Inspected 8-12-71 (DATE)

Nitrification Field Inspected 8-12-71 (DATE)

Washing Machine Line Inspected, If Applicable 8-12-71 (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 Haircut

Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY