4

SEE INSTRUCTIONS ON BACK

Date Received 2 1 23 (CAR(S) Application No. 5533

T. C. No. _____

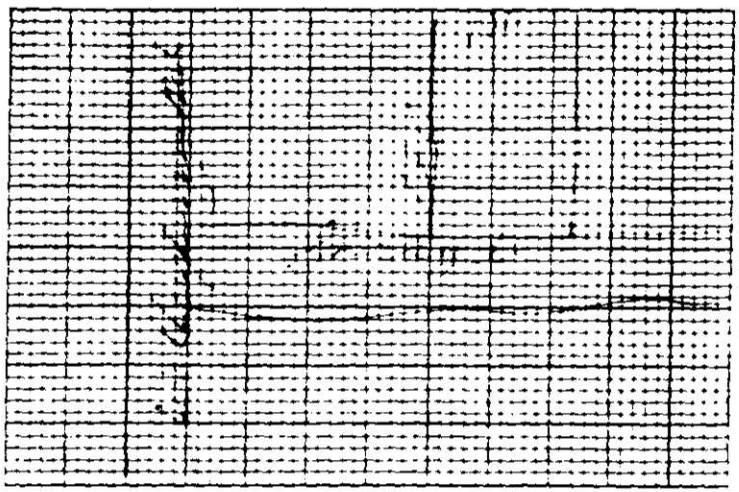
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____
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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____ (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 _____

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.

2-23-23
DATE OF APPLICATION

William K. Mauney Jr.
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 5533

ICAR (S) Permit No 5533

Date Issued 7-16-73

T C No 113-173-16

Map Date 9-14-71

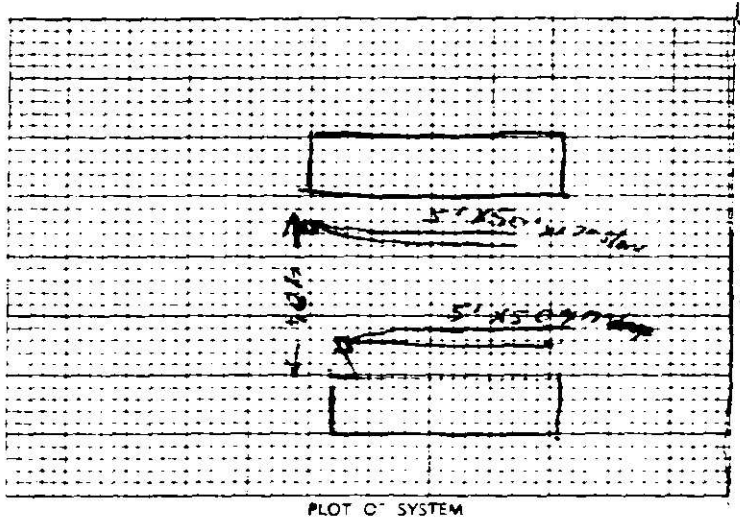
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 5533 dated 2/2/73 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 3/15/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 2 1/2 MIN

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines

Total Line Length 250

Number of Lines (4 2 lines each) 5'X50' trenches

Distance from House 10'-)

Distance from Property Line 10'+)

Distance from Well 50 FT

NAME OF OWNER WM. R. WAGNER

LOCATION OF PROPERTY HALLMARK PK (SHIRLEY DR) LOT 7

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 SEPARATE WASH. MACH. & bath mobile homes from present septic tank with 1 additional ft. line for each 1 bedroom

Division or Section Head

Environmentalist K. L. Bradshaw

* 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

Date Issued 4/24/73 Serial No. 3558 ICAR(S) Permit No. 5533

T. C. No 113-173-16

Map Date 9-14-73

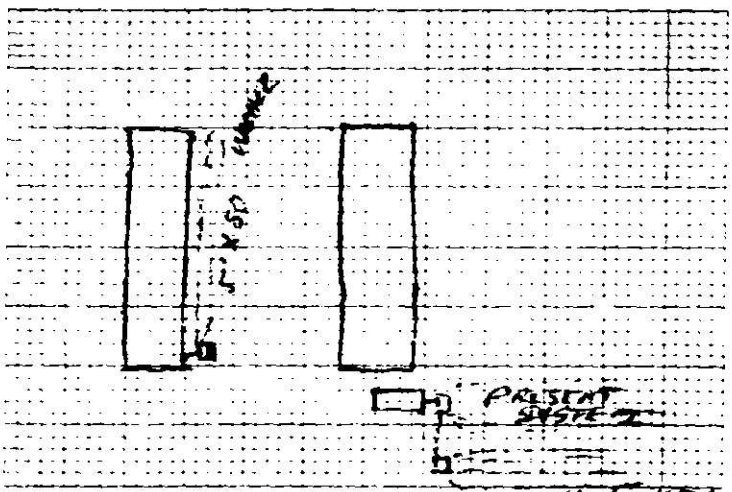
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is given to ___ Install or Construct, X 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 5533, 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 2.5'X 10'X 3' stone

Percolation Rate REPAIR

Liquid Capacity of Tank ___ ___

Tank Construction ___ ___

Absorption and/or Nitrification Lines SEPT. PRESENT ST WASH M. BRAIN

Total Line Length 200' 100

Number of Lines 4(85'ea) 5

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well ___

NAME OF OWNER Wm K. MAHEY

LOCATION OF PROPERTY HOLLIDAY PK (SHIRLEY DR.) LOT 7

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: THIS PERMIT REPLACES PERMIT SERIAL # 3553.

Septic washer drain cannot be eliminated!

4/24/73 ___

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 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5-1-73 **Serial No.** 3227 C of A (s) No 5823 P. T. C No 113 123 16

Map Date 9-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner MAUNEY (LAST) WM. (FIRST) K. (MIDDLE)

Location of Property Lot 7 Hollow Rock Shirley Dr.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1000 GAL Tank Material —

Total Length of Drain Tile with 4" 5X50 10X25X2 Number of Lines with 5" 2 4

Depth of Filter Material 6" 12" 5" 24" Cover Depth with 18" 18"-24"

Water Supply Source Comm Distance from Water Source —

Excavation Inspected 5-1-73 (DATE) Tank Inspected — (DATE)

Nitrification Field inspected — (DATE)

Washing Machine Line Inspected, If Applicable 5-1-73 (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 Unable to connect to box - No way to add some

P. C. Engineer

Environmentalist

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

HEALTH DEPARTMENT'S COPY