SEE INSTRUCTIONS ON BACK

Date Received 11-21-73

ICAR(S) Application No 7258

T C No

Map Date

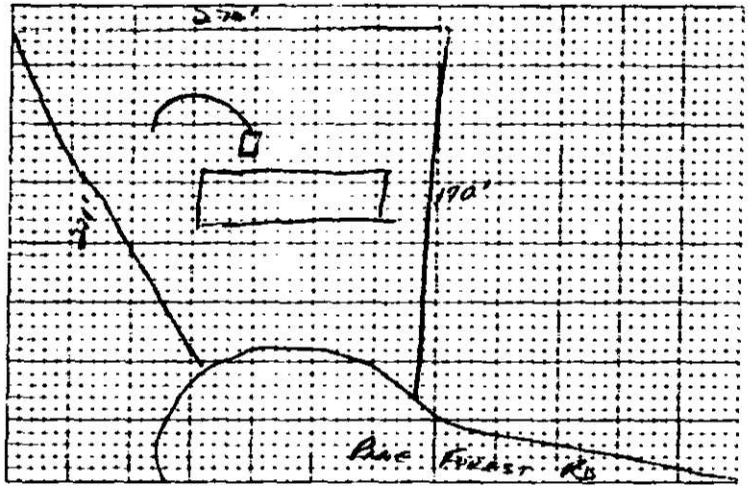
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 3

5) Business Use Max. No. Employees

6) Washing Machine Yes ✓ No

7) Garbage Disp[osal] Yes ✓ No

8) Dishwasher ✓ Yes No

9) Water Supply
A) Individual Well ✓
B) Government System
C) Community System
1) Well Source
2) Government System

10) Sewage System
House [illegible] within 200 feet of public sewer Yes ✓ No
House [illegible] within 200 feet of community sewer Yes ✓ No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER HERMAN JR. (LAST) DAVID (FIRST) THEODORE (MIDDLE)

14) ADDRESS OF OWNER Rt. 6, Box 731-A (609 Pine Forest Road) Charlotte, N.C. 28208

15) PHONE NO. Home 392-5840 Office 372-6450

16) LOCATION OF SYSTEM OFF Mt. Holly-Huntersville Rd. (STREET OR COUNTY ROAD) - Pine Island Sub Division - Pine Forest Rd.

17) SUBDIVISION Pine Island Lot No. 22 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 Fall 1969

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.

11/21/73
DATE OF APPLICATION

David Herman Jr.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 11/23/73

Serial No. 4649

ICAR(S) Permit No. 7258

T. C. No.

Map Date

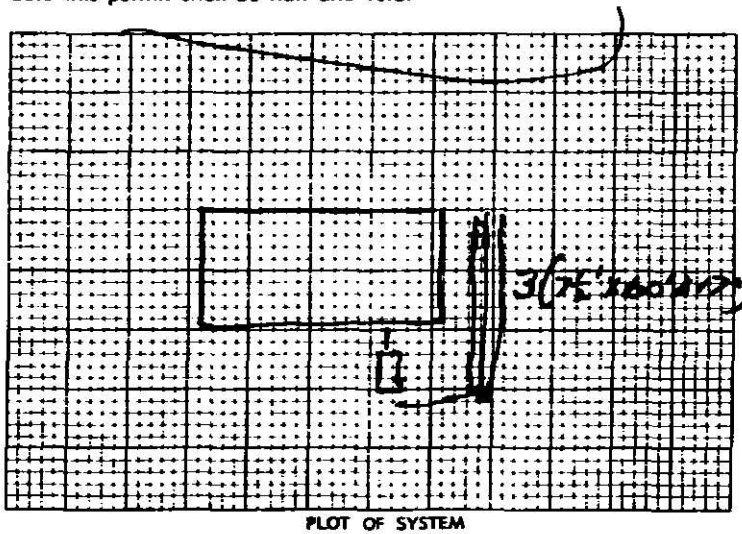
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 7258, 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 12/1/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank >1

Tank Construction "1

Absorption and/or Nitrification Lines:

Total Line Lenght 180

Number of Lines 3(7½'X60X12")

Distance from House 10'

Distense from Property Line 10'+

Distense from Well 100'+

NAME OF OWNER DAVID T. HERMAN

LOCATION OF PROPERTY 609 PINEFOREST RD.

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: Bud Lee... Connect to Box or add new "T" Feed repair before existing drain

JA/RPB

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 12/12/73

Serial 4292

C of A (s) No. 7258

T. C. No. 231-105-03

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 HERMAN (LAST) DAVID (FIRST) V (MIDDLE)

Location of Property 609 PINE FOREST RD (at end on rt.)

Application Number 7258 Permit Number 7258

Inspection Data:

Liquid Capacity of Tank REP A Tank Material R

Total Length of Drain Tile 180' Number of Lines 3

Depth of Filter Material 17" Cover Depth 3'

Water Supply Source IND WELL Distance from Water Source 100'+

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

Nitrification Field Inspected 12/12/73 (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, X 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: POOR SOIL - 2' below surface

L R Davidson

Environmentalist

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

HEALTH DEPARTMENT'S COPY