SEE INSTRUCTIONS ON BACK

Date Received 3 Dec 73

ICAR (S) Application No 7289

T C No

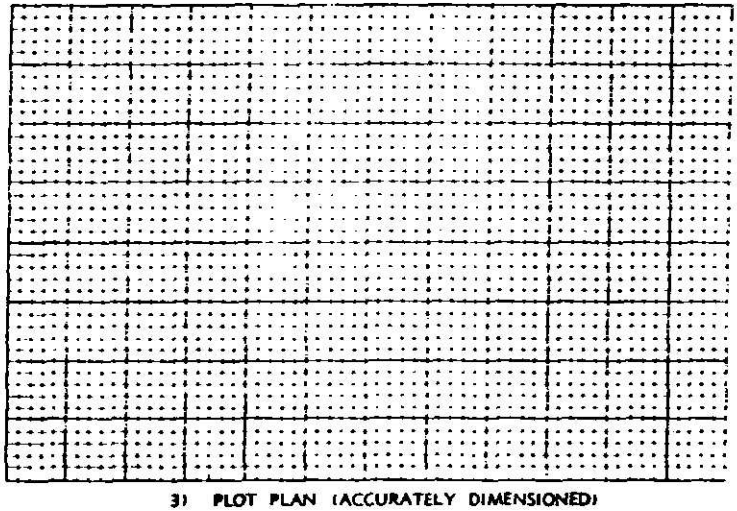
Map Date

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 Employee

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 on site
  - 2) Governmental System

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 McConnell (LAST), Margaret (FIRST), E (MIDDLE)

14) ADDRESS OF OWNER Route 11, Box 603 N, Charlotte, N.C.

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM Butler Ford (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 _____

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.

DATE OF APPLICATION _____

Margaret E McConnell
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 3 Jan 73

Serial No. 4697

ICAR(S) Permit No. 7289

T. C. No. 039-233-11

Map Date 5-4-72

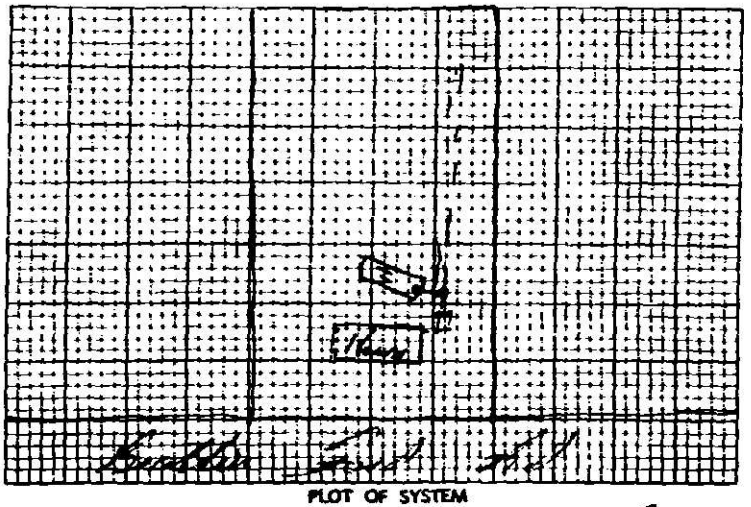
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 7289, dated 3 Jan 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 June 74, 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 Lenght 120'

Number of Lines 3 (72'x25'x36")

Distance from House 25'

Distance from Property Line 15'

Distance from Well 100'

NAME OF OWNER W. Connell, Norquest E

LOCATION OF PROPERTY Wallis Ford 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 uninspectable or can be used.

Comments: ✓ Storm (Cont.)

_____ 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

Serial 4249

C of A (s) No. 7289

Date Issued 4 Dec 73

T. C. No. 039-232-11

Map Date 5 Sep 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner McConnell, Vincent E
(LAST, FIRST, MIDDLE)

Location of Property Cuthbertson Road

Application Number _____ Permit Number _____

Inspection Date: 4 Dec 73

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 150' Number of Lines 3 (2 @ 25' & 1 @ 36")

Depth of Filter Material 36" Cover Depth 15"

Water Supply Source Drilled Well Distance from Water Source 100'

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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: J. Stanes (Cont.)

M. A. Eisley
Environmentalist

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

HEALTH DEPARTMENT'S COPY