Date Received 3-5-73

ICAR (S) Application No. 5695

T. C. No. _____

Map Date _____

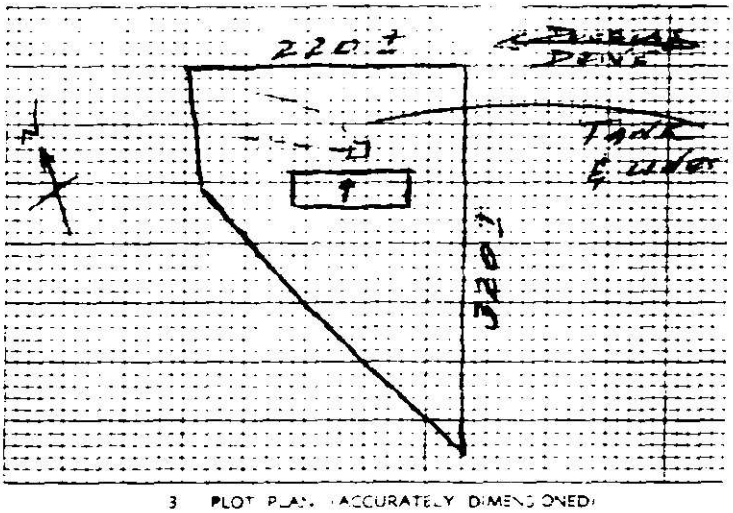
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 Alman (LAST) L (FIRST) P (MIDDLE)

14 ADDRESS OF OWNER 6901 Douglas Drive

15 PHONE NO Home 568 6241 Office 568-6241

16 LOCATION OF SYSTEM Douglas Drive (STREET OR COUNTY ROAD)

17 SUBDIVISION Strawberry Acres 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 _____ OWNER _____

FORM NO E-4-4-1-73

HEALTH DEPARTMENT'S COPY

Serial No. 7357

ICAR (S) Permit No 5695

Date Issued 6 Mar 1977

T C No 141-025-13

Map Date /

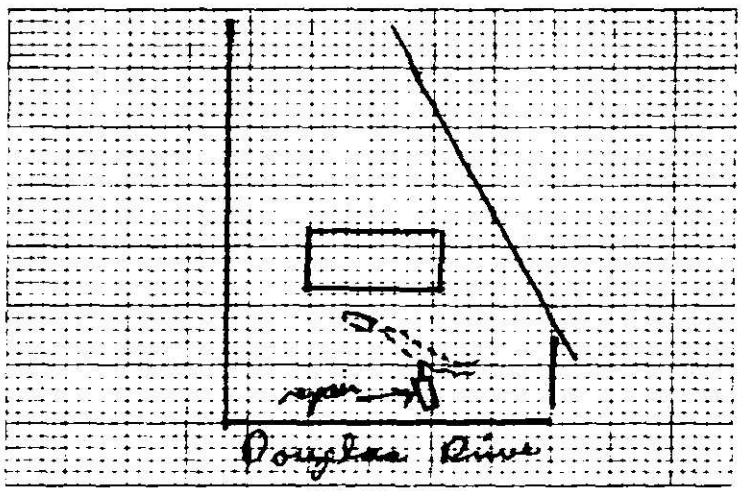
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5695, dated 3-5-77 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 6 Apr 1977 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Repair Data

Absorption and/or Nitrification Lines

Total Line Lenght 100 L/ft

Number of Lines 2 (5'x18'x4')

Distance from House 15'+

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER Aelman, L. P.

LOCATION OF PROPERTY 8901 Douglas Drive

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 repair in bed 5' wide 18' long - 4' of #10 washed stone. Call before covering

Division or Section Head ✓

Environmentalist John B. Addison

* 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 13 March 1973 **Serial No.** 3024 C of A (s) No. 5695

T C No. 141-095-15

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 Allman, T. (LAST, FIRST) P. (MIDDLE)

Location of Property 8901 Douglas Drive

Application Number 5695 Permit Number —

Repair ~~Inspection~~ Date:

Liquid Capacity of Tank 1000 gal Tank Material pre cast concrete

Total Length of Drain Tile 100 l/ft Number of Lines 2 (5'x1'x4')

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source well Distance from Water Source 100 ft

Excavation Inspected 12 March 1973 (DATE) Tank Inspected NA (DATE)

Nitrification Field Inspected 13 March 1973 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: —

John R Atkinson
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY