B

SEE INSTRUCTIONS ON BACK

Date Received 5-16-73

ICAR(S) Application No 6299

T C No

Map Date

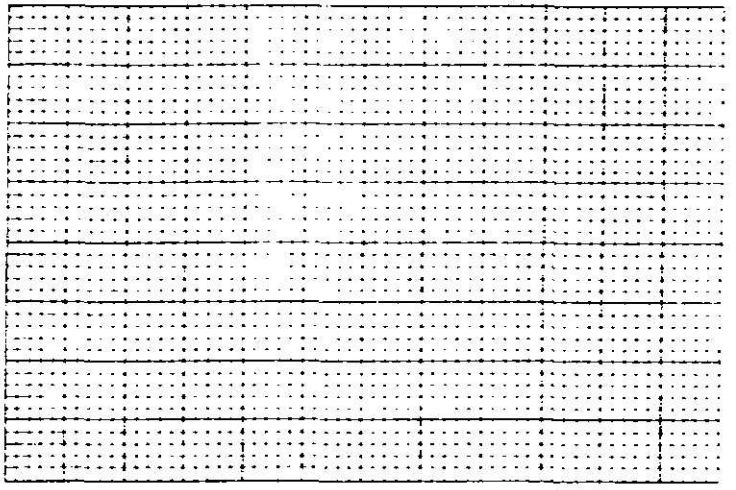
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
A) Individual Well X
B) Government System
C) Community System
1) Well source
2) Government System

10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER MEEKS (LAST) WELDON (FIRST) SR. (MIDDLE)

14) ADDRESS OF OWNER MOORES CHAPEL ROAD

15) PHONE NO Home 376-5518 Office

16) LOCATION OF SYSTEM MOORES CHAPEL ROAD (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.

MAY 16 1973
DATE OF APPLICATION

Weldon Meeks
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/[illegible]

Serial No. 3792

ICAR(S) Permit No. 6299

T. C No. 053-014-22

Map Date 1-22-73

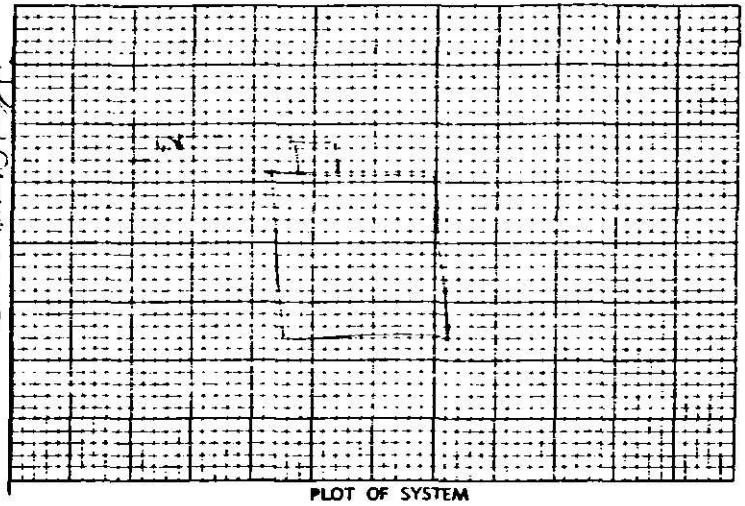
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 6299, dated 5/16/73 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 6/16/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate DOWNHILL TO EXISTING SYSTEM

Liquid Capacity of Tank 1000 GAL

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 3 BDRM + 300' + 50'

Number of Lines 2 (2' X 30' X 5')

Distance from House 30'

Distance from Property Line 15'

Distance from Well 55' +

NAME OF OWNER Velda Weeks

LOCATION OF PROPERTY 1117 Edwards Cir.

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: [illegible]

Division or Section Head [signature]

Environmentalist [signature]

* 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

Date Issued 6/6/73

Serial No. 3427

C of A (s) No. 6299

T. C. No _____

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 MILKS (LAST) WILSON (FIRST) _____ (MIDDLE)

Location of Property WOODLAND CIR.

Application Number 6299 Permit Number 6299

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material 1000

Total Length of Drain Tile 100 eq 300 Number of Lines 3 (2½' x 33')

Depth of Filter Material 4" Cover Depth 2'

Water Supply Source INDIVIDUAL Distance from Water Source 55'+

Excavation Inspected 6/6/73 (DATE) Tank Inspected 6/6/73 (DATE)

Nitrification Field Inspected 6/6/73 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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: R. Cakes

L. R. Jackson

Environmentalist

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

HEALTH DEPARTMENT'S COPY