SEE INSTRUCTIONS ON BACK

Date Received 2-14-73

ICAR (S) Application No 5563

T C No

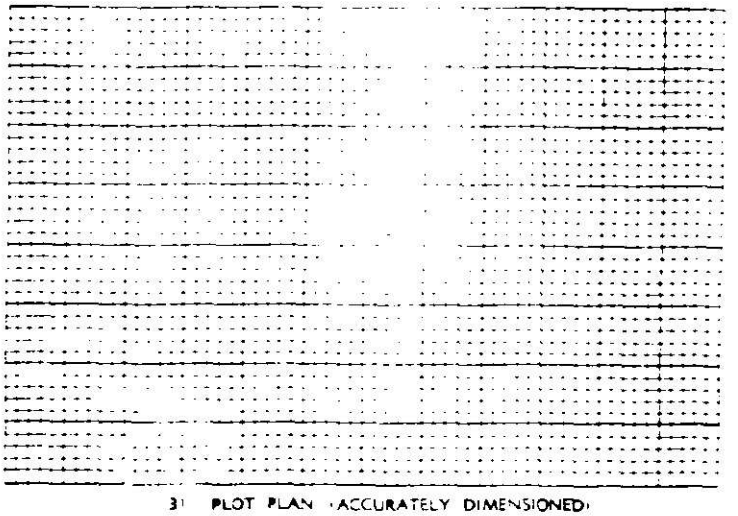
Map Date

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 4

5 Business Use — Max No Employees

6 Washing Machine X Yes No

7 Garbage Disposal Yes X No

8 Dishwasher Yes X No

9 Water Supply
A Individual Well X
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 Hines (LAST) Marion (FIRST) Jones (MIDDLE)

14) ADDRESS OF OWNER 1901 Sheshoals Ct

15) PHONE NO Home 399-1073 Office

16) LOCATION OF SYSTEM 1901 Sheshoals Ct (STREET OR COUNTY ROAD)

17) SUBDIVISION Lochinvar Village Lot No. 9 Block No. A

Map Book No 2369 Page No. 265

18) DEED REFERENCE — DEED BOOK 3571 AT PAGE 178

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.

12 Feb 1973
DATE OF APPLICATION

Marion Jones
OWNER

FORM NO E-4-4-

HEALTH DEPARTMENT'S COPY

Date Issued 4/2/13

Serial No. 3604

ICAR (S) Permit No. 5563

T C. No. 059-181-09

Map Date 2-23-12

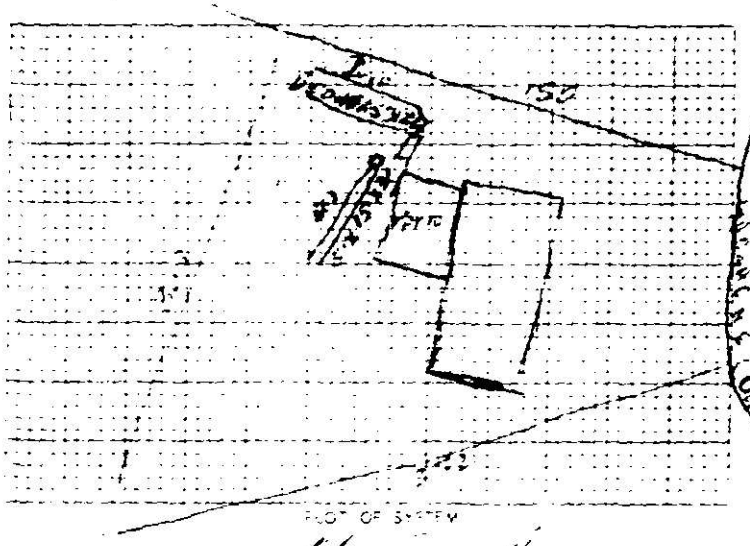
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted 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 5563 dated 2-14-13 and is hereby declared and at no effect if the information provided in the application is not true and factual. All work shall be completed on or before 5/5/13, after which date this permit shall be null and void.



Percolation Rate REPAIR

Liquid Capacity of Tank ?

Tank Construction ?

Absorption and/or Nitrification Lines

Total Line Lenght 100

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'+

Distance from Well -

NAME OF OWNER [illegible]

LOCATION OF PROPERTY 1961 SUGARLAND CT

This system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health and 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 WASHER - 10' 5 X 15' X 3' (5ft-)

ST drain - D-B 4" X 2 X 2' 12"+/-

CHECK - 5/2

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 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 1-72

[illegible] COPY

Date Issued 5/3/73

Serial No. 3277

C of A (s) No. 5563

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 Amos Bill J
LAST FIRST MIDDLE

Location of Property 1201 Sharon Cr.

Application Number 5563 Permit Number 5563

Inspection Date:

Liquid Capacity of Tank 2 REPAIR Tank Material –

Total Length of Drain Tile WAT 5T main Number of Lines WAT (4@5'x15'x3') 2 ST (3@5'x15'x2')

Depth of Filter Material 3 2 Cover Depth WAT 12" ST 2'

Water Supply Source City Distance from Water Source

Excavation Inspected 5/3/73 DATE Tank Inspected – DATE

Nitrification Field Inspected 5/3/73 DATE

Washing Machine Line Inspected, If Applicable 5/3/73 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, 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 (Clay) THIS SOIL APPEARS UNSUITABLE LIMITED SPACE WILL ALSO MAKE FUTURE REPAIR DIFFICULT

Environmentalist

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

HEALTH DEPARTMENT'S COPY