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Date Received 9-10 73

SEE INSTRUCTIONS ON BACK

MECK COUNTY HEALTH DEPT.
RECEIVED
SEP 10 1973
ENVIRONMENTAL HEALTH DIVISION

ICAR S Application No 6967

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

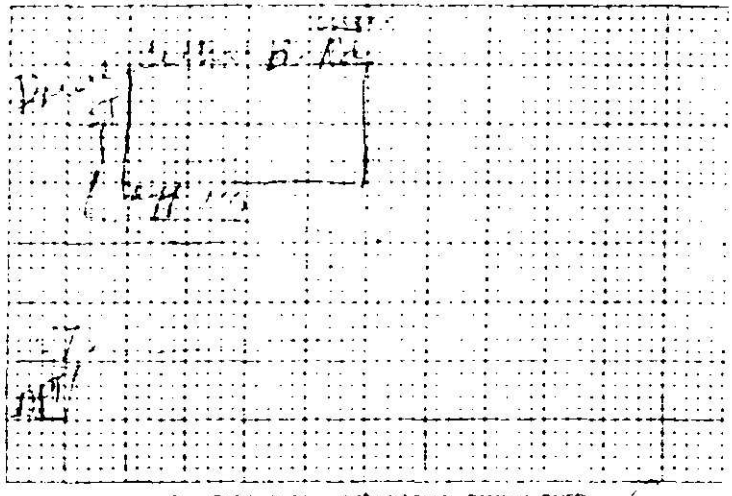
Application for an

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 ~~Sell~~ 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 bedrooms 3

5 Number Other Than Employees

6 Washing Machine ✓

7 Garbage Disposal Yes No

8 Dishwasher Yes No

9 Water Supply

A Individual Well ✓

B Community System

C Community Well

D Spring

10 Other System

11 Public Water Yes ✓ No

12 Within 100 Feet Yes No

13 FHA Case No

14 VA Case No

13 NAME OF OWNER Gilbert (LAST) Catherine (FIRST) D (MIDDLE)

14 ADDRESS OF OWNER Rt 2 Box 142 Huntersville, N.C.

15 PHONE NO Home 875-6595 Office

16 LOCATION OF SYSTEM Clifton Brawley Rd. (STREET OR COUNTY ROAD)

17 SUBDIVISION Lot No 55-56-57 Block No

Map Book No 3 Page No 29

18 DEED REFERENCE -- DEED BOOK 422 AT PAGE 439

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

Sept 5, 1973
DATE OF APPLICATION

Catherine D Gilbert
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 19 Sep 73

Serial No. 4364

ICAR(S) Permit No. 6967

T. C. No 009-143 c1

Map Date 26 Oct 71

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 6967 dated 19 Sep 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 26 Oct 73, 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 100'

Number of Lines 2@55' 45'

Distance from House 16'

Distance from Property Line 16'

Distance from Well 66'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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 ___

Environmentalist [illegible]

* 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 25 Sept 73

Serial 3964

C of A (s) No. 6967

T. C. No. 009-103-01

Map Date 20 Oct 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Tibbet, Catherine J
(LAST, FIRST, MIDDLE)

Location of Property Clarks Country Woods

Application Number 6961 Permit Number 6967

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100' Number of Lines 2 (5 x 50' x 12")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 60'

Excavation Inspected 25 Sept 73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 25 Sept 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, 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: Washing Machine Line

W. H. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY