SEE INSTRUCTIONS ON BACK

Date Received 6-14-73

ICAR(S) Application No 6483

T C No 167-192-44

Map Date 9/70

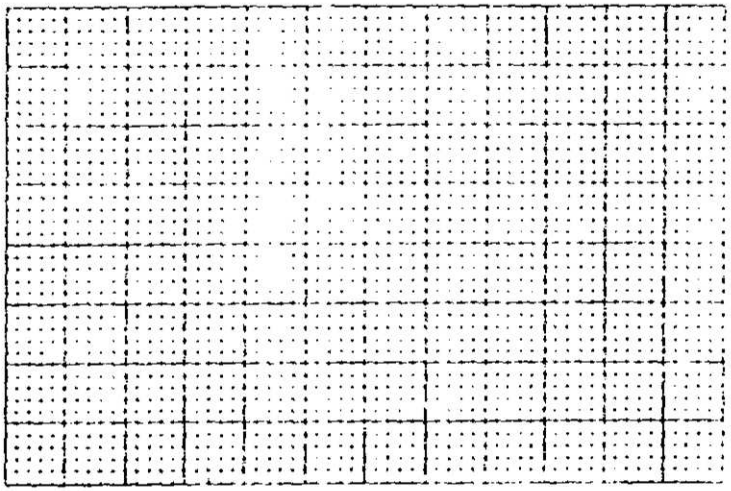
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 3

5) Business Use Max No Emp

6) Washing Machine Yes No

7) Garbage Disp Yes X No

8) Dishwasher Yes X No

9) Water Supply

A) Individual Well

B) Government System

C) Community System

1 Well Owner

2 Government

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 BROWN (LAST) BENNIE (FIRST) MACK (MIDDLE)

14) ADDRESS OF OWNER 196 Short Hills Dr.

15) PHONE NO Home Office 392-2521

16) LOCATION OF SYSTEM E 196 Short Hills Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No 5 Block No A

Map Book No 14 Page No. 235

18) DEED REFERENCE — DEED BOOK 3044 AT PAGE 374

19) HAS A PERCOLATION TEST BEEN RUN? YES 2 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 6/13/73

I OWNER John T. Brown

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 24 Aug 1973 Serial No. 4239 ICAR(S) Permit No. 6483

T. C. No. ____

Map Date ____

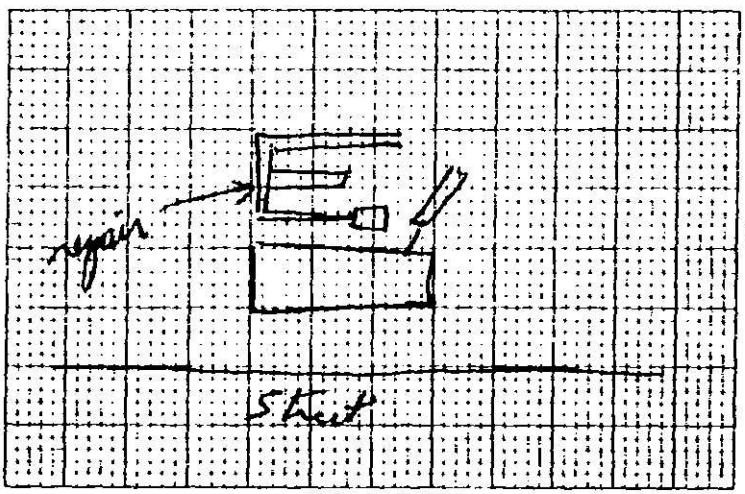
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ____, dated ____ 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 30 Aug 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:

Repair

Total Line Lenght 100'

Number of Lines 2 (5 x 16 x 4)

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Mr. Benny Brown

LOCATION OF PROPERTY 146 Short Hills 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: ____

Division or Section Head ____ Environmentalist John R Johnson

* 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 24 Aug 1973 Serial 3823

C of A (s) No. 6483

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 Barron, Benny M.
LAST FIRST MIDDLE

Location of Property 146 Short Hills Drive

Application Number / Permit Number /

Repair
~~Inspection~~ Date:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 100 & 164 Number of Lines 2 (5 x 18 x 4)

Depth of Filter Material 4' Cover Depth 24" +

Water Supply Source City Distance from Water Source NA

Excavation Inspected 8/24/73 DATE Tank Inspected / DATE

Nitrification Field Inspected 8/27/73 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: /

John R. Atkisson
Environmentalist

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

HEALTH DEPARTMENT'S COPY