SEE INSTRUCTIONS ON BACK

Date Received 10-22-73

ICAR(S) Application No 9126

T C No 197-141-05

Map Date 5-1-23

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 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 Flowe, Homer McDonald (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER Route 1, Box 670, Charlotte, N.C. 28212

15) PHONE NO. Home 545-4960 Office ___

16) LOCATION OF SYSTEM 2.6 Miles down Brief Rd. from Hwy 218 (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.

___ Homer M. Flowe
DATE OF APPLICATION OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 23 Oct 1923 **Serial No. 4250** ICAR(S) Permit No. 7126

T. C. No. 192-141-05

Map Date 5-11-23

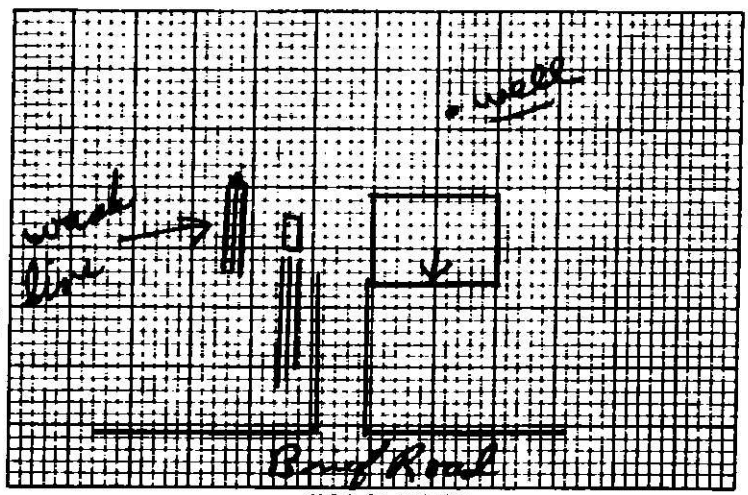
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 7126, dated 10-22-23 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 15 Nov 1923, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Repair

Absorption and/or Nitrification Lines:

Total Line Lenght 100 Lft

Number of Lines 3 (3½ X 33)

Distance from House 35' +

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER F Lowe, Homer McDonald

LOCATION OF PROPERTY Brief Road

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: _____

John R Adkisson

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 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 23 Oct 1973 Serial 4042

C of A (s) No. 7126

T. C. No. 197-141-05

Map Date 5-11-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Flowe, Homer McDonald
(LAST, FIRST, MIDDLE)

Location of Property Brief Road

Application Number _____ Permit Number _____

Repair
Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 9/ft Number of Lines 3 (2½ x 33 x 17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 50' +

Excavation Inspected 10/23/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 10/23/73 (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. Atkinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 5/21/76

ICAR (S) Application No. 7126 / 10980

T. C. No. 197-44-05

Map Date 12-3-75

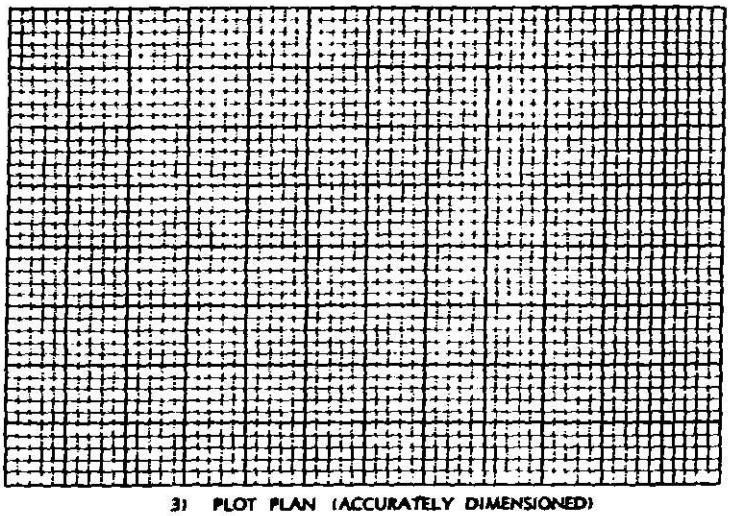
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 Homer M. Flowe (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER Route 1, Box 670, Charlotte, N.C.

15) PHONE NO. Home 545-4960 Office _____

16) LOCATION OF SYSTEM Brief 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.

5-17-76
DATE OF APPLICATION

Homer M. Flowe
OWNER

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

HEALTH DEPARTMENT'S COPY

7126

Date Issued 5/18/76

Serial No. 7485

ICAR(S) Permit No. 10980

T. C. No. 197-141-05

Map Date 12/3/25

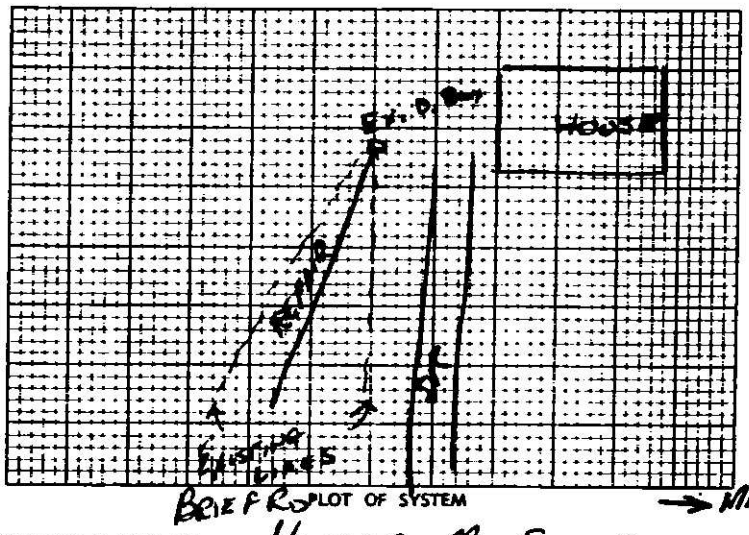
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 10980, dated 5/14/76 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 5/10/76, after which date this permit shall be null and void.



BRIEF RD PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank "

Tank Construction "

Absorption and/or Nitrification Lines:

Total Line Lenght 100

Number of Lines * 1(2½' x 100' x 17")

Distance from House 30' ±

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER HOMER M. FLOWE

LOCATION OF PROPERTY BRIEF RD 2.6 MI. N. OF NC 218

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: * OPTION: 2(5' x 50' x 17") BALANCE O. BOX

T. Orr

J. P. Buchanan

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 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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 5/21/76

Serial No. 6919

C of A (s) No. 7126

T. C. No. 197-1405

Map Date 12/3/75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner FLOWE (LAST) HOMER (FIRST) M (MIDDLE)

Location of Property BRIEF RD.

Application Number 10980 Permit Number 10980

Inspection Data: REPAIR

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100 Number of Lines 7

Depth of Filter Material 17" Cover Depth 3'

Water Supply Source IND WELL Distance from Water Source 90'

Excavation Inspected 5/21/76 (DATE) Tank Inspected ~~5/21/76~~ NA (DATE)

Nitrification Field Inspected 5/21/76 (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: T. OFF.

L P Bridgeman

Environmentalist

FORM NO. E-6-2M-6-75

HEALTH DEPARTMENT COPY