SEE INSTRUCTIONS ON BACK

Date Received 2-28-73

ICAR(S) Application No. 5674

T. C. No. 167-042-29

Map Date _____

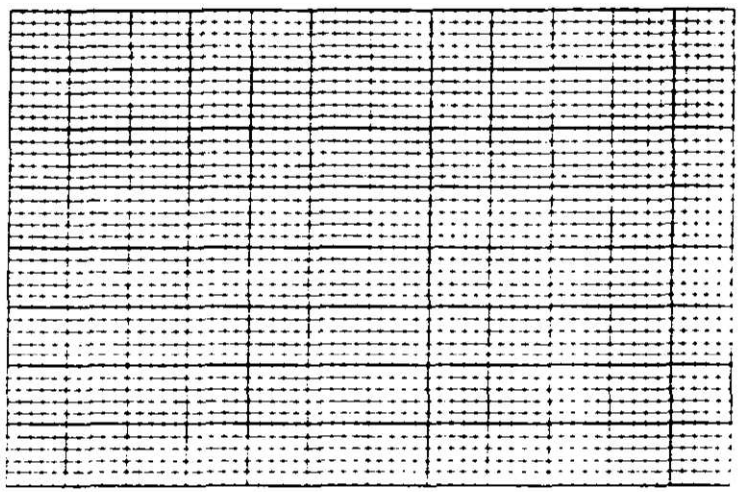
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) V 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 Crump (LAST) Dan (FIRST) Henry (MIDDLE)

14) ADDRESS OF OWNER 5401 Queen City Rd.

15) PHONE NO Home 525-3543 Office 334-5301

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 17 Block No. H

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.

_____ Mr. Dan Crump (S.C.)

DATE OF APPLICATION OWNER

FORM NO. E-4-7-1-70 **HEALTH DEPARTMENT'S COPY**

Date Issued 25 Feb 1973 Serial No. 3353 ICAR(S) Permit No. 5674

T C No 167-042-29

Map Date 9-1-70

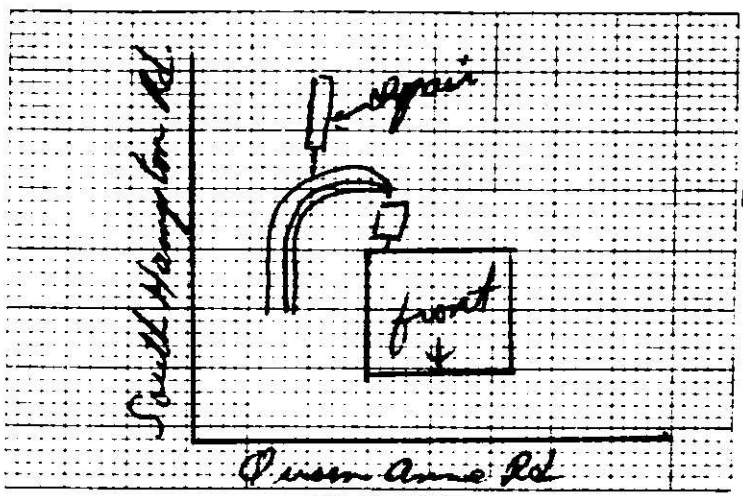
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ___ 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 20 Mar 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 1000

Liquid Capacity of Tank precast concrete

Tank Construction 1000 gal

Repair Data

Absorption and/or Nitrification Lines

Total Line Lenght 100 l/ft

Number of Lines 2

Distance from House 25'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Mrs. Crump

LOCATION OF PROPERTY 5701 Queen Anne Rd

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 repair in bed 5'x16'x4' #10 stone recommend tank be cleaned also if this has not been done within past two years

Division or Section Head /

Environmentalist John R Atkisson

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 1 May 1973 Serial No. 2915 C of A (s) No. 5674

T C No. 167-042-24

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 Crump (LAST), Dan (FIRST) (MIDDLE)

Location of Property 5401 Queen Anne Rd

Application Number 561Y Permit Number

Repair? Inspection Date:

Liquid Capacity of Tank 1000 Tank Material precast

Total Length of Drain Tile 100 l/ft Number of Lines 2 (5 x 16)

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source City Distance from Water Source NA

Excavation Inspected 3-7-73 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 3-23 (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: _____

_____

_____

_____

_____

_____

Environmentalist

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

HEALTH DEPARTMENT'S COPY