Date Received 1-23

ICAR(S) Application No. 5536

T. C No. _____

Map Date _____

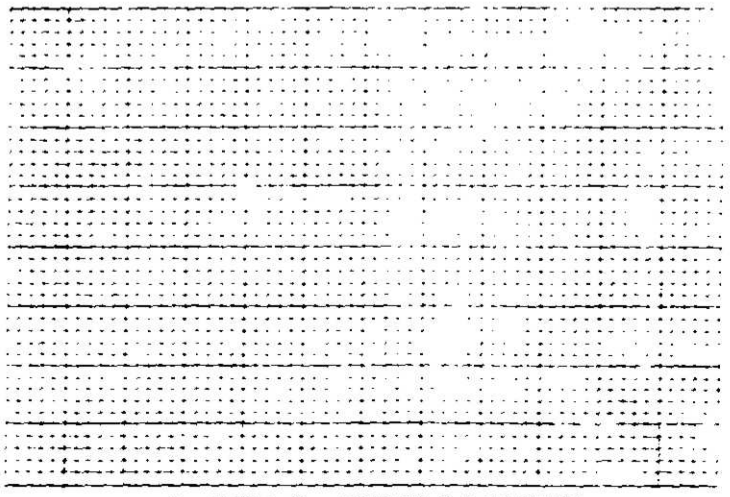
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3

4 Water Supply
A Individual
B Governmental System
C Community System
Well
Governmental
5 Sewage System
House located ± ___ feet
of public sewer ___ Yes ___ No
House located ± 200 feet
of public sewer ___ Yes ✓ No
6 Env. Case No. _____
7 WA Case No. _____

3 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER MARVIN J. PHILLIPS (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 10018 WALLACE CK. ROAD CHARLOTTE N.C.

15) PHONE NO. Home 596-1545 Office _____

16) LOCATION OF SYSTEM WALLACE Creek 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.

1-26-23
DATE OF APPLICATION

Marvin J. Phillips
OWNER

FORM NO. E-4-4-1-7

HEALTH DEPARTMENT'S COPY

Date Issued 1/20/73

Serial No. 2264

ICAR (S) Permit No. 5536

T C No

Map Date

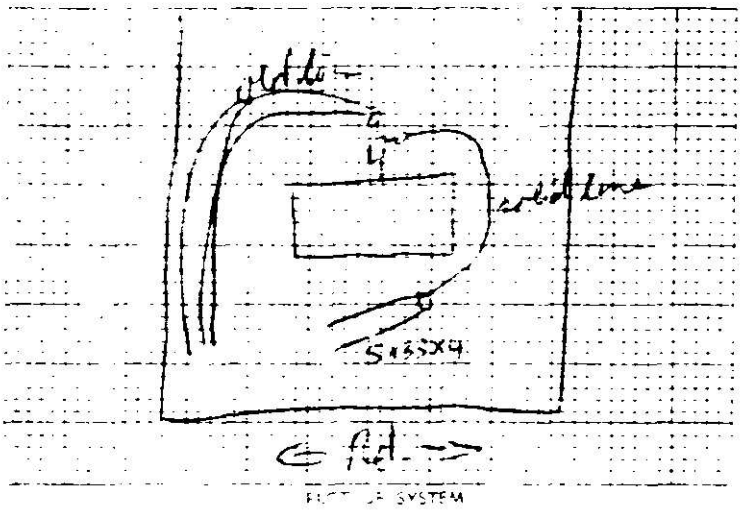
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [illegible] with subsurface soil absorption effluent discharge as specified herein at the described property. This permit is granted based upon the information supplied in application ___ dated 1/19/73. Any permit shall be void and of no effect if the information provided in the application is [illegible]. All work shall be completed on or before 2-16-73 after which date this permit shall be void.



FRONT OF SYSTEM

Permeation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines

Total Line Length 200'

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY Richland Church Rd.

This 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 may be used.

Comments: new Tuf-tank 1" reduction to old T existing to 1st Tank 5'x5'x4'

Division of Septic Tank Use

Environmentalist [signature]

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

[illegible] DEPARTMENT'S COPY

Date Issued 2/1/23

Serial No. 2953

C of A (s) No. 5536

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 Phillips (LAST) J (FIRST) Mark (MIDDLE)

Location of Property Mallard Lake Rd.

Application Number ____ Permit Number 3264

Inspection Data:

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 200' Number of Lines 3

Depth of Filter Material 4' Cover Depth 2'

Water Supply Source Well Distance from Water Source 52'

Excavation Inspected 2/1/23 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 2/1/23 (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