Date Received 4 Mar 74

ICAR(S) Application No 7567

T C 097-121-15

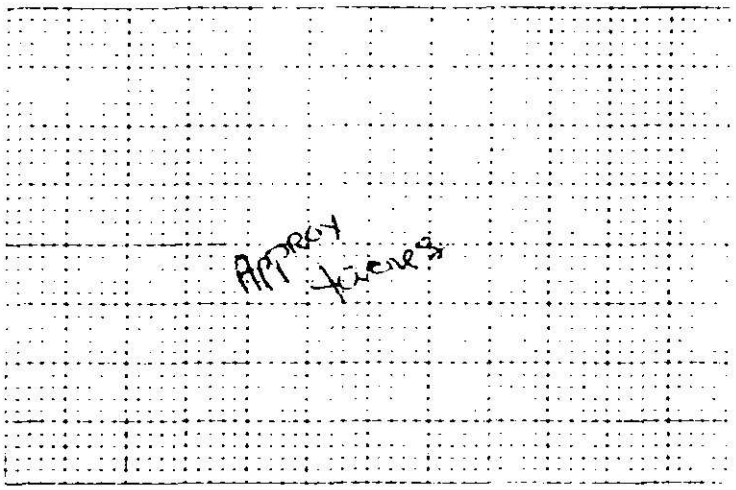
Map Date Sept 73

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

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Burris L.S. (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER RT #10 Box 627

15) PHONE NO Home _____ Office _____

16) LOCATION OF SYSTEM Off RD. (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 _____

22) 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 hereunder is void and of no effect if any of the above facts are not true.

4 Mar 74
DATE OF APPLICATION

X Mrs. L. J. Burris
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 1 Feb 74 Serial No. 4824 ICAR(S) Permit No. [illegible]

T C No. 097-121-15

Map Date 5 Sept 73

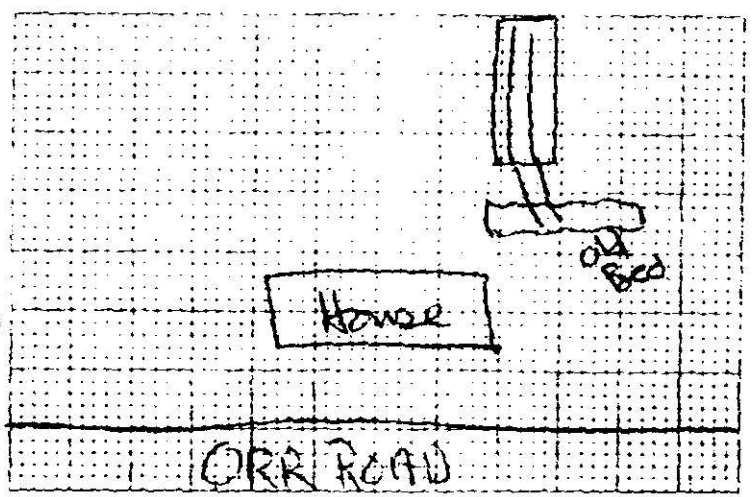
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 / 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 1 Mar 74, 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 Length 200 ft

Number of Lines (2) 5' x 100'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Burris, L. J.

LOCATION OF PROPERTY Rt #10 Box 627

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 R. M. Reynolds

* 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 4 Mar 74 Serial 4503 C of A (s) No. 7561

T C No 097-121-15

Map Date 5 Sept 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner BURRIS (LAST) L. J. (FIRST) (MIDDLE)

Location of Property ORR ROAD

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 200 ft Number of Lines (2) 5' X 100'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 4 Mar 74 (DATE) Tank Inspected / (DATE)

Nitrification Field Inspected 4 Mar 74 (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 X 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. _____

G. M. Reynolds
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY