SEE INSTRUCTIONS ON BACK

b

Date Received 6-7-73

ICARIS Application No 6438

T C No

Map Date

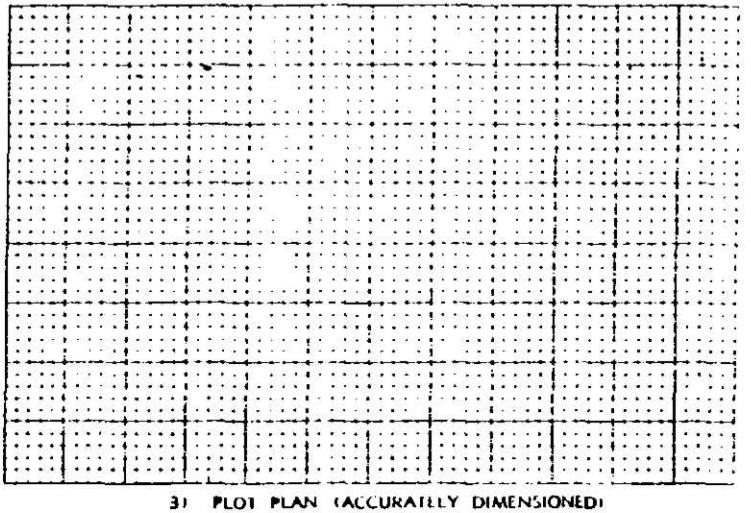
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

5) Income 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 ___
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 MAENNLE, MARILYN B. (MRS. FRANK)
LAST FIRST MIDDLE

14) ADDRESS OF ~~OWNER~~ PROPERTY 6413 VIRGINIA AVE. CHARLOTTE, N.C. 28214
" " OWNER Box 616, ANDREWS N.C 28901

15) PHONE NO Home 321-4966 Office 321-4285

16) LOCATION OF SYSTEM 6413 Virginia Ave
STREET OR COUNTY ROAD

17) SUBDIVISION Moore's Park Lot No 4 Block No 5

Map Book No 5 Page No 337

18) DEED REFERENCE — DEED BOOK 2781 AT PAGE 358

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.

5-29-73
DATE OF APPLICATION

Marilyn B. Maennle (Mrs. Frank)
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2/26/73 **Serial No. 4046** ICAR (S) Permit No. 6938

T C. No.

Map Date

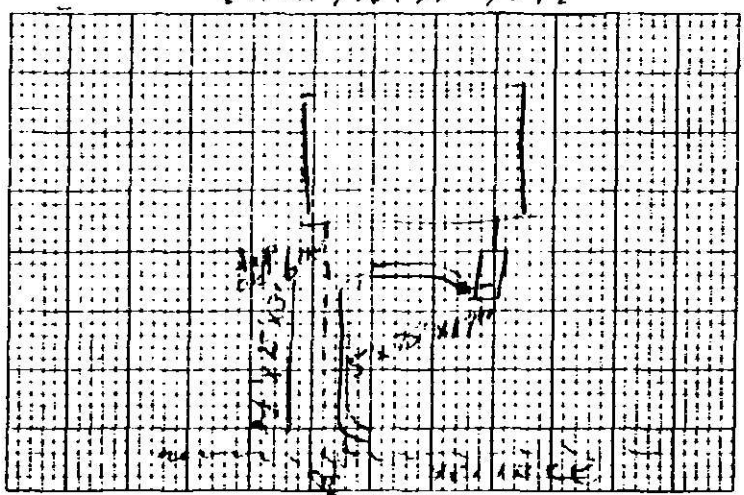
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6938, dated 6/7/72 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 Aug 25 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 18"

Liquid Capacity of Tank 1"

Tank Construction 1"

Absorption and/or Nitrification Lines: ST w/ 111

Total Line Lenght 45 ea 50'

Number of Lines 2(5'x15'x17") (2'x30')

Distance from House 10'

Distance from Property Line 10' ea

Distance from Well 100' +

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible] 1" Below existing pvc 11"

2/26/73
Division or Section Head

[signature]
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-S-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 8/29/23 Serial 3774

C of A (s) No. 6438

T. C. No. PT 95-30-1-06

Map Date 4/22/23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner PENNLE (LAST) VIRGINIA (FIRST) B. (MIDDLE)

Location of Property 6413 VIRGINIA AVE. (MOORES PARK)

Application Number 6438 Permit Number 6438

Inspection Date:

Liquid Capacity of Tank RE WM PA ST WM Tank Material

Total Length of Drain Tile 150 ST 50 WM Number of Lines 3 (1½ X 50'/ST) 1 WM

Depth of Filter Material 12" Cover Depth 14"

Water Supply Source City Distance from Water Source

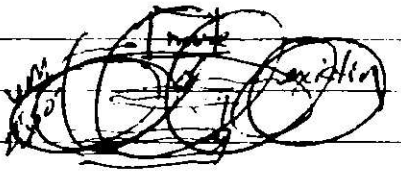
Excavation Inspected 8/29/23 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 8/29/23 (DATE)

Washing Machine Line Inspected, If Applicable 8/29/23 (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: Brigmon



See revised plot plan

L P Brinson

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 8/29/73

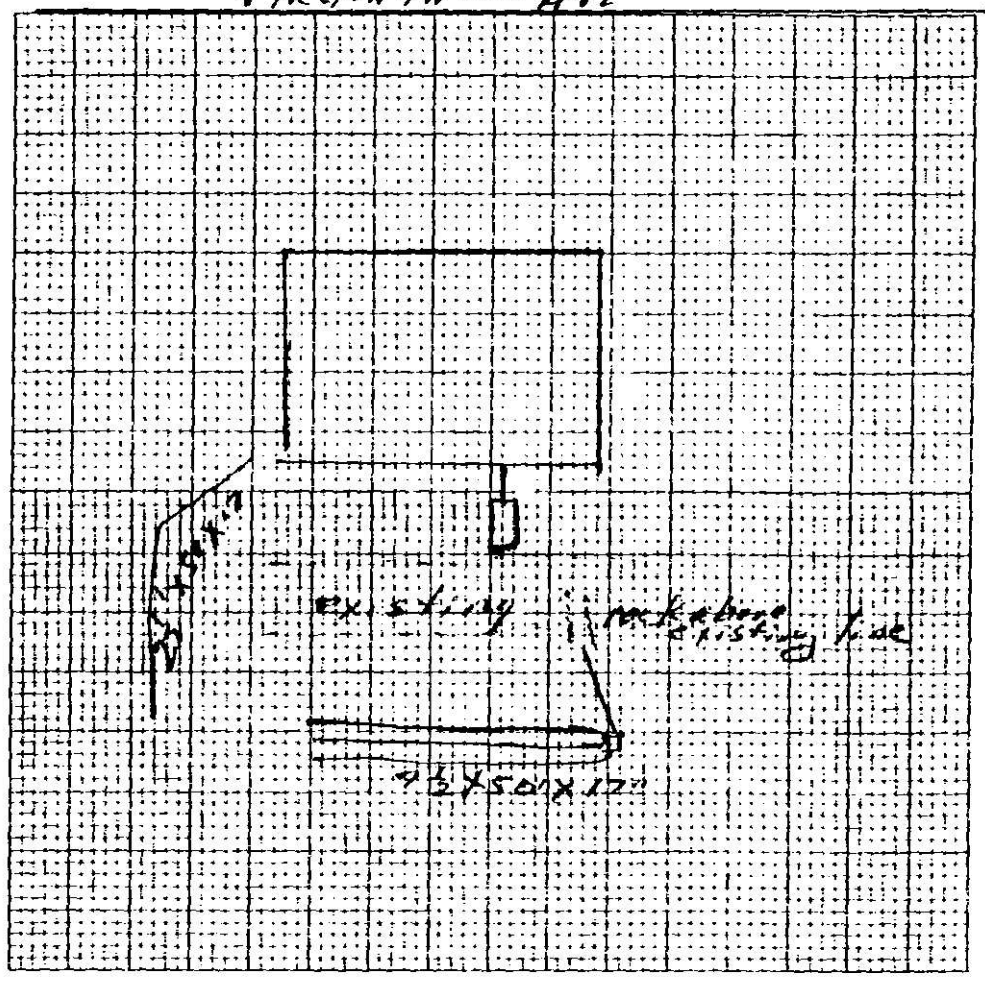
C of A (s) No. 6438

T C No

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

VIRGIN PLOT PLAN SHEET 1



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Environmentalist

FORM NO E-7-7-1-70

HEALTH DEPARTMENT'S COPY