SEE INSTRUCTIONS ON BACK

Date Received 2 19 74

ICAR'S Application No. 7494

T C No

Map Date

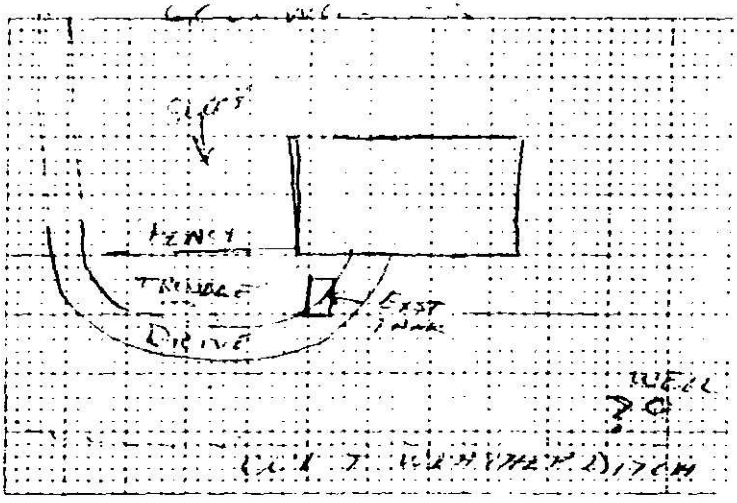
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

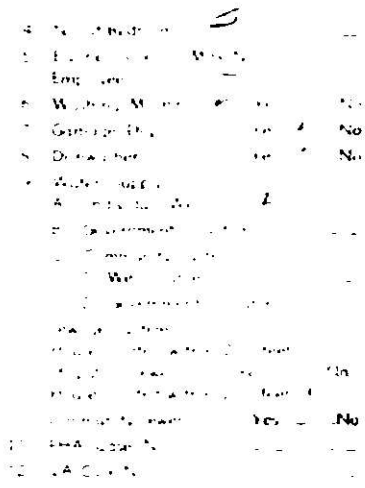
Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of the 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 subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)



13) NAME OF OWNER Jordan (LAST) Jeffy (FIRST) Edwin (MIDDLE)

14) ADDRESS OF OWNER 199 Coolwood Dr

15) PHONE NO Home 394-2110 Office

16) LOCATION OF SYSTEM 199 Coolwood Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION Coolwood Lot No Block No

Map Book No Page No.

18) DEED REFERENCE -- DEED BOOK AT PAGE

19) HAS A PERCOLATION TEST BEEN RUN? YES 7 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.

DATE OF APPLICATION 2/19/74

OWNER George Jeffy

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. [illegible]

ICAR(S) Permit No 7494

Date Issued 2/20/73

T C No 031-078-08

Map Date 12-14-73

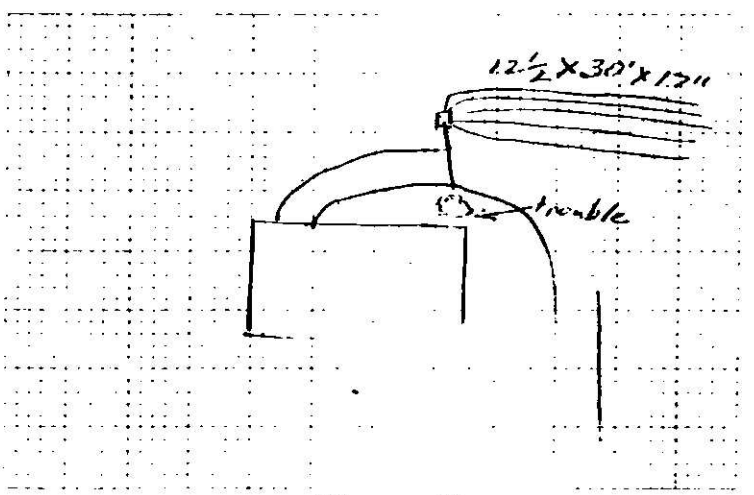
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [illegible] Construct ✓ Alter or Repair the individual septic tank waste water treatment system with subsurface soil absorption effluent discharge as specified herein at the described location. This permit is issued based on the information supplied in application 7494 dated 2/19/74 and this permit and any plans and specifications attached to the application are made a part hereof. The effect of the information provided in the application and the conditions of approval are binding. Work shall be completed on or before 3/25/74 after which date this permit will be null and void.



PLOT PLAN

Precipitation Rate REPAIR

Liquid Capacity of Tank 1/1

Tank Construction 1/1

Absorption and/or Subsurface Lines

Total Line Length 150

Number of Lines 5 (12½' X 30' X 17")

Distance from House 20' ±

Distance from Property Line 10' min

Distance from Well 50' +

NAME OF OWNER Jerry Jordan

LOCATION OF PROPERTY 199 Colewood Dr.

This permit is valid only for the requirements as set forth in the Regulations of the Mecklenburg County Board of Health with respect to 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 From 6" deep pocket of rock over existing drain at trouble area solid line under drive - new lines to be installed no deeper than 24" top of ground to bottom of ditch

J A Kirby
Director or Section Head

L B Brigman
Environmentalist

No permit for the installation of a new system or repair of a new system of any kind shall be issued by the division or a sanitarian of the Environmental Health Division unless signed by the Director. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-9-1-72

Date Issued / /

Serial 4473

C of A (s) No. 7494

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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property _____

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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