B,

SEE INSTRUCTIONS ON BACK

Date Received 6-21-73 ICAR(S) Application No 6517

T C No

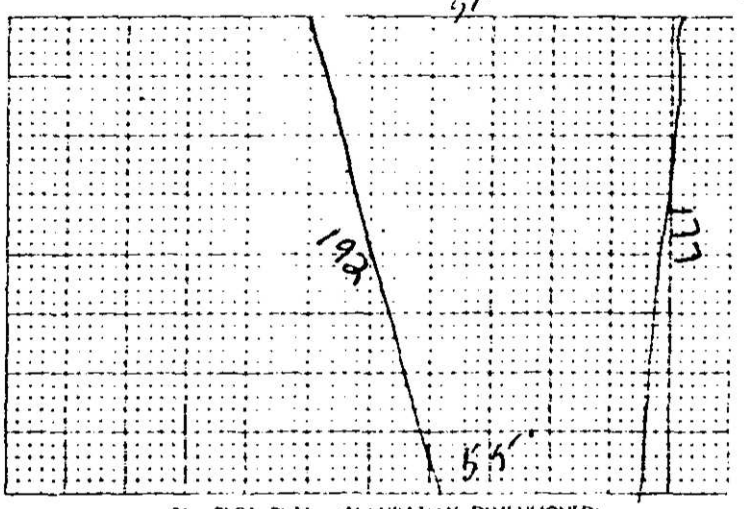
Map Date

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 ADDING UTILITY ROOM & GARAGE.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom 2

5) Business Use Max No Employees

6) Washing Machine Yes ✓ No

7) Garbage Disp Yes No

8) Dishwasher Yes ✓ No

9) Water supply
A) Individual Well ✓
B) Government System
C) Community System
1) Well System
2) Government System

10) Sewage System
House located within ___ feet of public sewer Yes No
House located within 2 feet of community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Connell (LAST) Milton (FIRST) Alexander (MIDDLE)

14) ADDRESS OF OWNER 11715 Kingshaven Drive

15) PHONE NO Home 394 1683 Office

16) LOCATION OF SYSTEM 11715 RIVERHAVEN DRIVE (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 statements 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

6-21-73
DATE OF APPLICATION

M A Connell
OWNER

REV 10 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 22, 1973 **Serial No. 3086**

LA No. 6517

T. C. No. 031-211-07

Map Date 4-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Correll (LAST) Hilton (FIRST) Alexander (MIDDLE)

ADDRESS OF OWNER 11715 Riverhaven Drive ZIP _____

LOCATION OF LOT 11715 Riverhaven Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of *, on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6517. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

* May use existing system. Adding utility room and garage.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3 4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

6511

Date Received 29 June 76

ICAR (S) Application No _____

T. C No 76-1-0162

Map Date _____

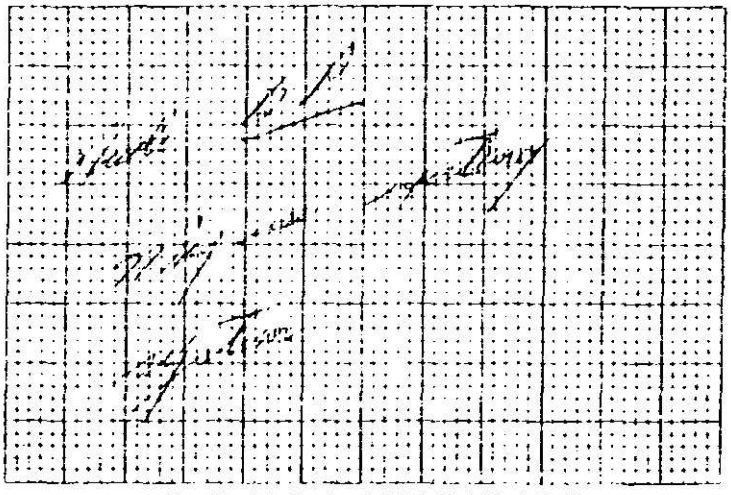
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Mobile Home



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 X
B) Governmental System ___
C) Community System
1 Well source ___
2 Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Black (LAST) Donald (FIRST) Eugene (MIDDLE)

14) ADDRESS OF OWNER 5402 Ft S Forest Brook Dr. 28208

15) PHONE NO Home 394-7057 Office ___

16) LOCATION OF SYSTEM Harwood Lane (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.

29 June 76
DATE OF APPLICATION

X Donald Eugene Black
OWNER

FORM NO E-4-4-2M-6-765

HEALTH DEPARTMENT'S COPY

Date Issued 4/30/76

Serial No. 5880

LA No. 6517

T C. No. 031-201-07

Map Date -

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Black (LAST) Donald (FIRST) Eugene (MIDDLE)

ADDRESS OF OWNER 3002 E3 Forest Brook Drive, Charlotte ZIP 28208

LOCATION OF LOT 11715 Riverhaven Drive (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * , on an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6517 . This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.

2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

*May use existing system

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-9-2M-6-75

HEALTH DEPARTMENT COPY