Date Received 12-3-73 (11-30-73)

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No 7278

T C No

Map Date

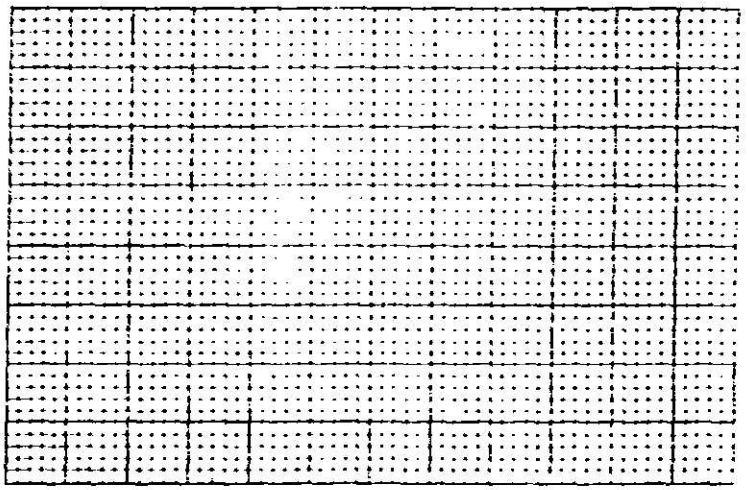
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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) 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
B) Governmental System ✓
C) Community System
1) Well source
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 Helms (LAST) Russell (FIRST) (MIDDLE)

14) ADDRESS OF OWNER PO Box 664 Matthews, NC. 28105

15) PHONE NO. Home 332-6766 Office 527-4348

16) LOCATION OF SYSTEM 5661 Coulee 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 _____

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.

11/30/73
DATE OF APPLICATION

[signature]
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4655

Date Issued 11-30

ICAR(S) Permit No. 7278

T. C. No. 167-044-20

Map Date 9/1/70

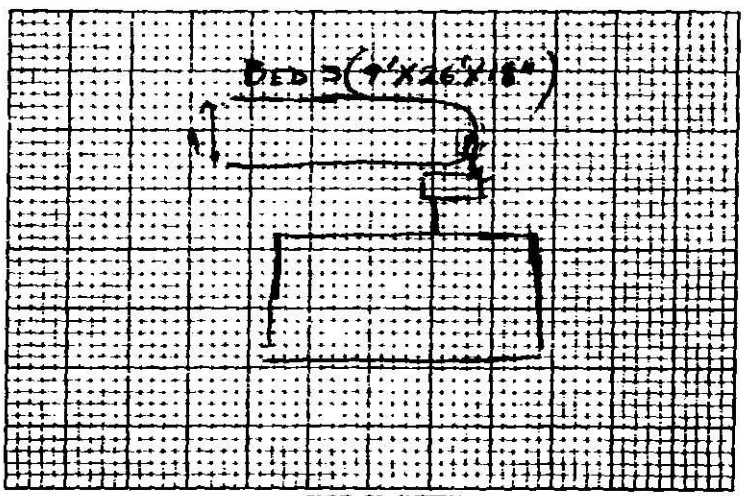
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7278 dated 12/3/73 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 12/20/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1!

Tank Construction 1!

Absorption and/or Nitrification Lines:

Total Line Length 100 q.f.

Number of Lines 3 (9'X 26'X 18" Stone

Distance from House 10'

Distance from Property Line 10'

Distance from Well CITY

NAME OF OWNER RUSSELL HELMS

LOCATION OF PROPERTY 5561 COLLEE PL

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: SEPTIC

JA/LRB
Division or Section Head

L.P. Bridgeman
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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 6/25/74 Serial No. 4994 C of A (s) No. 7278

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 Helms (LAST) Russell (FIRST) _____ (MIDDLE)

Location of Property 5661 Coolee Pl.

Application Number 7278 Permit Number 7278

Inspection Date:

Liquid Capacity of Tank REP A Tank Material R

Total Length of Drain Tile 100 ft. Number of Lines 3.

Depth of Filter Material 18" Cover Depth 27"

Water Supply Source City Distance from Water Source —

Excavation Inspected 6/25/74 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6/25/74 (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 _____ installed or constructed, X 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: R. Farmer

OFF TANK W. IN NOW'S T "ABOVE OLD T.

Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY