611

SEE INSTRUCTIONS ON BACK

Date Received 3-22-23 ICAR(S) Application No. 5811

T. C. No. 105-031-05

Map Date 23-2-22

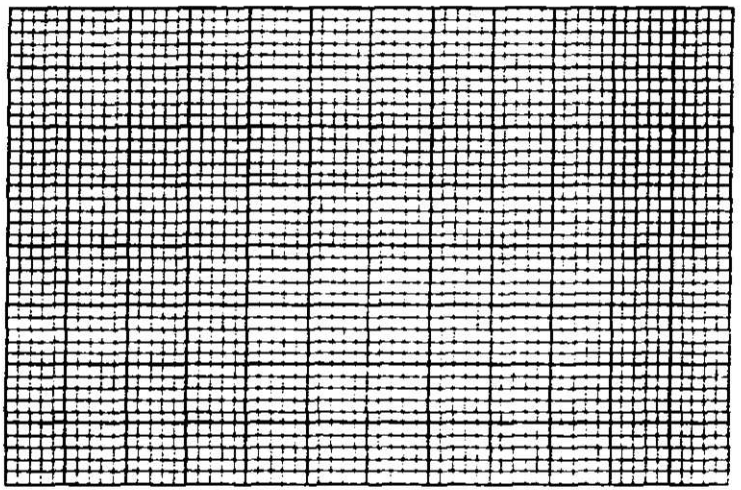
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 Johnston (LAST) Edgar (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER Rt 10 Box 480

15) PHONE NO. Home 596-0497 Office _____

16) LOCATION OF SYSTEM Neal Ran Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 2.08 acres 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.

DATE OF APPLICATION _____ OWNER _____

FORM NO. E-4-4-1-71 **HEALTH DEPARTMENT'S COPY**

K

Date Issued 1/29/93

Serial No. 3267

ICAR(S) Permit No. 5811

T C. No. 105-031-05

Map Date 2-3-92

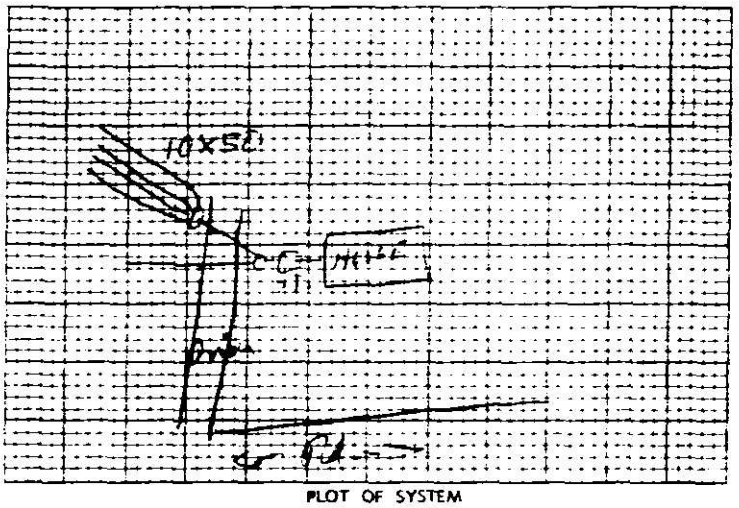
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 __ Install or 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 1-20-93 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 2-10-93 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 Lenght 200

Number of Lines 4

Distance from House 10

Distance from Property Line 10

Distance from Well 50

NAME OF OWNER Johnston, Edgar W.

LOCATION OF PROPERTY Mt. Isle Rd.

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: Form old boy add line under drive To new box + 10 x 50

Division or Section Head

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

Serial No. 3093

C of A (s) No. 5811

Date Issued 25 Apr 73

T. C. No. K5-031-65

Map Date 23 Feb 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Johnston, Edgar W (LAST, FIRST, MIDDLE)

Location of Property McGinnis Rd

Application Number 5811 Permit Number 5811

Inspection Date: Typical

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 200' Number of Lines 4 (16'x50'+12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Drilled Well Distance from Water Source 66'

Excavation Inspected 24 Mar 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 24 Mar 73 (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: S. Stream (Cont.)

M. A. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY