Date Received 3·5·73

ICAR (S) Application No. 5694

T C No.

Map Date

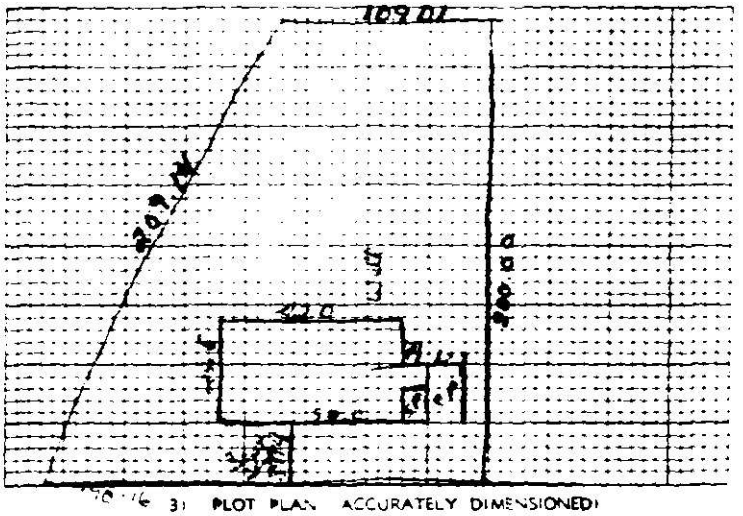
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

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 Brown (LAST) Norman (FIRST) E (MIDDLE)

14) ADDRESS OF OWNER 335 Clark Blvd Charlotte N.C.

15) PHONE NO Home 536-7117 Office

16) LOCATION OF SYSTEM 335 Clark Blvd (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. 22 Block No. 1

Map Book No. 4 Page No. 149

18) DEED REFERENCE — DEED BOOK 3811 AT PAGE 512

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.

Feb 23 1973
DATE OF APPLICATION

Mrs Norman E Brown
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3/12/23

Serial No. 3333

ICAR(S) Permit No. 5694

T C No

Map Date

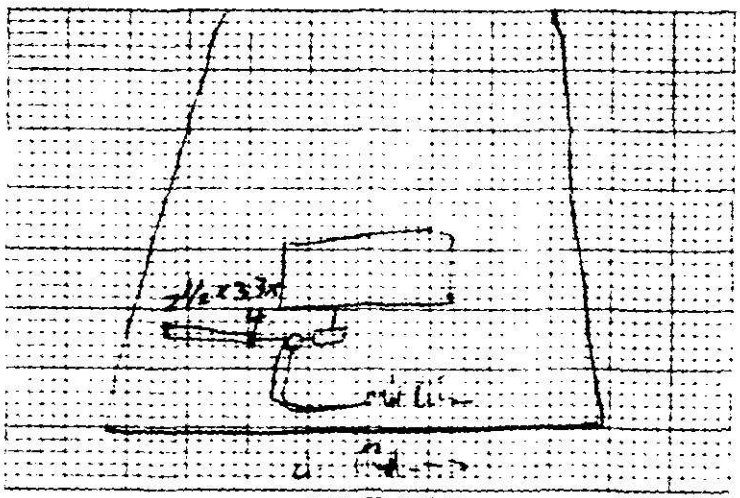
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5694 dated 3-5-23 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 3-5-23 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 Length 100'

Number of Lines 1

Distance from House 10'

Distance from System Line 10'

Distance from Well 50'

NAME OF OWNER Brown, Roman E.

LOCATION OF PROPERTY 332 Cleats Blvd.

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: 2 x 2 x 3 x 4 Drain from top run pipe down hill 10'

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 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 3/15/73

Serial No. 3018

C of A (s) No. 5694

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 Brown, Norman E.
LAST FIRST MIDDLE

Location of Property 332 Clark Blvd.

Application Number 5694 Permit Number 3389

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 1

Depth of Filter Material 4' Cover Depth 2'

Water Supply Source Well Distance from Water Source 50'

Excavation Inspected 3/15/73 Tank Inspected _____
DATE DATE

Nitrification Field Inspected 3/15/73
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 repair line from tank to dist. box

Clark

Russell Stamper
Environmentalist

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

HEALTH DEPARTMENT'S COPY