SEE INSTRUCTIONS ( ) BACK

Date Received 4Mar74

ICAR (S) Application No 7566

T C No 135-173-06

Map Date 5Sept73

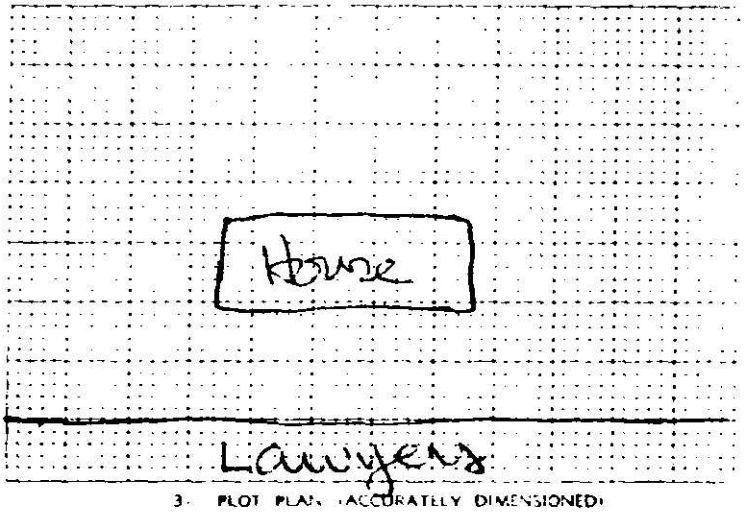
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or parts 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)

13) NAME OF OWNER Dennis, L. C. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 9504 Lawyers Rd.

15) PHONE NO Home ____ Office

16) LOCATION OF SYSTEM 9504 Lawyers 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 may be void and of no effect if any of the above facts are not true.

4 March 74
DATE OF APPLICATION

OWNER

REV NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4 March 74 Serial No.

ICAR(S) Permit No 7566
T C No 135-173-06
Mail Date 5Sept 73

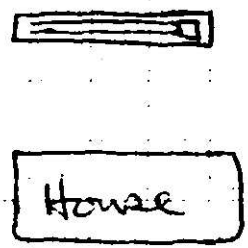
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to ☐ Construct ✓ Alter ☐ Repair the individual septic tank waste water treatment and disposal system described below and on the attached sketch in accordance with the application dated upon the condition that the system is constructed in accordance with the information provided on the application. Any deviation from this permit must be approved in writing by the Health Department before construction is started. This permit is void if construction is not started within 60 days after the date of issuance.



Percolation Rate —

Length (in feet) of Trench —

Trench Width —

Absorption Area Required (in square feet) 100 Sq ft

Number of Lines (2) 5' X 50'

Distance from Edge of Trench to Property Line 10'

Distance from Trench to Water Supply 10'

Distance from Trench to Surface Water 100'

Lawyers Rd

NAME OF OWNER DENNIS, L.C.

LOCATION OF PROPERTY 8504 LAWYERS Rd

This permit is issued subject to the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health in effect on the date of the granting of this permit. A certificate of approval must be obtained from the Health Director before any system can be covered up or otherwise rendered unaccessible or concealed.

Comments

R. M. Reynolds
Environmentalist

Permission to alter or construct a new system must be signed by the division or a Mecklenburg County Health Director to be valid. Only the signature of the Environmentalist on an existing system is being altered or repaired.

E-5-9-1-72

Date Issued 5 Mar 74 Serial 4504

C of A (s) No 74-86

T C No 135-173-06

Map Date 5 Sept 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Dennis, L. C. (LAST, FIRST, MIDDLE)

Location of Property Lawyers Road

Application Number ____ Permit Number ____

Inspection Data:

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 100 ft Number of Lines (2) 5' x 50'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 5 Mar 74 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 5 Mar 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, ✓ 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. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY