Date Received 1-2-11

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ENVIRONMENTAL HEALTH Division

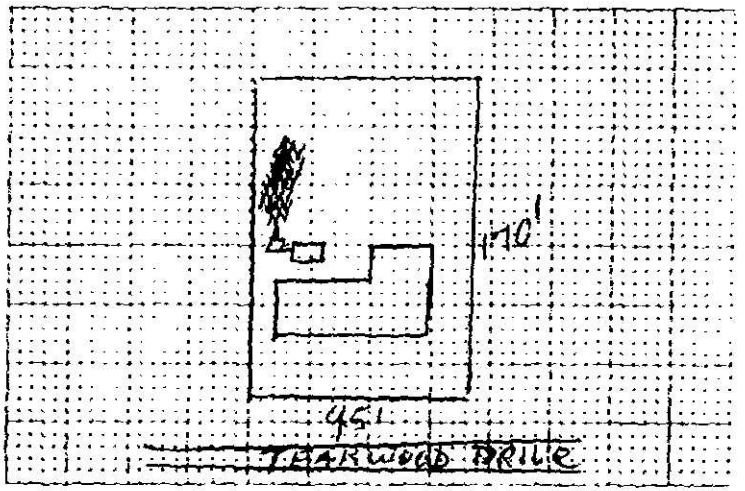
ICAR(S) Application No 7392
T C No
Map Date

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 [illegible] or party described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1 Install or Construct 2 ✓ (Add 100 FT. OF LINE) 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 Employees
6 Washing Machine ✓ Yes
7 Garbage Disposal No ✓
8 Dishwasher No ✓
9 Water supply
a Individual
b Government CITY
c Community
1 Well
2
Sewage System
Public sewer No ✓
Yes ✓ No
11 FHA Case No
12 VA Case No

13) NAME OF OWNER OSBORNE (LAST) WALLACE (FIRST) JOE (MIDDLE)

14) ADDRESS OF OWNER 4037 Teakwood Dr., Charlotte, N.C.

15) PHONE NO Home 523-4086 Office 376-7511

16) LOCATION OF SYSTEM 4037 Teakwood DR. (STREET OR COUNTY ROAD)

17) SUBDIVISION GREENBRIAR Woods Lot No 20 Block No 6

Map Book No 11 Page No. 293

18) DEED REFERENCE — DEED BOOK 2631 AT PAGE 313

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN APRIL 1965

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 12/26/73

OWNER [signature]

ENV 32 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4717

Date Issued 1-7-74

ICAR(S) Permit No. 7392

T C No. _____

Map Date _____

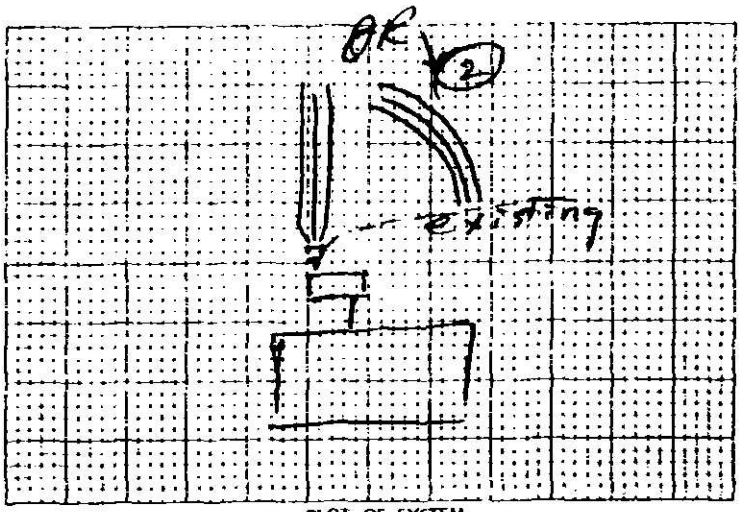
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 7392, dated 1-2-74 and this permit shall be void and of no effect if the information provided in the application is not true or is incorrect. All work shall be completed on or before 1-18-74, after which date this permit shall be null and void



PLOT OF SYSTEM

TEAKWOOD

Percolation Rate REPAIR

Liquid Capacity of Tank _____

Tank Construction V

Absorption and/or Nitrification Lines:

Total Line Length 100

Number of Lines 3(7½ X 33

Distance from House 18'±

Distance from Property Line 10'

Distance from Well CITY

NAME OF OWNER W. J. OSBORNE

LOCATION OF PROPERTY 4037 TEAKWOOD DR.

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: OFFSET OF LINE (2)

NOTE ALTERNATE LAYOUTS

J. A. LEE

Division or Section Head

L. R. Brinson

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