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SEE INSTRUCTIONS ON BACK

Date Received 12-12-73

MECK COUNTY HEALTH DEPT
RECEIVED
DEC 12 1973
ENVIRONMENTAL HEALTH DIVISION

Application No 9377

T C No

Map Date

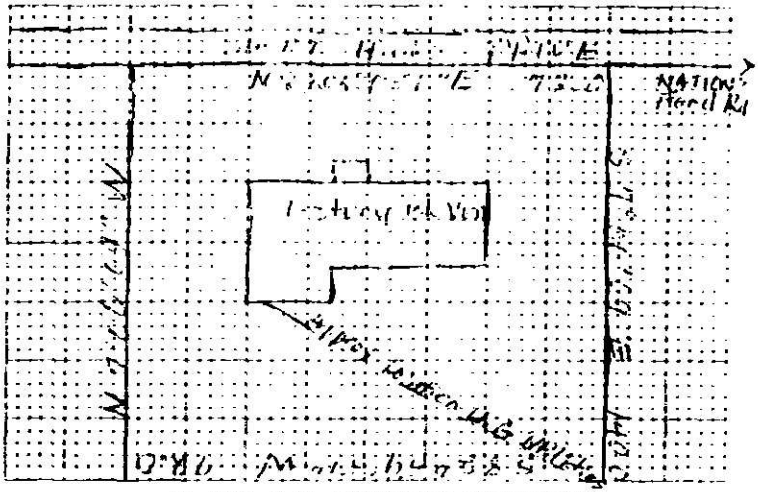
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge

The owner of the 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

5 Type of Water Well

Engineer

6 Water Supply Well ✓ Yes

7 Garbage Disposal Yes ✓ No

8 Dishwasher Yes ✓ No

9 Water Softener

Automatic Back Flow

10 Garage ✓

Well

Separate Line

Yes

Hard Surface Area Over Field

Yes No

11 EHA Case No

12 SA Case No

13) NAME OF OWNER Gill Robert Lee
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 2211 Silver Hills Drive

15) PHONE NO Home 527-2944 Office

16) LOCATION OF SYSTEM
STREET OR COUNTY ROAD

17) SUBDIVISION Lot No 1 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

REV 5-72 E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4713

Date Issued [illegible]

ICAR(S) Permit No. [illegible]

T. C No. _____

Map Date _____

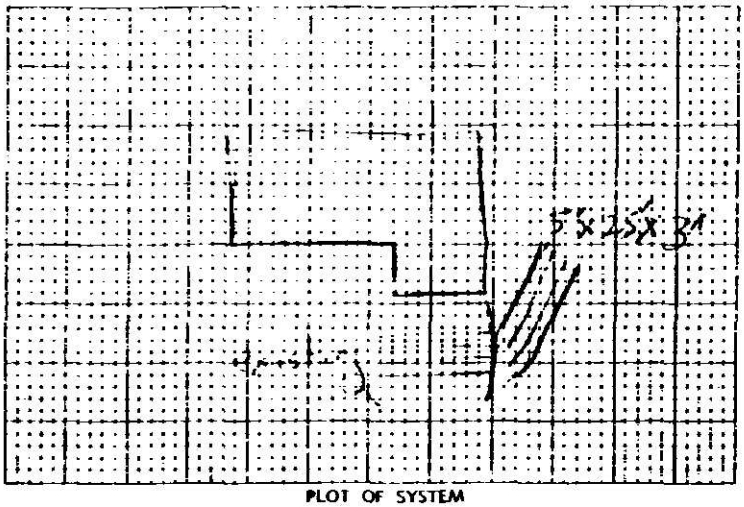
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

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

Permission is hereby granted to Install or Construct, X Alter or Repair the individual septic tank wastewater treatment system for subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 7371, dated [illegible], and this permit shall be void and of no effect if the information provided in the application is not true or correct as. All work shall be completed on or before 1-10-74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible] "

Tank Construction [illegible] "

Absorption and/or Notification Lines

Total Line Lenght [illegible] c/f

Number of Lines [illegible]

Distance from House _____

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible]

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

Date Issued 4/12/74 Serial 4589

C of A (s) No 7377

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 Gill (LAST) R. (FIRST) L. (MIDDLE)

Location of Property 227 SHORT HILL DR

Application Number 7377 Permit Number 7377

Inspection Date:

Liquid Capacity of Tank RE Tank Material PDR

Total Length of Drain Tile 100 ft Number of Lines 2

Depth of Filter Material 3' Cover Depth 28"-30"

Water Supply Source CITY Distance from Water Source

Excavation Inspected 4-12-74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 4-12-74 (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: Clark. Recommend Retaining Wall along side walk to reduce slope & tendency of existing line to bleed through.

L P Bridgman

Environmentalist

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

HEALTH DEPARTMENT'S COPY