SEE INSTRUCTIONS ON BACK

Date Received 7 27 73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 27 1973
ENVIRONMENTAL HEALTH DIVISION

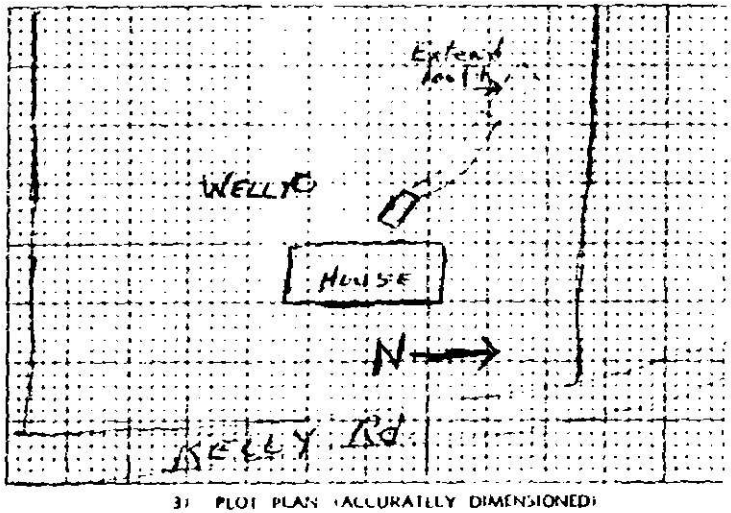
(CARES) Application No 6746
T C No
Map Date

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 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 Svc ✓
B) Government
C) Community
1. Well Source
2. Government
Sewage System
Is property within 200 feet of public sewer Yes ✓ No
Is house located within 1000 feet of community sewer Yes ✓ No
11) FHA Case No.
12) VA Case No.

13) NAME OF OWNER ALEXANDER (LAST) KATHLEEN (FIRST) MORRIS (MIDDLE)

14) ADDRESS OF OWNER RT 9 Box 444-E

15) PHONE NO Home 394-2235 Office NONE

16) LOCATION OF SYSTEM KELLY ROAD (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 APR. 1973

20) PTR NUMBER (See Instructions) ___

The undersigned person hereby agrees that he has read the foregoing application and that the statements 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

7/25/73
DATE OF APPLICATION

X Kathleen Morris Alexander
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4067

Date Issued 2 Aug 73

ICAR(S) Permit No. 6746

T. C. No. 033-081-01

Map Date 11 Jan 71

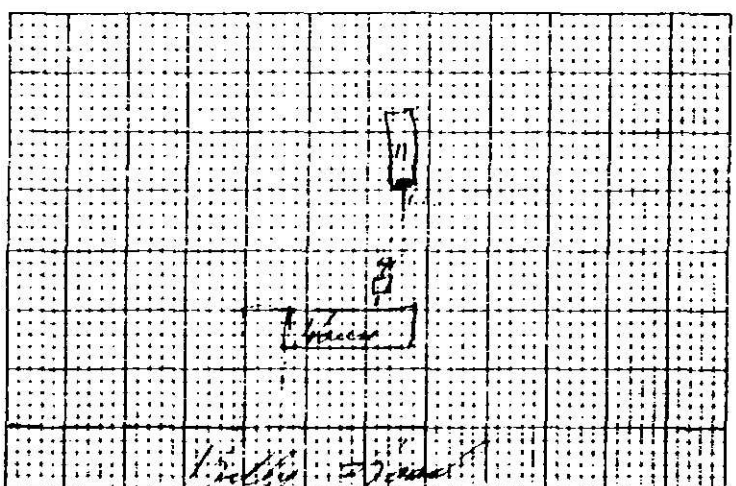
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 6746, dated 2 Aug 73 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-Aug 73, after which date this permit shall be null and void.



PLOT OF SYSTEM ALEXANDER, KATHLEEN

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Absorption and/or Nitrification Lines:

Total Line Lenght 150'

Number of Lines 2 (5' x 24' ea)

Distance from House 20'

Distance from Property Line 25'

Distance from Well 50'

NAME OF OWNER Kenneth & William Ford

LOCATION OF PROPERTY Lucia Road

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 lines (cont)

Division or Section Head ___

Environmentalist M. J. Bishop

* 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 3984

C of A (s) No. 6746

Date Issued 1 Oct 73

T. C. No. C33-C81-C1

Map Date 11 Jan 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Shamblin (LAST) William (FIRST) Fred (MIDDLE)

Location of Property Kelly Road

Application Number 6746 Permit Number 6746

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 156' Number of Lines 2 (5'x24'x48")

Depth of Filter Material 48" Cover Depth 18-24"

Water Supply Source Drilled Distance from Water Source 50'+

Excavation Inspected 1 Oct 73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 1 Oct 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: J. Stamm (Contr.)

W. A. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY