SEE INSTRUCTIONS ON BACK

Date Received 10-15-73

ICAR(S) Application No. 7107

T. C. No. _____

Map Date _____

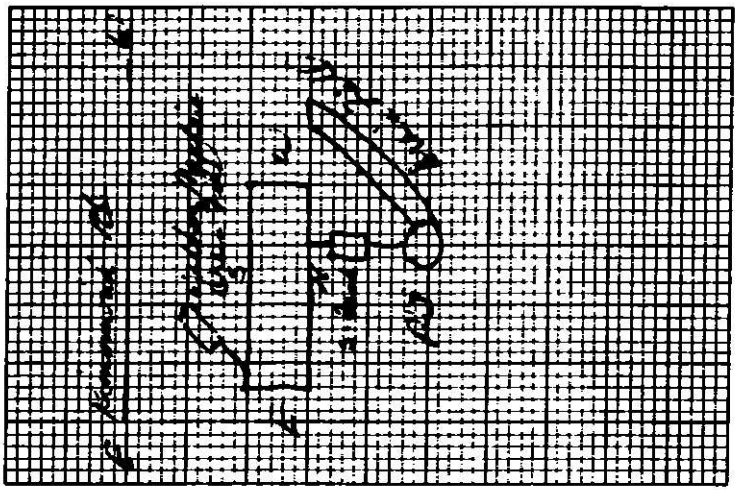
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Well _____
   B) Governmental System _____
   C) Community System:
      1. Well source _____
      2. Governmental source City

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 Dodson (LAST) Charles (FIRST) Julian (MIDDLE)

14) ADDRESS OF OWNER 488 Kimmswick Rd. Charlotte, NC.

15) PHONE NO. Home 392-4954 Office 332-5084

16) LOCATION OF SYSTEM 488 Kimmswick Rd. (Carlwood) (STREET OR COUNTY ROAD)

17) SUBDIVISION Carlwood Hills Lot No. 17 Block No. B

Map Book No. 9 Page No. 54 7

18) DEED REFERENCE — DEED BOOK 2656 AT PAGE 182

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.

_____ Charles J. Dodson
DATE OF APPLICATION OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 10/15/73 Serial No. 4499 ICAR (S) Permit No. 7107

T. C. No. _____

Map Date _____

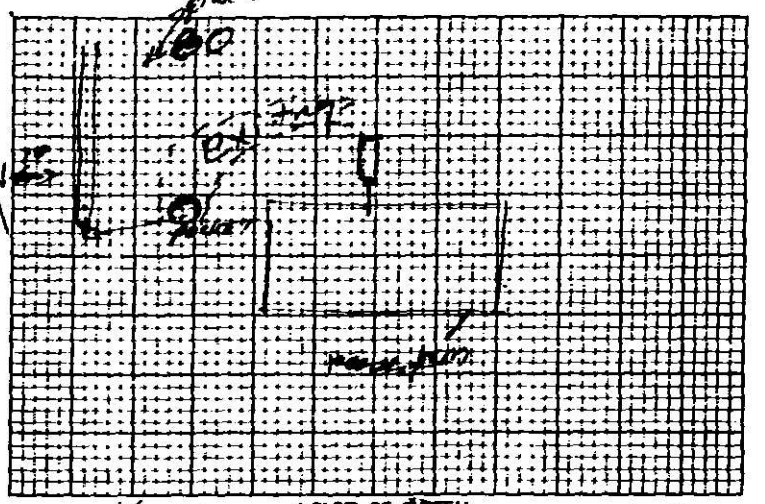
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ Install or Construct, X 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 _____, dated _____ 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 10/30/73, after which date this permit shall be null and void.



Percolation Rate REPAIR

Liquid Capacity of Tank 1/1

Tank Construction 1/1

Absorption and/or Nitrification Lines:

Total Line Lenght 100'

Number of Lines 2 (5'x50'x17")

Distance from House 20' ±

Distance from Property Line 10' MC

Distance from Well 60'

NAME OF OWNER CHAS. DODSON

LOCATION OF PROPERTY 4822 KIMSWICK RD.

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: ROCKY ROCK 12" deep above END OF EXISTING DRAIN LINES. THENCE TO REPAIR

J. STARNES

10/15/73
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

Serial 4039

C of A (s) No. 7107

Date Issued 17 Oct 73

T. C. No. 031-043-13

Map Date 11-10-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Dodson, Charles (LAST, FIRST, MIDDLE)

Location of Property 4188 Hemwick Rd.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Fiber

Total Length of Drain Tile 100' Number of Lines 2 (5' x 50' x 17")

Depth of Filter Material 12" Cover Depth 18-24"

Water Supply Source Ind. Well Distance from Water Source 60'

Excavation Inspected 17 Oct 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 17 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: L. Stone (Cont.)

M. K. Sisk
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 10-16-73 APT No. 7108

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mauney (LAST) Jr. William (FIRST) K. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 628 Kings Mtn N.C. ZIP 28086

3) PHONE NO. Home 825-5481 Office Mauney Mills

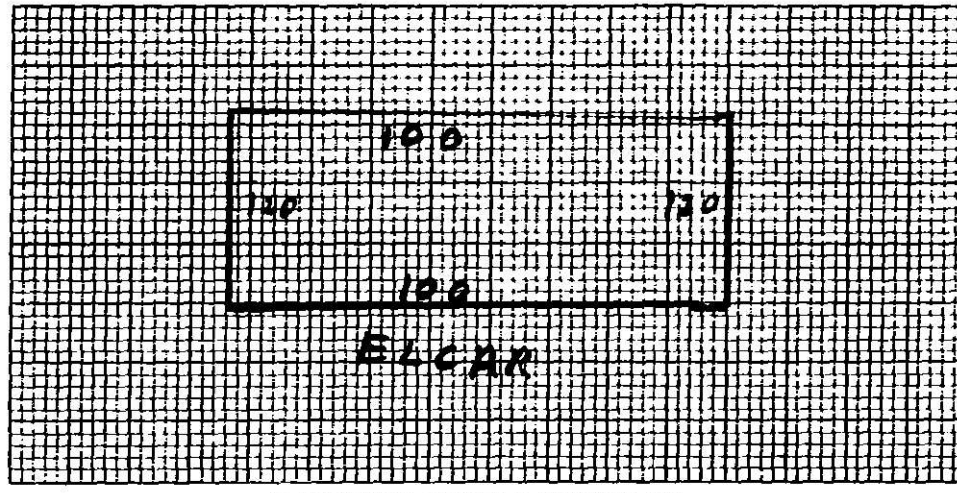
4) LOCATION OF PROPERTY Elcar Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO. 21 BLOCK NO.

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK PAGE NO.

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

William K. Mauney Jr.
OWNER

FORM NO. E-1-8-1-72

HEALTH DEPARTMENT'S COPY