SEE INSTRUCTIONS ON BACK

Date Received 4-16-73

ICAR (S) Application No. 6026

T. C. No. _____

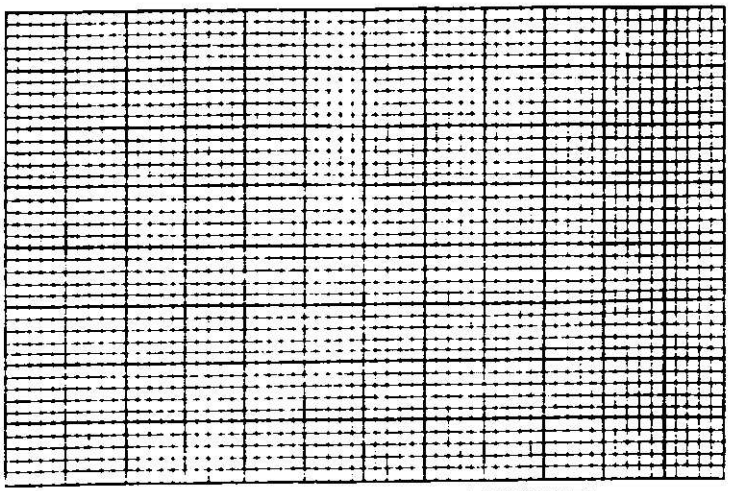
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____

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 [redacted] LAST [illegible] FIRST [illegible] MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office 739-3621

16) LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. 136 Block No. _____

Map Book No. [illegible] Page No. 569

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES ? NO DATE RUN _____

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.

3-25-73
DATE OF APPLICATION

William K. Mowery Jr.
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 4/16/93

Serial No. 3554

ICAR(S) Permit No. 6C26

T C No 113-110 CS

Map Date 9-11-91

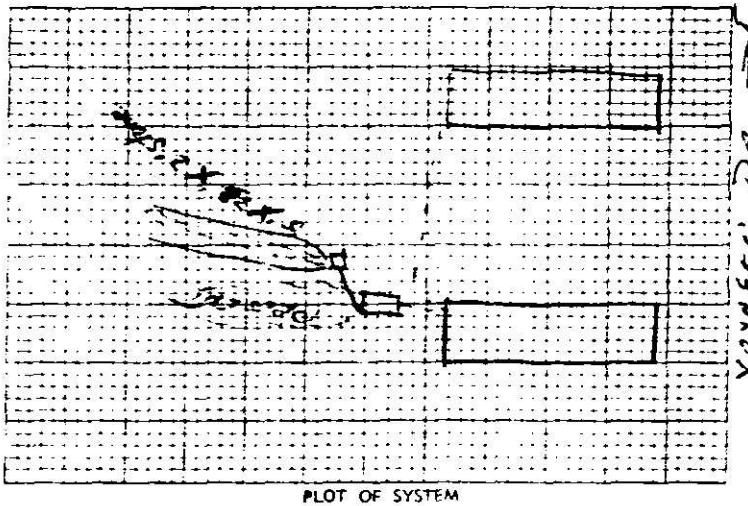
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby 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 6C26, 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 4/16/95, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Lenght 66' 2 lines 5 Bed 5'x33'x2'stone

Number of Lines 2

Distance from House 10'

Distance from Property Line 40+

Distance from Well Comm

NAME OF OWNER Wm. K. Whitley Jr.

LOCATION OF PROPERTY Voyager 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: ADD DIST. BOX IF NECESSARY

"T" OFF FROM OLD EXIT LINE

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 4/24/73 . Serial No. 3136 C of A (s) No. 6026

T C. No. 113-110-08

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 MAUNEY (LAST) WILLIAM (FIRST) K (MIDDLE)

Location of Property Vogler Dr

Application Number 6026 Permit Number 6026

Inspection Data:

Liquid Capacity of Tank ? Tank Material REPAIR

Total Length of Drain Tile 70 Number of Lines 2

Depth of Filter Material 30"-36" Cover Depth 30"

Water Supply Source COMM. WELL Distance from Water Source —

Excavation Inspected 4/24/73 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 4/24/73 (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, 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: WASH MACHS. DISCHARGE INTO THIS SYSTEM R. Brigman

R. L. Brigman

Environmentalist

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

HEALTH DEPARTMENT'S COPY