SEE INSTRUCTIONS ON BACK

Date Received 1/31/79

ICAR(S) Application No. 15073

T. C. No. 053-041-11

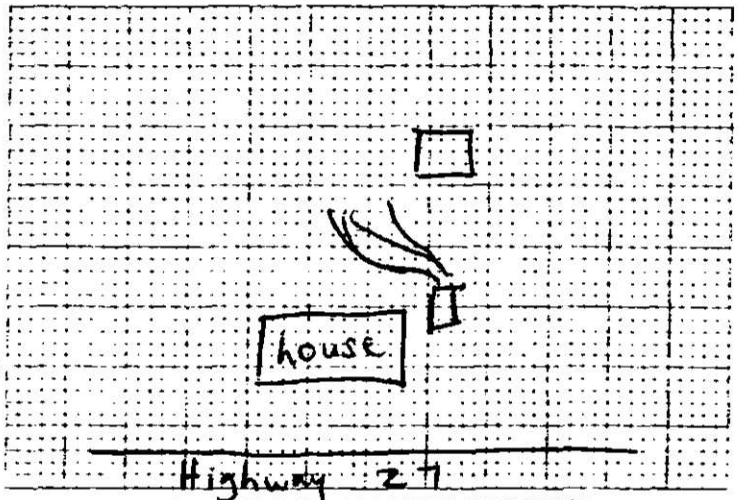
Map Date 5/30/78

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No
4) No. of Bedrooms 2
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) FmHA Case No. ___
12) VA Case No. ___

13) NAME OF OWNER Lethcoe (LAST) Maurice (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER Rt. 6 Box 718-K

15) PHONE NO. Home 827-3445 Office ___

16) LOCATION OF SYSTEM Hwy. 27 at Hilton Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. 53 Page No. 4

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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.

1-31-79
DATE OF APPLICATION

Maurice E. Lethcoe
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5/6/80

ICAR(S) Application No. 15073

T C No. 053-04-11

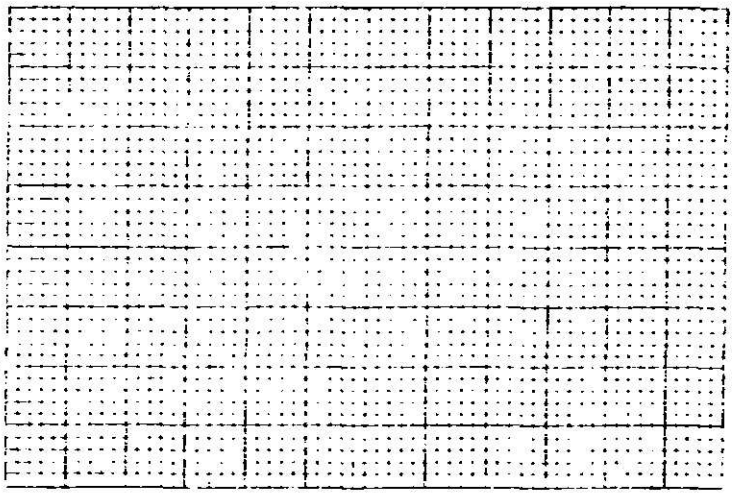
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ____ Yes ____ No
Residence ✓ Yes ____ No

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 [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office ____

16) LOCATION OF SYSTEM [illegible] (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 SOIL INVESTIGATION BEEN RUN? ✓ YES ____ NO DATE RUN 4-25-80

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.

5-1-80
DATE OF APPLICATION

[illegible]
OWNER

EHD-S-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial 3938

Date Issued 5-7-80

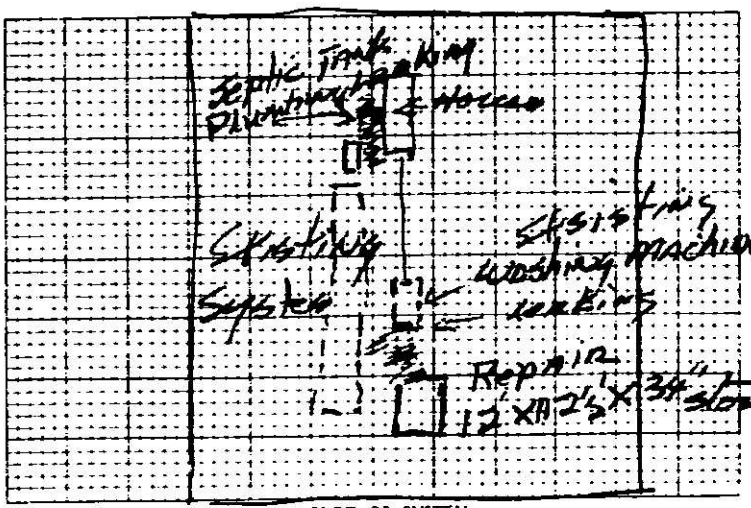
ICAR(S) Permit No 15073

T. C. No 053-044-11

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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, ✓ 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 15073, dated 5-6-80, 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 6-7-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate N. A.

Liquid Capacity of Tank Existing

Tank Construction Existing

Absorption and or Nitrification Lines:

Total Line Length 100'

Number of Lines 4

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well Community

NAME OF OWNER Maurice Eugene Lethcoe

LOCATION OF PROPERTY Hwy 27 AT Tuso Point

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

Septic TANK NOT Receiving Sewage - Line From Commode Needs Repairing - Washing Machine Repair (12x12½x34" Stone

Division or Section Head

Environmentalist Marshall Edwards

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 5-13-80 Serial 3730 C of A (s) No. 15073

T C. No. 053-041-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Lathcoe (LAST) Maurice (FIRST) Eugene (MIDDLE)

Location of Property Hwy. 27 at Two Point

Application Number 15073 Permit Number 15073

Inspection Data:

Liquid Capacity of Tank Existing Tank Material Existing

Total Length of Drain Tile 100' Number of Lines 4

Depth of Filter Material 34" Cover Depth 18"

Water Supply Source Community Distance from Water Source 10'+

Excavation Inspected Existing (DATE) Tank Inspected Existing (DATE)

Nitrification Field Inspected 5-13-80 (DATE)

Washing Machine Line Inspected, If Applicable 5-13-80 (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 Health Commission 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 Repaired Washing Machine Field. South Plumbing under house causing leak at Tank area

Marshall Edwards
Environmentalist

EHD-S-76

Environmental Health Department's Copy

Date Received 2/16/82

RECEIVED BACK

FEB 25 1982

ENVIRONMENTAL HEALTH

ICAR(S) Application No. 15073

T. C. No. 053-041-11

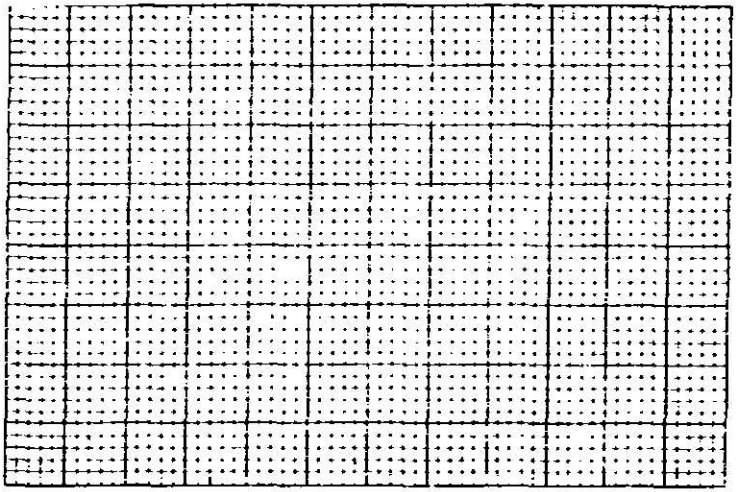
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ✓ No
Residence ✓ Yes ___ No

4) No of Bedrooms 2
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 Lethge (LAST) Maurice (FIRST) Eugene (MIDDLE)

14) ADDRESS OF OWNER Route #6, Dexter Rd Charlotte, N.C. 28278

15) PHONE NO. Home 827-3445 Office 827-4351

16) LOCATION OF SYSTEM Highway # 27 (STREET OR COUNTY ROAD)

17) SUBDIVISION — Lot No. 14 Block No. —

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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.

2/23/82
DATE OF APPLICATION

OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 8-23-82

MECK COUNTY DEPARTMENT OF
RECEIVED
AUG 23 1982
ENVIRONMENTAL HEALTH

ICAR (S) Application No. 15023

T. C. No 053-04-11

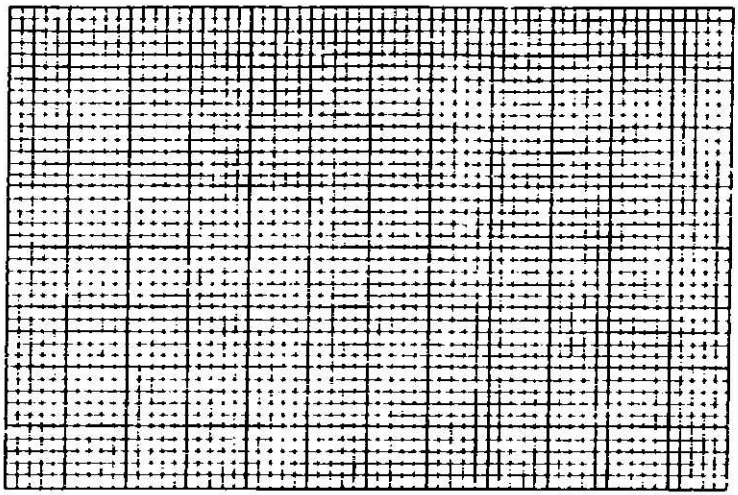
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home ___ Yes ___ No
Residence ✓ Yes ___ No

4) No of Bedrooms 2

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 Icec
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 Pettus (LAST) Clarence (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER RT. 6 Box 218C Charlotte

15) PHONE NO. Home 827-3445 Office ___

16) LOCATION OF SYSTEM Hwy 27 (Mt. Holly Rd.) (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 14 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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.

8-15-82
DATE OF APPLICATION

Clarence E Pettus
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial No. 5718

ICAR (S) Permit No. 15077

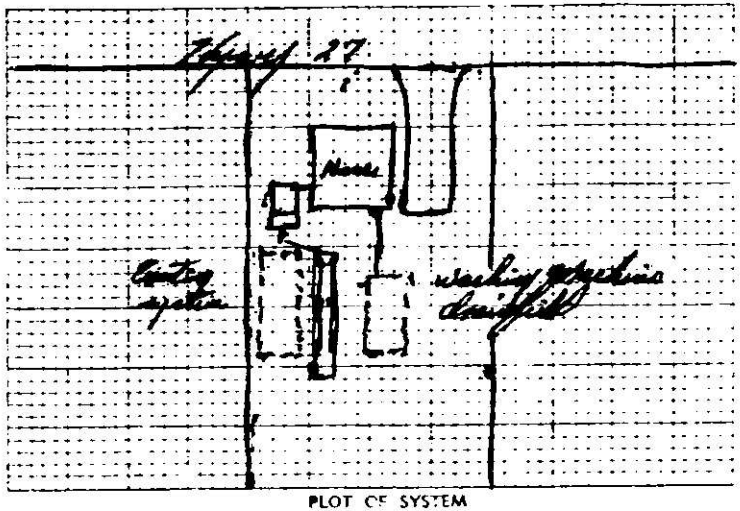
Date Issued 24 Aug 82

T C No. 05-3-041-1

Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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, ✓ 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 15077, dated 19 Aug 82 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 _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Non-[illegible] Lines _____

Trench Length 100'

Number of Lines 2 @ 18' x 4½'

Distance from House 210'

Distance from Property Line 210'

Distance from Well 7100'

NAME OF OWNER Little, Maurice E.

LOCATION OF PROPERTY Route 6, Box 71816, Charlotte (Hwy 27-W)

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.

Comments: _____

_____ M. A. Kirby

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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

C of A (s) No. 15073

Date Issued 3-4-82 Serial 5392 T C. No 053-041-11

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Name of Owner Lethco, Marvin E
(LAST, FIRST, MIDDLE)

Location of Property Hunt Rd, Huntersville 28078 (Cabarrus 37-41)

Application Number 15073 Permit Number 15073

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 3-4-82 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 3-4-82 (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 Health Commission 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 _____

Environmentalist

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY