Date Received 3-28-73

ICAR(S) Application No. 5850

T. C. No. 143-062-06

Map Date 4 28 71

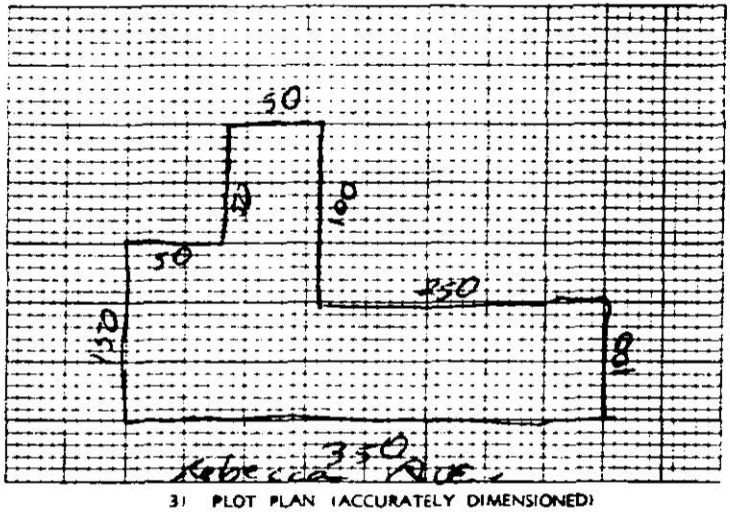
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Brooks (LAST) Bruce (FIRST) Hampton (MIDDLE)

14) ADDRESS OF OWNER 4339 Rebecca Ave. Charlotte NC 28208

15) PHONE NO Home 525-2052 Office _____

16) LOCATION OF SYSTEM 4339 Rebecca Ave. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 3 & 4 Part of 2 Block No. B

Map Book No. 864 Page No. 507

18) DEED REFERENCE — DEED BOOK 6989 AT PAGE 648

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.

3-27-73
DATE OF APPLICATION

Bruce Hampton Brooks
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3487

ICAR(S) Permit No. 585c

Date Issued 4-6-73

T C No. 143-062-06

Map Date 4/23/71

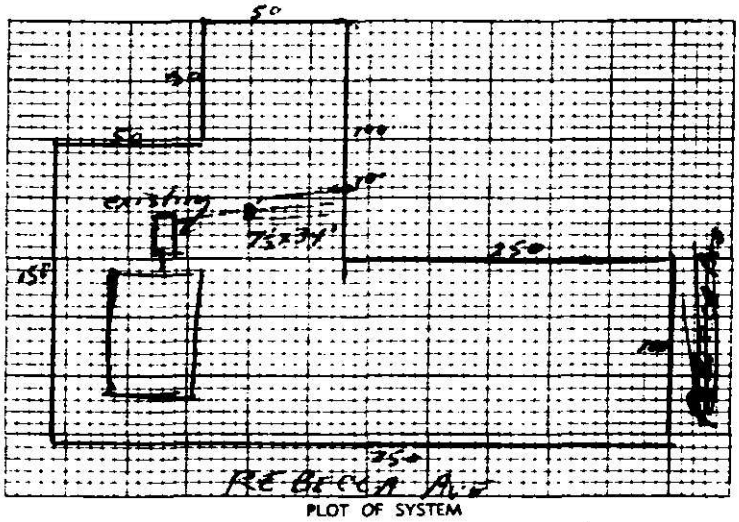
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 585c, dated 3/25/73 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 5/10/73, 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 100

Number of Lines 3

Distance from House 20

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER BRUCE H. BROOKS

LOCATION OF PROPERTY 4339 REBECCA AVE

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: Refer: This repair was made & covered w/o Insp. Cert. of Approval —

C. H. McMillan / HRD
Division or Section Head

K. R. Richardson
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