Date Received 2-23-73

ICAR(S) Application No. 5642

T. C. No. 215-011-20

Map Date 2-23-72

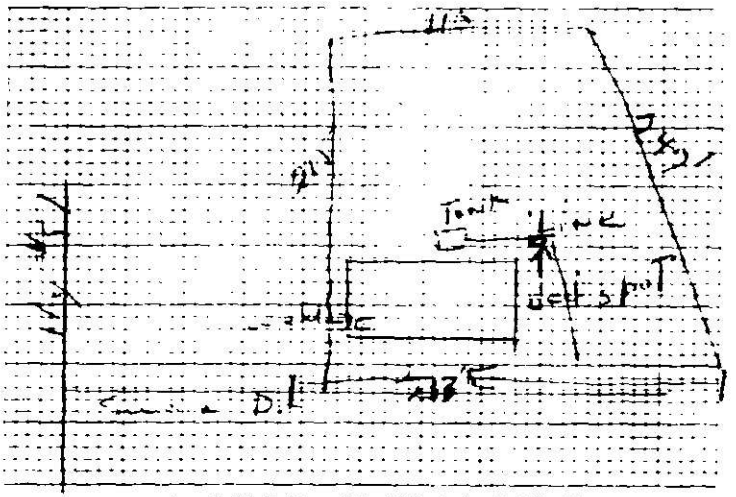
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 subsurface soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

4 No. rooms 3

Bedrooms (Max No.)

Employees N.D.

5 Washing Machine Yes No

6 Garbage Disposal Yes No

6b Dishwasher Yes No

7 Water Supply

A Individual Well

B Governmental System

C Community System

Well Source

Governmental

8 Sewage System

House located within 200 feet of public sewer Yes No

House located within 200 feet of community sewer Yes No

FHA Case No.

VA Case No.

13) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office 536-6316

16) LOCATION OF SYSTEM 1917 Swan Dr (STREET OR COUNTY ROAD)

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

Map Book No. [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

19) HAS A PERCOLATION TEST BEEN RUN? [illegible] YES [illegible] NO DATE RUN [illegible]

20) PTR NUMBER See Instructions: [illegible]

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.

2-23-73
DATE OF APPLICATION

[illegible]
OWNER

FORM NO. E 4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 4-2-73

Serial No. 2475

(CAP-S) Permit No. 5642

T C No 215-011-20

Map Date 2-23-73

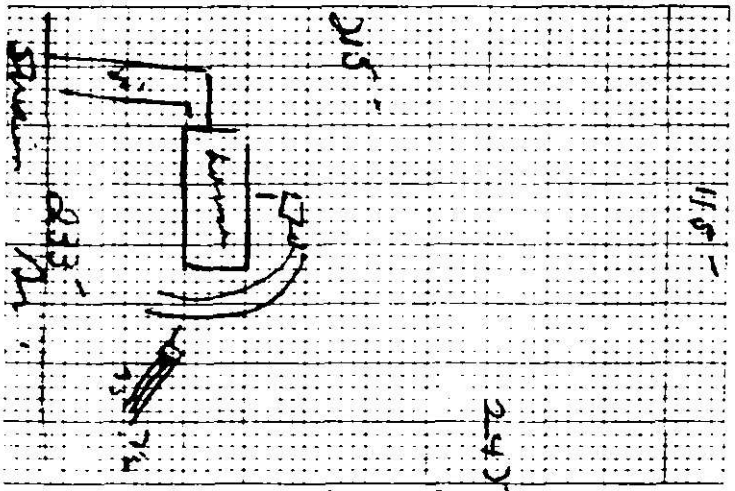
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 5642, dated 2-23-73 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 5-2-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Notification Lines

Total Line Lenght 100'

Number of Lines 3

Distance from House 12'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Olin Jewell Flowe

LOCATION OF PROPERTY 1917 Swain Drive

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 unserviceable or can be used

Comments 7½ X 33 X 12" stone repair

Division or Section Head

Thomas R. Wood
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. EH-4A-71

APPLICANT'S COPY

Date Issued 4-20-77 **Serial No.** 3213 C of A (s) No. 5642

T. C. No 215-011-26

Map Date 2-23-24

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Flora (LAST), Olin (FIRST) Swain (MIDDLE)

Location of Property 1917 Swain Dr.

Application Number 5642 Permit Number 5642

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200' Number of Lines 3

Depth of Filter Material 34" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 4-22-77 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 4-26-77 (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: Repair by Sanit Cont. Co.

Thomas R. Ward

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY