Date Received 10-25-73

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MECKLENBURG COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIVISION

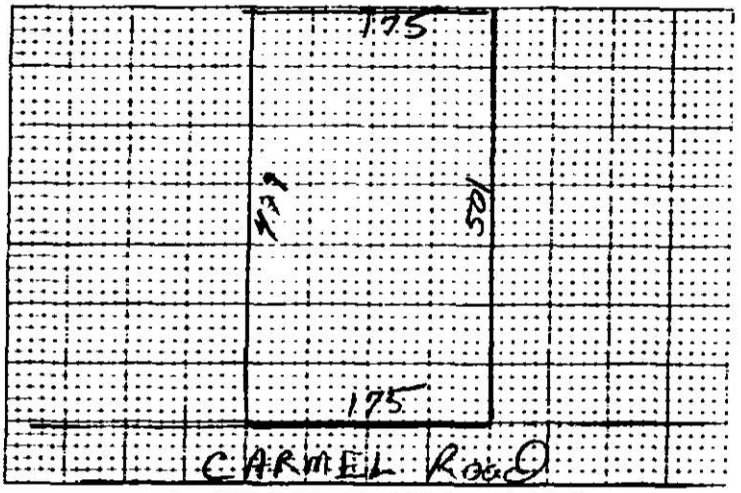
ICAR(S) Application No 7178
T C No 123-117-01
Map Date 2-14-73

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 Bedroom 4
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 outside the 200 feet of community sewer Yes ✓ No
11. FHA Case No
12. VA Case No

13) NAME OF OWNER FIELDER (LAST) JOHN (FIRST) THOMAS (MIDDLE)

14) ADDRESS OF OWNER 1220 CARMEL RD

15) PHONE NO. Home 366-5097 Office 372-3511

16) LOCATION OF SYSTEM 1220 CARMEL RD (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2165 AT PAGE 573

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.

10-22-73
DATE OF APPLICATION

John Thomas Fielder
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Keep this copy
Original misplaced

Date Issued

Serial No. 4647

ICAR(S) Permit No. 1178

T. C. No.

Map Date

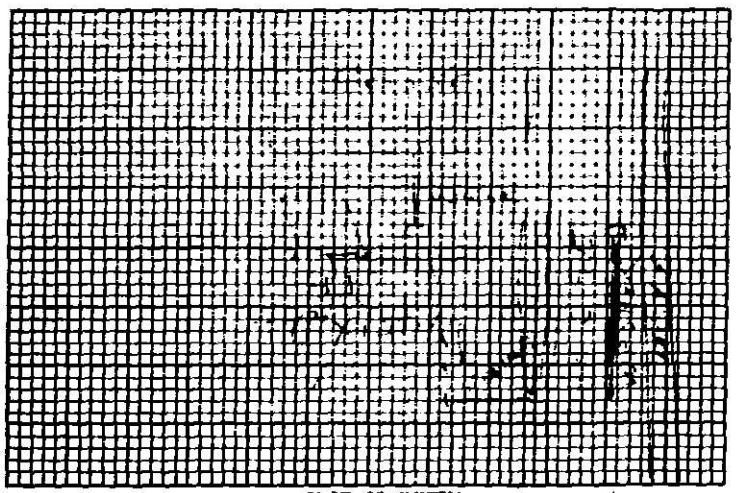
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Nitrification Lines:

Total Line Lenght

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

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:

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

ENVIRONMENTALIST'S COPY Health Department's Copy

Date Issued 12/3/73 **Serial 4230**

C of A (s) No. 7178

T. C. No. _____

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 FIELDER (LAST) JOHN (FIRST) T. (MIDDLE)

Location of Property _____

Application Number 7178 Permit Number 7178

Inspection Data:

Liquid Capacity of Tank RE ST WM Tank Material PA (R) ST. WM

Total Length of Drain Tile ST 175' WM 100 Number of Lines 3 1

Depth of Filter Material ST 17" WM 36" Cover Depth 28"

Water Supply Source IND WELL Distance from Water Source 100+

Excavation Inspected 12/3/73 (DATE) Tank Inspected NA (DATE)

Nitrification Field Inspected 12/3/73 (DATE)

Washing Machine Line Inspected, If Applicable 12/3/73 (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: DUE IRRIGATION LINES UNABLE TO GET FULL AMOUNT OF N.I. LINE INSTALLED

R. B. Grossman

Environmentalist

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

HEALTH DEPARTMENT'S COPY