Date Received 10·16·73 APT No. 712

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Mauney Jr. (LAST) William (FIRST) K. (MIDDLE)

2) ADDRESS OF OWNER P.O. Box 618 Kings Mtn N.C. ZIP 28086

3) PHONE NO. Home 825-5481 Office Mauney Mills

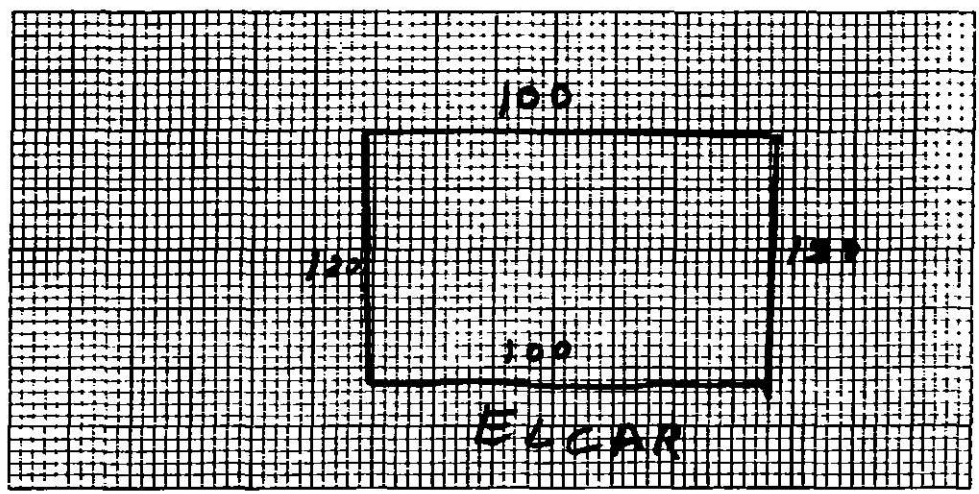
4) LOCATION OF PROPERTY Elam Dr. (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. 25 BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. 25

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

William K. Mauney Jr.
OWNER

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-16-73

ICAR(S) Application No 7112

T C No

Map Date

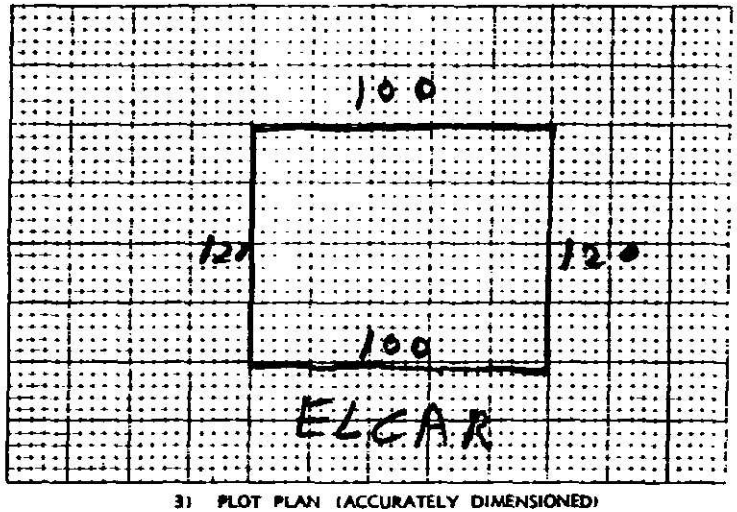
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 300 feet of community sewer ___ Yes ___ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Mauney Jr. (LAST) William (FIRST) K. (MIDDLE)

14) ADDRESS OF OWNER P.O. Box 628 Kings Mtn N.C. 28086

15) PHONE NO. Home 8255481 Office Mauney Mills

16) LOCATION OF SYSTEM Elcar Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 25 Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

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.

10-15-73
DATE OF APPLICATION

William K. Mauney jr.
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 11-5-73 Serial No. 4613 ICAR(S) Permit No. 7114

T. C. No.

Map Date

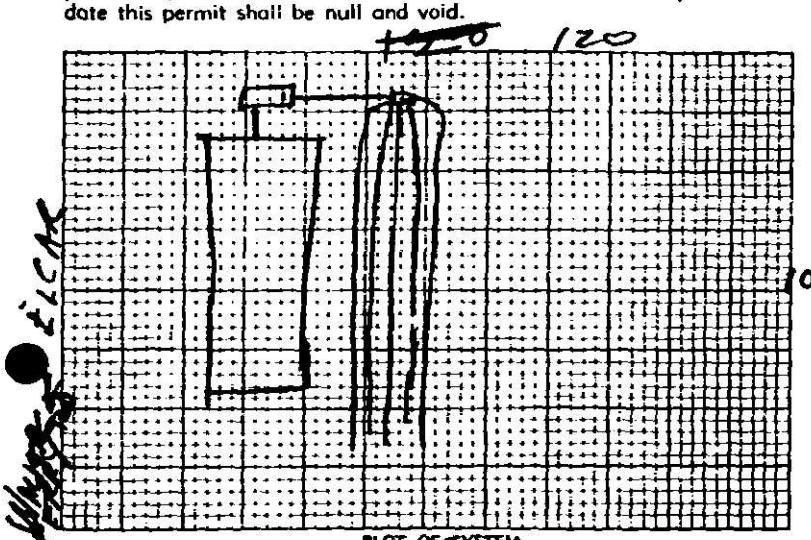
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 2114, dated 10/16/73 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 11-20-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 60 mpi

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 600 ft

Number of Lines 5 (12½ x 80' x 24")

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well 100'+

NAME OF OWNER Wm. K. Mauney

LOCATION OF PROPERTY Elcar Dr Lot 25

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:

JA/LPB

Division or Section Head

L P Bulkeman

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