Date Received 3-22-73

ICAR (S) Application No. 5843

T. C. No. _____

Map Date _____

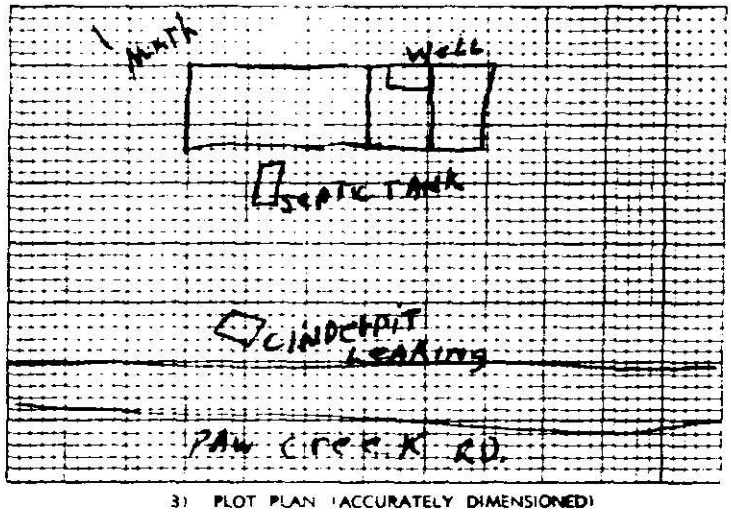
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ____ 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 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. M-19066

12) VA Case No. ____

13) NAME OF OWNER Hooker (LAST) Jr. Roy (FIRST) Bryant (MIDDLE)

14) ADDRESS OF OWNER 5600 Paw Creek RD.

15) PHONE NO. Home 3990635 Office 374 9882

16) LOCATION OF SYSTEM 5600 Paw Creek RD. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 5 Block No. A

Map Book No 7 Page No. 597

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.

DATE OF APPLICATION ____

OWNER Roy B. Hooker Jr.

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. 3682

ICAR(S) Permit No. 5843

Date Issued 5/22

T. C. No. ____

Map Date ____

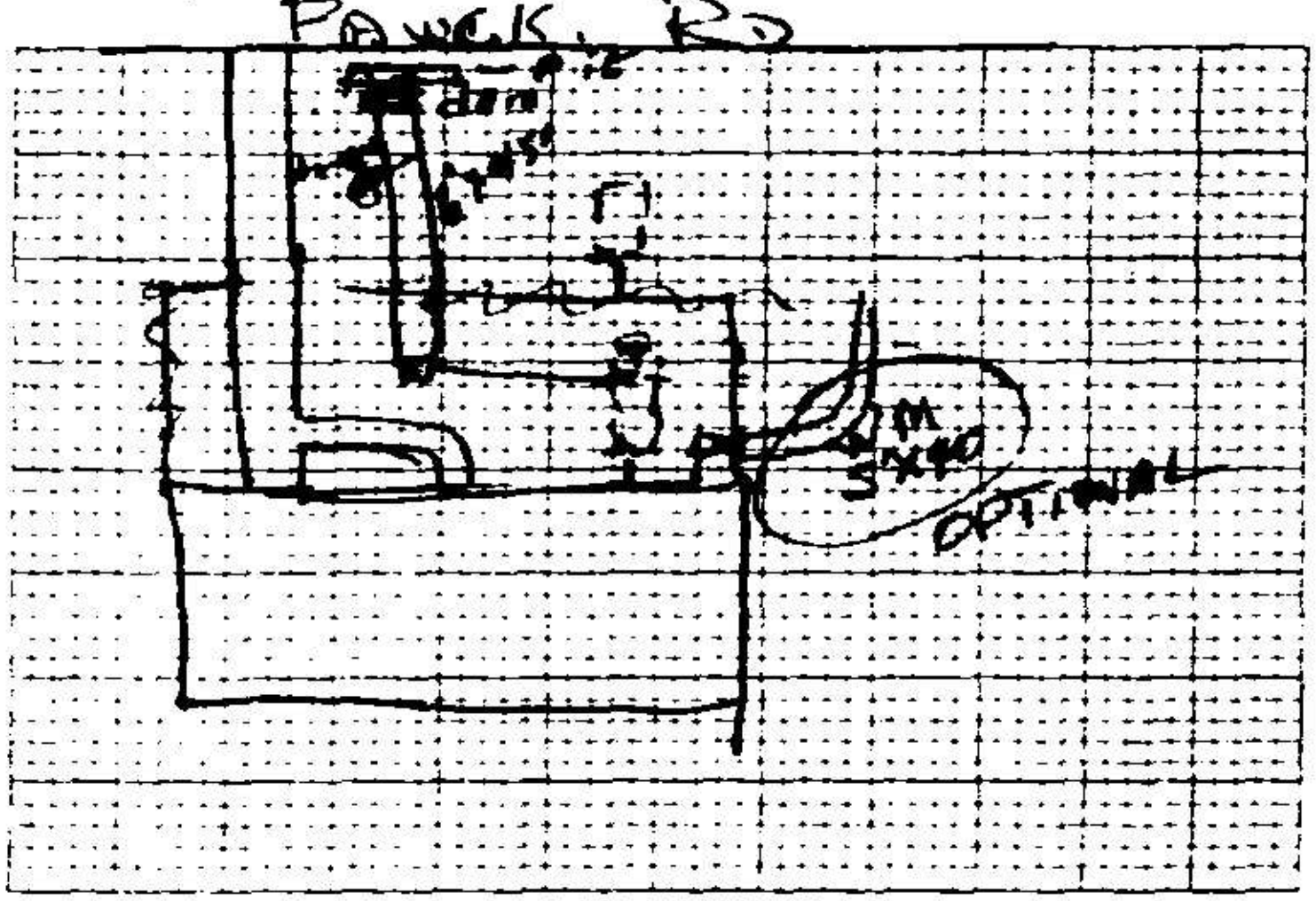
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5843, dated 3/22/73 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 June 14 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: 100 eq. ft. & pit

Total Line Length: 2@6' x 45' + 2 1/2'x 15' 2 lines

Number of Lines: 2

Distance from House: 10'

Distance from Property Line: 10' min.

Distance from Well: 50'+

NAME OF OWNER: ROY B. HOOKER JR.

LOCATION OF PROPERTY: 5600 PAW CREEK RD.

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: Dam @ end of repair line of undisturbed earth before entering pit. New repair 2" below present drain from old box or tank (extra T)

R.L. 11/9 / LPB

Division or Section Head

[signature]

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 S 4

HEALTH DEPARTMENT'S COPY

Date Issued 7/3/73 Serial No. 3542 C of A (s) No. 5843

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 HOOKER (LAST) Roy (FIRST) B (MIDDLE) JR.

Location of Property 5600 PAWCREEK RD

Application Number 5843 Permit Number 5843

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material _____

Total Length of Drain Tile 100 Number of Lines 2 Pit 2½ x 4 x 5'

Depth of Filter Material 17" Cover Depth 22"

Water Supply Source INDWELL Distance from Water Source 50'+

Excavation Inspected 7/3/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7/3/73 (DATE)

Washing Machine Line Inspected, If Applicable NA (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been X 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: Clark

R. B. Dickson Jr.
(Environmentalist)

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

HEALTH DEPARTMENT'S COPY