SEE INSTRUCTIONS ON BACK

Date Received 11-9-73

ICAR(S) Application No 9215

T C No 211 192-31

Map Date 9-5-73

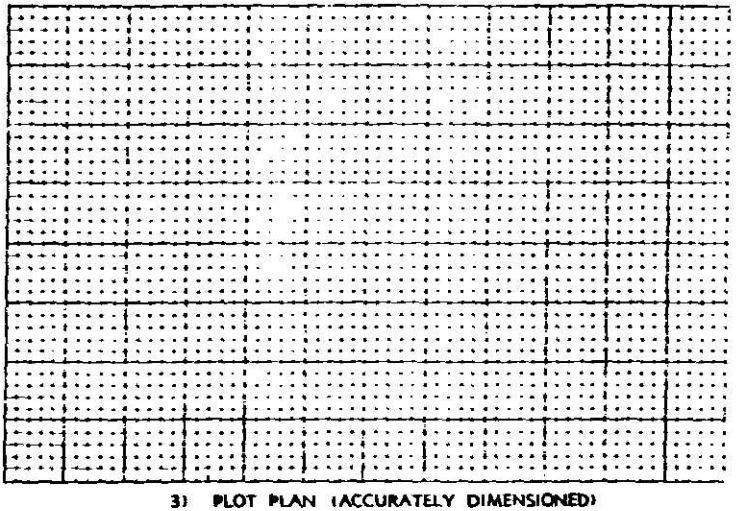
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 Employee

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

10) Sewage System
House located within 200 feet of public sewer ___ Yes ✓ No
House located within 200 feet of common sewer ___ Yes ✓ No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER CHESLEK (LAST) STANLEY (FIRST) A. (MIDDLE)

14) ADDRESS OF OWNER 6601 LYNN AVE

15) PHONE NO. Home 366 6347 Office 373-3944

16) LOCATION OF SYSTEM 6601 LYNN AVE (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ 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.

11-9-73
DATE OF APPLICATION

Stanley A. Cheslek
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 11-20-73

Serial No. 4650

ICAR(S) Permit No. 7215

T. C. No. _____

Map Date _____

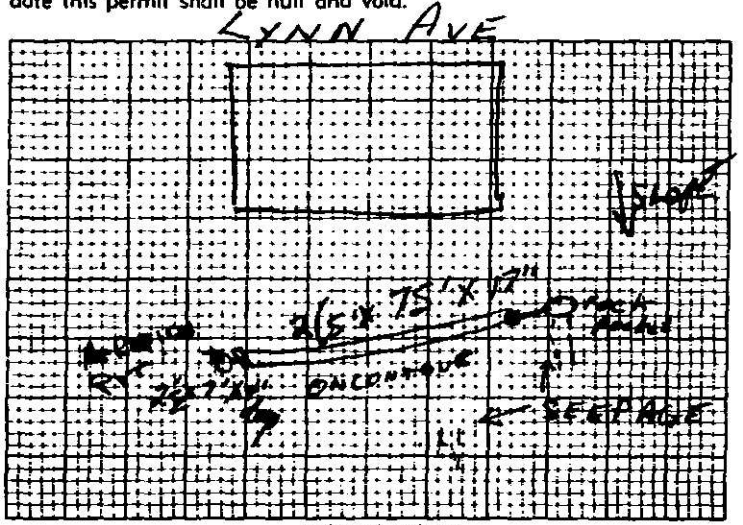
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7215, dated 11/9/73 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 12/1/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1 1

Tank Construction 1 1

Absorption and/or Nitrification Lines:

Total Line Lenght 150'+Pit

Number of Lines 2(5'X75')

Distance from House 40'+

Distance from Property Line 20'+

Distance from Well _____

NAME OF OWNER STAN CHESNEK

LOCATION OF PROPERTY 6601 LYNN 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 concealed.

Comments: CLAY S.T. SVC CONCRETE DAM BETWEEN LINE & PIT LAYOUT FOR T.R. WARD.

JA/LRB

Division or Section Head*

L R Bickerson

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

Date Issued 23 Nov 1973 Serial 4145

C of A (s) No. 7215

T. C. No. 211-192-31

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 Cheresh, Stan (LAST FIRST MIDDLE)

Location of Property 6601 Lynn Ave.

Application Number 7215 Permit Number 7215

Bypass Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 105 Number of Lines 2

Depth of Filter Material 27" Cover Depth 18"

Water Supply Source — Distance from Water Source —

Excavation Inspected 11-23-73 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected (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 in bed 5'x40'x27" - unable to complete 150 lf/ft due to area

Environmentalist John R. Robinson

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

HEALTH DEPARTMENT'S COPY