Date Received 8-13-73

ICAR (S) Application No. 6833

T. C. No.

Map Date

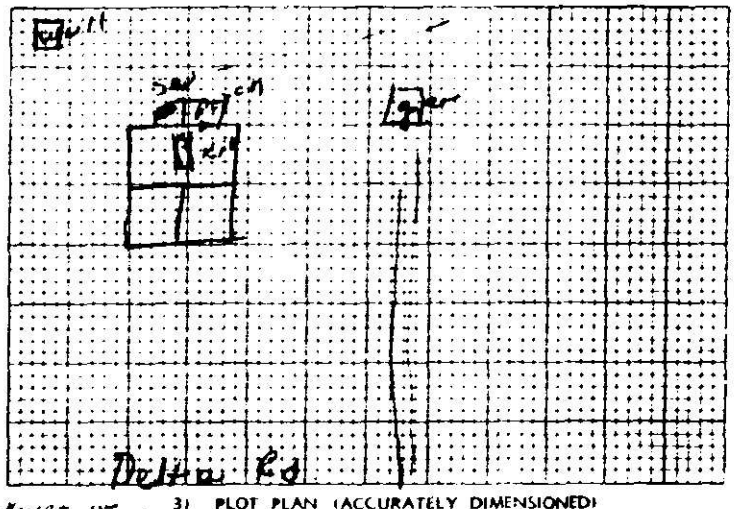
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. washing machine line



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 200 feet of community sewer Yes No
11) FHA Case No.
12) VA Case No

i'm not sure we might need Royal Church.

13) NAME OF OWNER Russell (LAST) MarGaret (FIRST) Teeter (MIDDLE)

14) ADDRESS OF OWNER 9301 Newell-Hickory Grove Rd

15) PHONE NO Home 537-4826 Office 375-6055

16) LOCATION OF SYSTEM 6131 Delta Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK 2415 AT PAGE 517

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.

Aug 9, 1973
DATE OF APPLICATION

Margaret T. Russell
OWNER

FORM NO. E 4 4

HEALTH DEPARTMENT'S COPY

Date Issued 10 Aug 73 Serial No. 4098 ICAR(S) Permit No. 6833

T. C. No.

Map Date

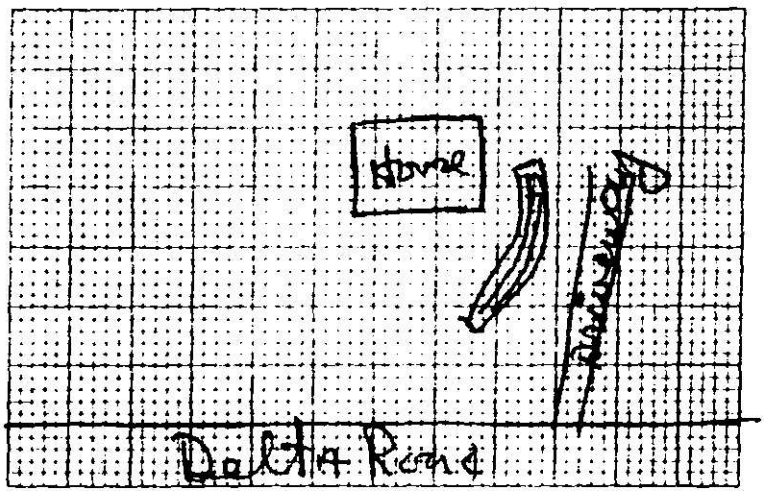
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 6833, dated 9 Aug 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 10 Sept, 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 100'

Number of Lines (2) 5'x50'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Russell, Mrs. Margaret Teeter

LOCATION OF PROPERTY 6131 Delta Road

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: washer line

Division or Section Head

R. M. Reynolds
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 14 Aug 73 Serial No. 3734

C of A (s) No. 6833

T C. No. 103-211-02

Map Date 27 Apr 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Russell, (LAST) Mrs. (FIRST) Margaret (MIDDLE) Teeter

Location of Property 6131 Delta Road

Application Number 6833 Permit Number 6833

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 ft Number of Lines (2) 5' x 50'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source 100' well Distance from Water Source 100'

Excavation Inspected 14 Aug 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 14 Aug 73 (DATE)

Washing Machine Line Inspected, If Applicable 14 Aug 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. —

R. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY