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SEE INSTRUCTIONS ON BACK

Date Received 5-11-73

ICAR (S) Application No 6226

T C No

Map Date

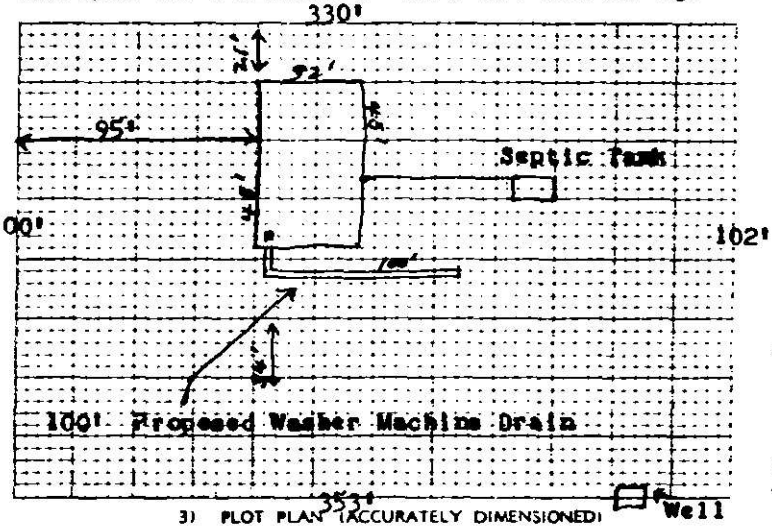
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) XX 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 N/A

6) Washing Machine XX Yes No

7) Garbage Disposal Yes XX No

8) Dishwasher Yes XX No

9) Water Supply
A) Individual Well XX
B) Government System
C) Community System
1) Well source
2) Government source

10) Sewage System
House located within 200 feet of public sewer XX Yes No
House located within 200 feet of community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Maples (LAST) Ray (FIRST) Hope (MIDDLE)

14) ADDRESS OF OWNER 2715 Shamrock Drive, Charlotte, N.C. 28205

15) PHONE NO. Home 536-7914 Office 332-0051

16) LOCATION OF SYSTEM 2639 Shamrock Drive, Charlotte, N.C. 28205 (STREET OR COUNTY ROAD)

17) SUBDIVISION Lot No. 36 & 37 Block No. A

Map Book No. 5 Page No. 323

18) DEED REFERENCE — DEED BOOK 3495 AT PAGE 191

19) HAS A PERCOLATION TEST BEEN RUN? x YES NO DATE RUN Not Known

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.

May 11, 1973
DATE OF APPLICATION

Ray Hope Maples
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

6226

Date Issued 14 May 73

Serial No. 3694

ICAR(S) Permit No [redacted]

T. C. No.

Map Date

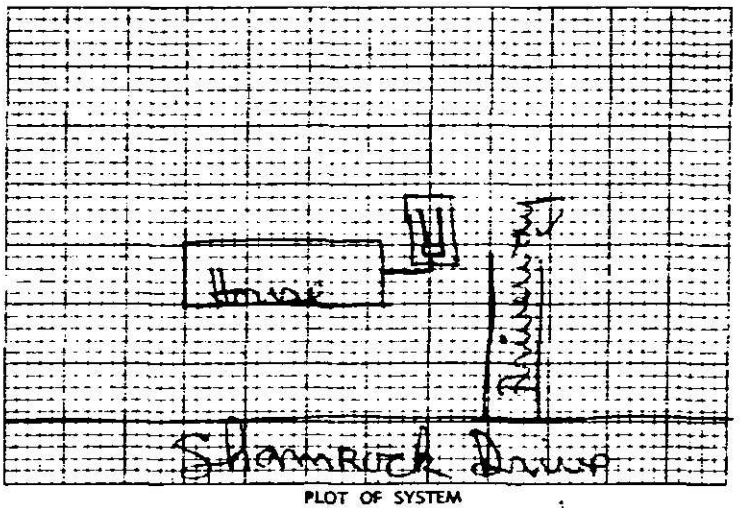
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ____ 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 6226 dated 11 May 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 14 June 73, 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 Ft

Number of Lines Two (5' X 16' Trench)

Distance from House 10'

Distance from Property Line 10'+

Distance from Well N.A.

NAME OF OWNER Maples, Ray Hope

LOCATION OF PROPERTY 2639 Shamrock Drive

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: Clark Septic Tank Sys.

Division or Section Head

G 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

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6226

C of A (s) No [redacted]

Date Issued 15 May 73 Serial No. 3319

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 Maples, Ray Hope (LAST, FIRST, MIDDLE)

Location of Property 2639 Shamrock Dr.

Application Number 2626 Permit Number 2626

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines Two (6'x16'4" stone)

Depth of Filter Material 4'+ Cover Depth 18"

Water Supply Source City Distance from Water Source N.A

Excavation Inspected 15 May 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 15 May 73 (DATE)

Washing Machine Line Inspected, If Applicable 15 May (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: New washer line installation

_____

Environmentalist

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

HEALTH DEPARTMENT'S COPY