B

SEE INSTRUCTIONS ON BACK

Date Received 4-26-73

ICAR (S) Application No. 6109

T. C. No. _____

Map Date _____

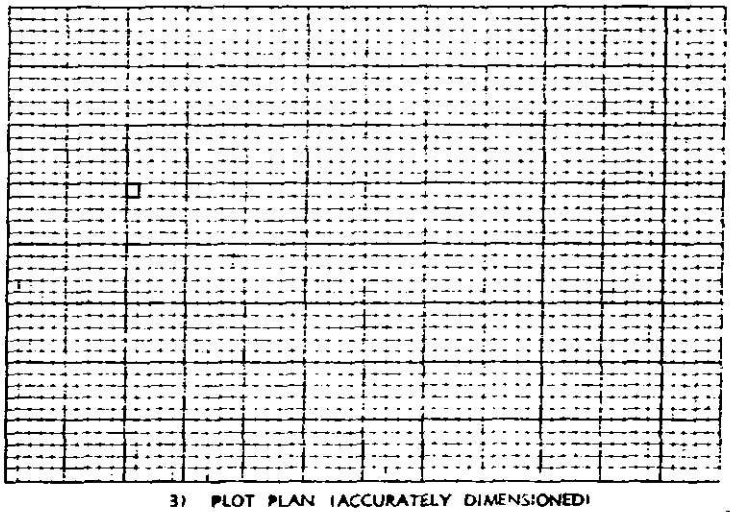
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine ____Yes 4 No

7) Garbage Disposal ____Yes 4 No

8) Dishwasher ____Yes 4 No

9) Water Supply
A) Individual Well 4
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. _____

13) NAME OF OWNER KISER (LAST) N (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER 109 Chanticleer Ct

15) PHONE NO. Home 3925575 Office 3925306

16) LOCATION OF SYSTEM 109 Chanticleer Ct (STREET OR COUNTY ROAD) Chanticleer Ct.

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.

4-26-73
DATE OF APPLICATION

N C Kiser
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 4/26/73

Serial No. 3606

ICAR (S) Permit No. 6109

T C. No 031-086-46

Map Date 4-10-72

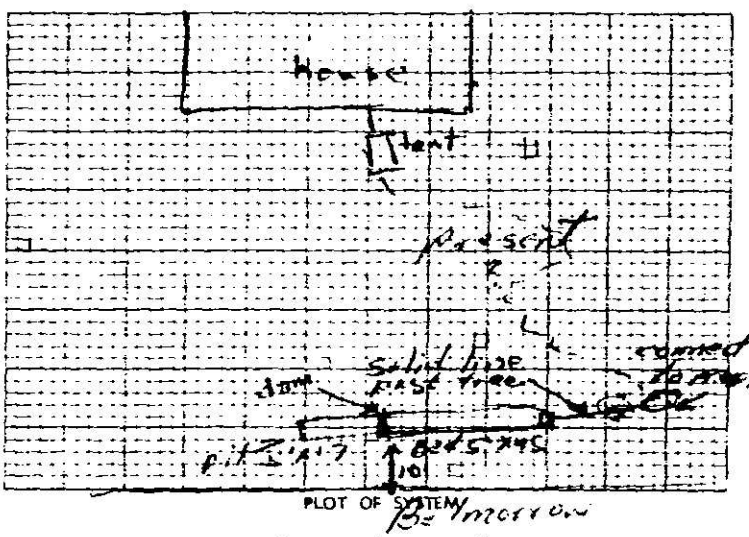
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6109, dated 4/26/73 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 5/10/73, after which date this permit shall be null and void.



Percolation Rate REPAIR

Liquid Capacity of Tank ?

Tank Construction ?

Absorption and/or Nitrification Lines:

Total Line Lenght Bed 5'x45'x34' w/Pit 5'x47'x4' Stone

Number of Lines ___

Distance from House 40'

Distance from Property Line 10'

Distance from Well 75'+

NAME OF OWNER V.C. Kisle

LOCATION OF PROPERTY 109 Chanticleer Ct.

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: Pit & 1st Stone over end of present line - Solid line to 1st box & repair

Morlow-5/5/73

Division or Section Head

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 DEPARTMENTS COPY

Date Issued 5/16

Serial No. 3302

C of A (s) No. 6109

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 KISER (LAST) V (FIRST) C (MIDDLE)

Location of Property RR CHANTICLEER Cr

Application Number 6109 Permit Number 6109

Inspection Data:

Liquid Capacity of Tank KEYSTONE Tank Material >

Total Length of Drain Tile 200' Number of Lines Bed 5 @ 45' x 3' Apt 5 x 12' x 4'

Depth of Filter Material 34" - 48" Cover Depth 18"

Water Supply Source Town well Distance from Water Source ± 75'

Excavation Inspected 5/17/73 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 5/17/73 (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, X 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: This system is close to 1" water main, blocked by concrete dam

E R Bruton Jr

Environmentalist

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

HEALTH DEPARTMENT'S COPY