SEE INSTRUCTIONS ON BACK

Date Received 5-16-73 ICAR(S) Application No. 6308

T C No. _____

Map Date _____

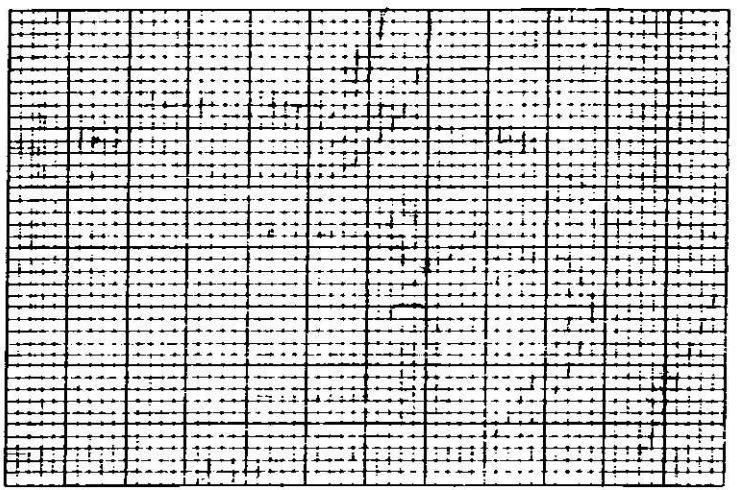
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 on individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms _____

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. _____

13) NAME OF OWNER _____
LAST FIRST MIDDLE

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____ Lake Shore Dr.
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.

_____ _____
DATE OF APPLICATION OWNER

FORM NO. E-4-4-1-71 **HEALTH DEPARTMENT'S COPY**

Date Issued 31 May 73

Serial No. 3776

ICAR(S) Permit No. 6308

T C. No. 001-032-16

Map Date 3 Jul 73

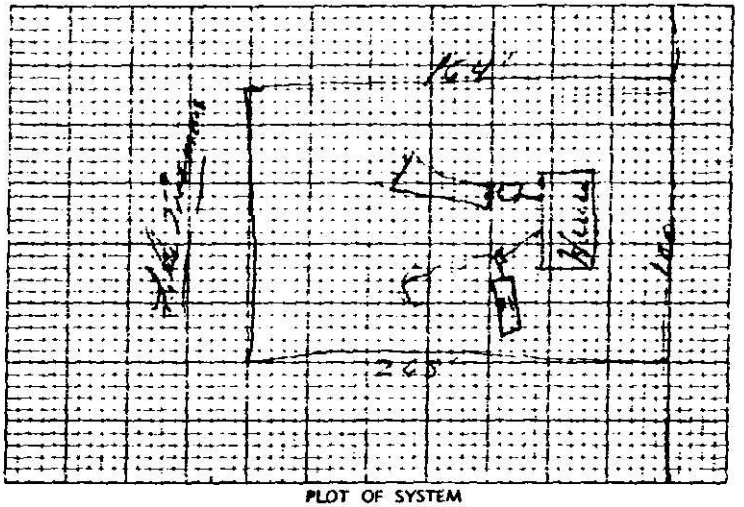
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Ditch

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 6308, dated 15 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 30 Jun 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 150'

Number of Lines 3 (72'X25'X34")

Distance from House 30'

Distance from Property Line 20'

Distance from Well 75'

NAME OF OWNER [illegible] (Col)

LOCATION OF PROPERTY [illegible] (Cobb Rowan)

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: [illegible]

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 DEPARTMENT'S COPY

Date Issued 14 June 73

Serial No. 3389

C of A (s) No. 6308

T. C. No 001-032-16

Map Date 23 Jul 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Cross (LAST) Christopher (FIRST) (G) (MIDDLE)

Location of Property Lake Shore Manor (Lake Norman)

Application Number 6308 Permit Number 6308

Inspection Date: May 22nd

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 150' ea Number of Lines 3 (7½' x 25' x 34')

Depth of Filter Material 34" Cover Depth 18"

Water Supply Source City Distance from Water Source City

Excavation Inspected 31 May 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 31 May 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: Gen Storms Control

Environmentalist

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

HEALTH DEPARTMENT'S COPY