Date Received 3 20 73

ICAR (S) Application No 5783

T C No

Map Date

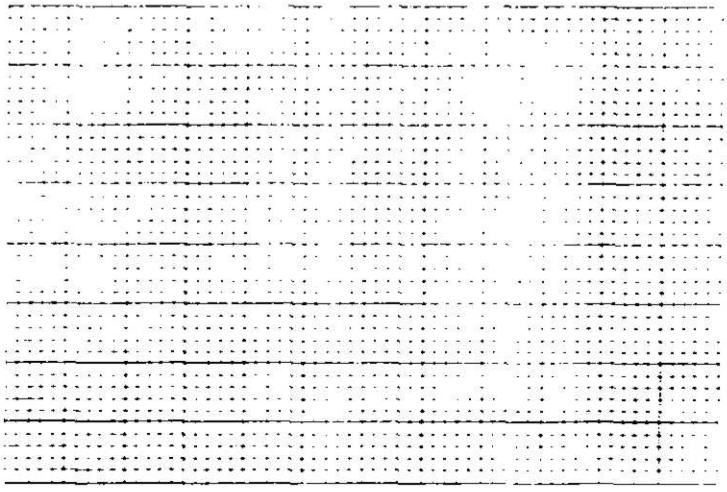
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

( ) Install or Construct (✓) Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



3

Bathroom Sinks No.

Employees

A Washing Machine (✓) Yes ( ) No

B Garbage Disposal ( ) Yes (✓) No

C Dishwasher ( ) Yes (✓) No

D Water Supply

A Individual Well (✓)

B Governmental System ( )

C Community System

Well Inside ( )

Governmental System ( )

Sewage System

House located within 200 feet of public sewer ( ) Yes (✓) No

House located within 200 feet of community sewer ( ) Yes (✓) No

FHA Case No ( )

VA Case No ( )

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Beasley (LAST) Robert (FIRST) Lawson (MIDDLE)

14) ADDRESS OF OWNER 4937 Hoover Drive

15) PHONE NO Home 596-6172 Office 875-6511 Ext. 8

16) LOCATION OF SYSTEM 4937 Hoover Drive (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.

March 17, 1973
DATE OF APPLICATION

Robert L. Beasley
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. 2269 ICAR(S) Permit No. 5783

Date Issued May 23 T C No 045-362-06

Map Date 7 Aug 72

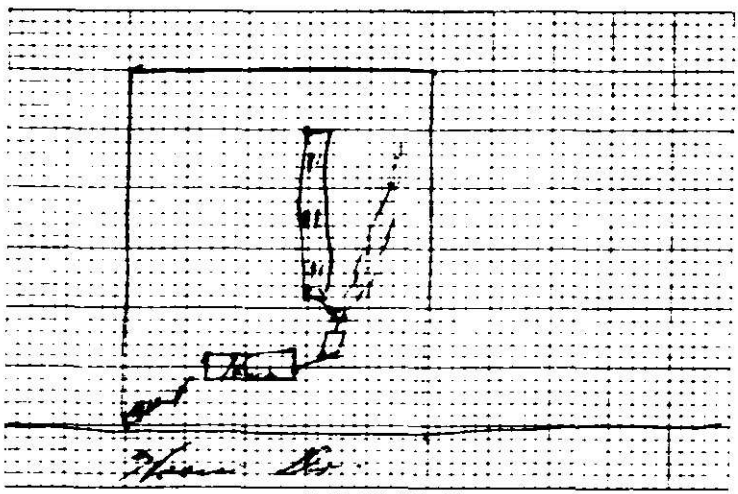
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5783 dated 24 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 1 Sept 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 200'

Number of Lines 2 (3 X 50' X 34")

Distance from House 60'

Distance from Property Line 25'

Distance from Well 60'

NAME OF OWNER Bentley, Robert Lawson

LOCATION OF PROPERTY 4937 Texas 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 3" Pipe (Total)

Division or Section Head _____

Environmentalist W. H. Kirby

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 5-41-71

[illegible] DEPARTMENTS COPY

Date Issued 27 Apr 23

Serial No. 3243

C of A (s) No. 5783

T. C. No 045-362-06

Map Date 9 Aug 22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Bradley, Robert Lawson
LAST FIRST MIDDLE

Location of Property 4937 Hoose Mine

Application Number 5783 Permit Number 5783

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Typar

Total Length of Drain Tile 200' Number of Lines 2 (5 @ 150' x 24")

Depth of Filter Material 24" Cover Depth 24"

Water Supply Source Well Distance from Water Source 60'

Excavation Inspected 27 Apr 23 DATE Tank Inspected — DATE

Nitrification Field Inspected 27 Apr 23 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 W. B. Floyd (Cont.)

M. L. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY