SEE INSTRUCTIONS ON BACK

Date Received 2-21-73

ICAR(S) Application No. 5617

T. C No _____

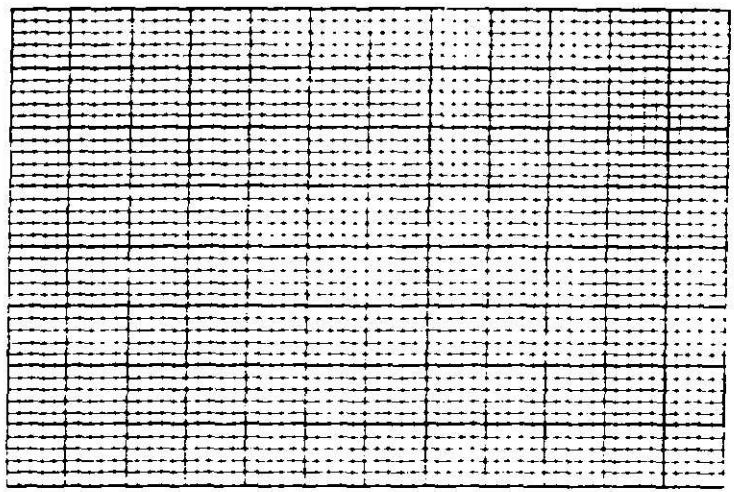
Map Date _____

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 3

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 Williams (LAST) Alene (FIRST) Kiser (MIDDLE)

14) ADDRESS OF OWNER 303 E. Todd Ln Charlotte N.C.

15) PHONE NO Home 394-1345 Office _____

16) LOCATION OF SYSTEM Same (STREET OR COUNTY ROAD)

17) SUBDIVISION Todd Park 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.

2-21-73
DATE OF APPLICATION

Alene K. Williams
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3354

ICARIS Permit No. 5617

Date Issued 1 Mar 1973

T C No. 057-092-01

Map Date 1-22-73

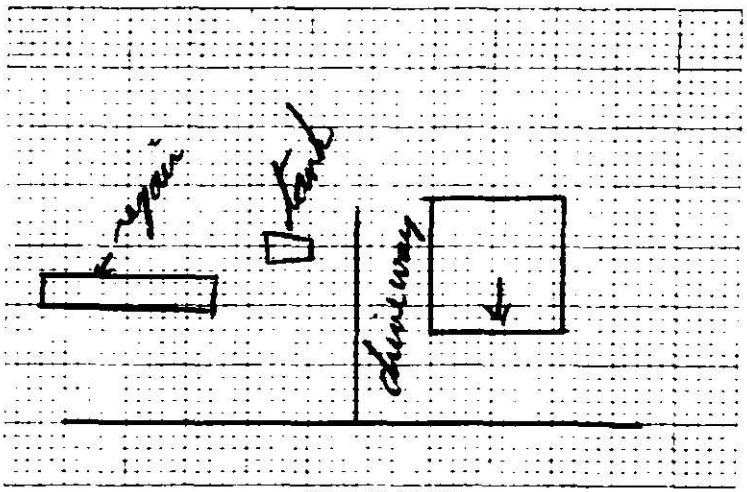
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted 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 5617, dated 2-21-73 and this permit shall be void or of no effect if the information provided in the application is not true or is erroneous in any way. All work shall be completed on or before 1 April 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Repair Data

Absorption and/or Nutrification Lines

Total Line Length 100 l/ft

Number of Lines 2 (5' X 1½')

Distance from House 25'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Williams, Alene Kisor

LOCATION OF PROPERTY 303 E. Todd Lane Charlotte N.C.

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 _____

Division or Section Head _____

Environmentalist John R. Abisson

* 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-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 17 Mar 73

Serial No. 3043

C of A (s) No. 5617

T. C. No. 057-092-01

Map Date 22 Jan 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Williams (LAST) Glen (FIRST) Lee (MIDDLE)

Location of Property 303 E. Todd Lane Charlotte NC

Application Number 5617 Permit Number 5617

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Repair

Total Length of Drain Tile 100' Number of Lines 2 (5'x16'x48")

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source ~~Cisty~~ Lee Todd Distance from Water Source 50'

Excavation Inspected 17 Mar 73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 17 Mar 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, _____ 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: J. Stamus (Contr)

Environmentalist

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

HEALTH DEPARTMENT'S COPY