Date Received 1-2-73

ICAR(S) Application No. 5412

T. C. No. 005-071-05

Map Date 25 May 71

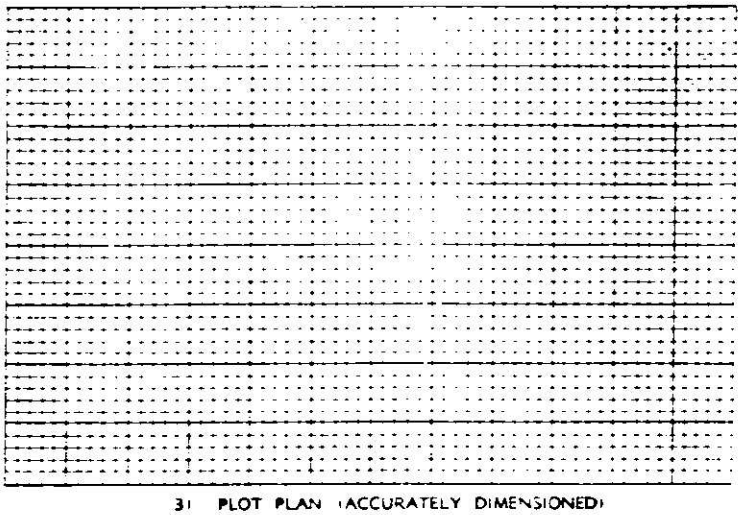
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2

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 Westmoreland — Katherine — Bell
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 45-14 Myrtle Drive Charlotte, N. C.

15) PHONE NO Home 333-5715 Office

16) LOCATION OF SYSTEM Highway 73
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.

15 Jan 1973
DATE OF APPLICATION

Katherine B. Westmoreland
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued January 16, 1973 Serial No. 2448

LA No. 5412

T C. No. 005-071-05

Map Date 5-25-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Westmoreland (LAST) Katherine (FIRST) Bell (MIDDLE)

ADDRESS OF OWNER A5-19 Myrtle Apartments ZIP _____

LOCATION OF LOT Highway 73 (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption effluent discharge based on the percolation test results which yielded a percolation rate of * on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation Construction, Alteration, and/or Repair Permit" number 5412. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

KR * A 100 feet addition to washing machine drain field will be installed.

M. L. Kirby
Environmentalist

John R Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5 June 73

Serial No. 3777

ICAR (S) Permit No. 5412

T. C. No. 005-021-05

Map Date 25 May 71

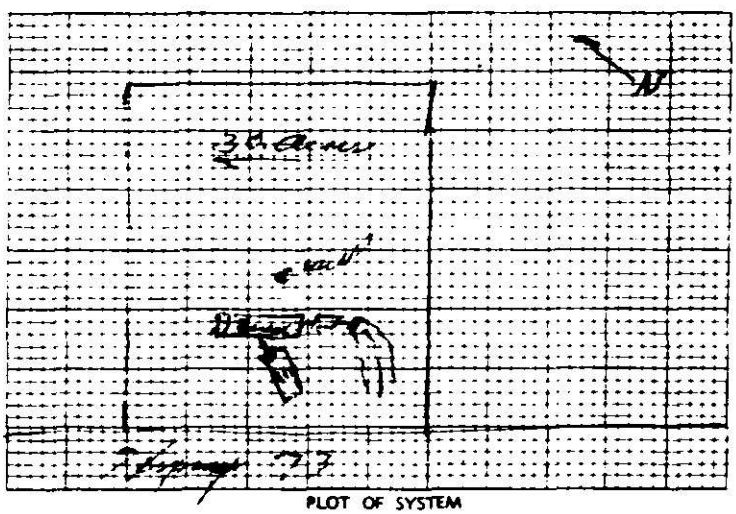
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 5412, dated 4 June, 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 July 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' W/All

Number of Lines 3 (2 x 33 x 17')

Distance from House 15'

Distance from Property Line 100'

Distance from Well 60'

NAME OF OWNER Pentecostal, Holiness Church

LOCATION OF PROPERTY Hwy 73

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: Trenches Diagonal (Typ.)

Septic Tank & Drain Field already exists.

_____ _____

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