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SEE INSTRUCTIONS ON BACK

Date Received 3-12-74

ICAR (S) Application No 7198

T C No

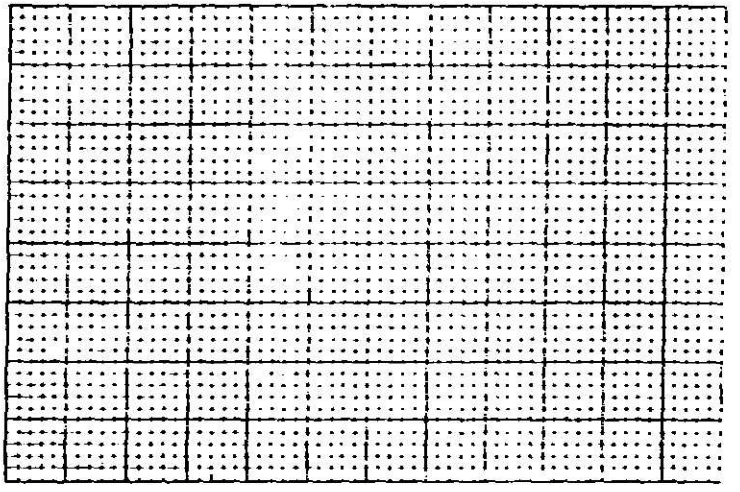
Map Date

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: 2

5 Business Use: Max No Employees

6 Washing Machine: ✓ Yes No

7 Garbage Disp.: Yes ✓ No

8 Dishwasher: Yes ✓ No

9 Water Supply:
- A Individual Well: ✓
- B Government's ... Name:
- C Community System:
  - 1 Well source:
  - 2 Government's 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 McSwain (LAST) [redacted] (FIRST) James Franklin (MIDDLE)

14) ADDRESS OF OWNER R-3 Matthews N.C.

15) PHONE NO. Home 545 6230 Office

16) LOCATION OF SYSTEM Helena Circle (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.

11 Mar 74
DATE OF APPLICATION

Franklin McSwain
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4954 ICAR(S) Permit No. 7198

Date Issued 12 Mar 74

T C No. 195-991-10

Map Date 5-4-73

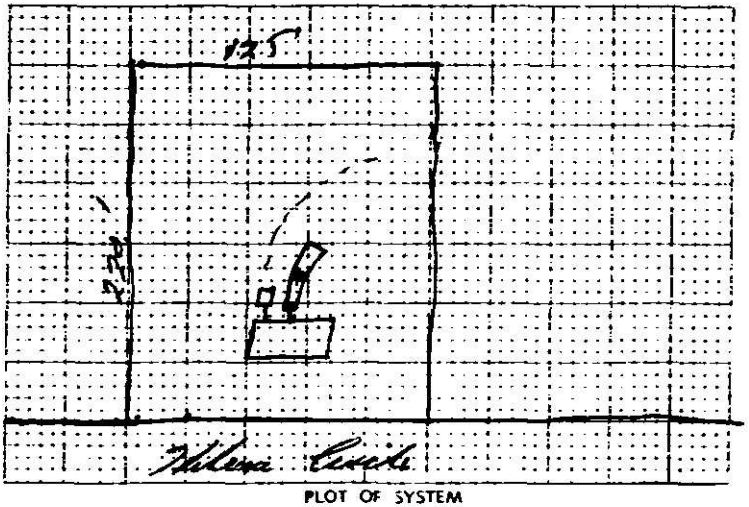
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby 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 _____, dated 12 Mar 74 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 12 Apr 74, 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'

Number of Lines 3(9½'x50'x17")

Distance from House 10'

Distance from Property Line 50'

Distance from Well _____

NAME OF OWNER McLevin, P. D.

LOCATION OF PROPERTY Helena Circle (Lot 14)

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 Cochise Lawn Inc (Cont)

Division or Section Head _____ Environmentalist M C 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.

COPY E-5-8-1-72

HEALTH DEPARTMENT'S COPY

Serial 4516

C of A (s) No. 7198

Date Issued 13 Mar 74

T. C. No. 19-091-10

Map Date 5-Sep 73

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Mc Lawson (LAST) , (FIRST) E. (MIDDLE)

Location of Property Yellow Rose (Lot 14)

Application Number 7198 Permit Number 7198

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 100' Number of Lines 3 @ 25'X50'X17"

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Drilled Well Distance from Water Source 100'

Excavation Inspected (DATE) _____ Tank Inspected (DATE) _____

Nitrification Field Inspected (DATE) _____

Washing Machine Line Inspected, If Applicable 13 Mar 74 (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: Carolina Town Service (Contr.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY