SEE INSTRUCTIONS ON BACK

Date Received 6/11/23 (CARES) Application No 6467

T C No 023-092-13

Map Date 12/22/23

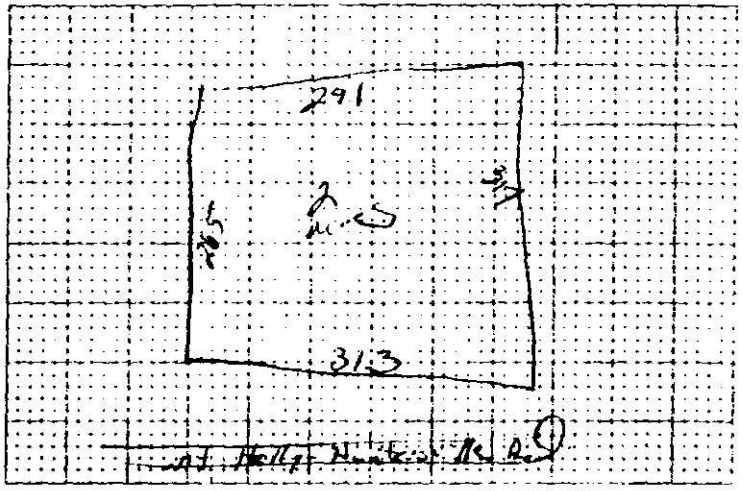
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge (2 bedrooms now) needs 3 BD



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) Government System ___
C) Community System ___
1 Well Source ___
2 Government ___

10) Sewage System
House located within ___ 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 Beck (LAST) Jackie (FIRST) Lee (MIDDLE)

14) ADDRESS OF OWNER Rt. 9 Box 194-B Charlotte N.C.

15) PHONE NO Home 399-1120 Office 392-4671

16) LOCATION OF SYSTEM Mt. Holly-Huntersville Rd. (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 content 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 Jackie L. Beck

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 13, 1973

Serial No. 3040

LA No. 6467

T C No. 023-092-13

Map Date ~~1-22-73~~

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 Beck (LAST) Jackie (FIRST) Lee (MIDDLE)

ADDRESS OF OWNER Route 9, Box 194-B ZIP _____

LOCATION OF LOT Mt. Holly-Huntersville Road (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 6467. 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

* May use existing system.

Environmentalist

John R. Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY