SEE INSTRUCTIONS ON BACK

Date Received 4-2-73

ICAR(S) Application No. 5901

T. C. No. _____

Map Date _____

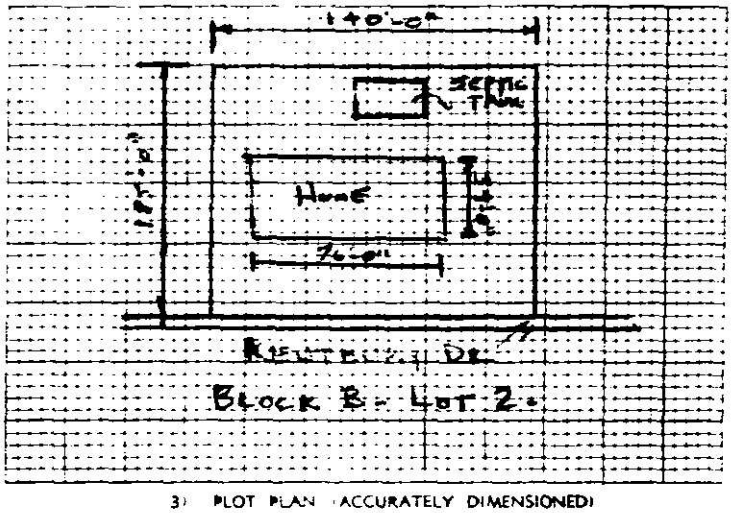
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) __X__ 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 X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply:
- A) Individual Well X
- B) Governmental System ___
- C) Community System
  - 1 Well source ___
  - 2 Governmental source ___

10) Sewage System.
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER Messer (LAST) John (FIRST) Rush (MIDDLE)

14) ADDRESS OF OWNER 615 Kentberry Drive Charlotte, N.C. 28214

15) PHONE NO. Home 399 0340 Office 332 5086 (Wife)

16) LOCATION OF SYSTEM 615 Kentberry Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Coulwood Lot No. 2 Block No. B

Map Book No 12 Page No. 37

18) DEED REFERENCE — DEED BOOK 2224 AT PAGE 385

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.

Feb. 28, 1973
DATE OF APPLICATION

Mrs. J. R. Messer
OWNER

FORM NO E-4-4-1-73

HEALTH DEPARTMENT'S COPY

Serial No. 3488

ICAR (S) Permit No. 5901

Date Issued 4-5-73

T. C. No. 031-096-28

Map Date 10/10/72

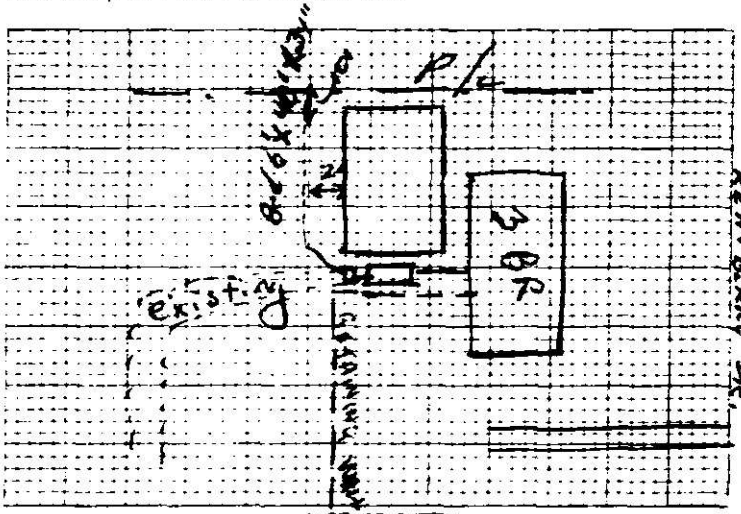
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5901, dated 4-2-73 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 5/5/73, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate Repair

Liquid Capacity of Tank "

Tank Construction "

Absorption and/or Nitrification Lines

Total Line Lenght 100 equiv.

Number of Lines 1 (Bed 40'x6'x3'")

Distance from House 20'+

Distance from Property Line 10' min

Distance from Well 70'+

NAME OF OWNER JOHN R. MESSER

LOCATION OF PROPERTY 615 KENTBERRY DR.

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: COLLWOOD LOT 2 BL B

REPAIR LINE TAPPED TO DIST. BOX ½" BELOW EXISITING LINES !!!

R. L. McWilliams (JHS)

Division or Section Head

L R Justice

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 (7-71)

HEALTH DEPARTMENT'S COPY

Date Issued 5/7/73 Serial No. 3284 C of A (s) No. 5901

T. C. No. 031-086-28

Map Date 10/16/72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner MESSER (LAST) JOHN (FIRST) R (MIDDLE)

Location of Property 615 KENTMERRY DR. (COLWOOD)

Application Number 5901 Permit Number 5901

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material ?

Total Length of Drain Tile 2 (BED 40'X6'33"+) Number of Lines 2

Depth of Filter Material 34"+ Cover Depth 18+

Water Supply Source INDIVIDUAL Distance from Water Source 70'+

Excavation Inspected 5/7/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5/7/73 (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, X 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: B. Lee - Dist balanced to feed (upper) repair 1st

L L Bridgeman
(Environmentalist)

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

HEALTH DEPARTMENT'S COPY