Date Received 1-12-73

ICAR(S) Application No. 5434

T. C. No. 167-021-09

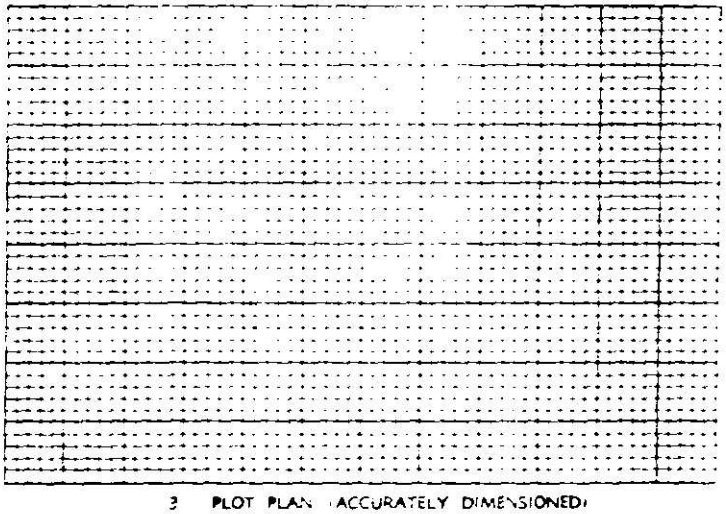
Map Date

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 Yes X No

9) Water Supply
- A) Individual Well
- B) Governmental System X
- 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 Keever (LAST) J. (FIRST) Allen (MIDDLE)

14) ADDRESS OF OWNER c/o John M. Dwelle Co., 111 Latta Arcade, Charlotte, N.C.

15) PHONE NO Home ___ Office 334-6801

16) LOCATION OF SYSTEM 629 Knight Court (STREET OR COUNTY ROAD)

17) SUBDIVISION Yorkmont (/) Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X 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.

January 16, 1973
DATE OF APPLICATION

Owner: John M. Dwelle Company, agent

FORM NO E-4-4-1-73

HEALTH DEPARTMENT'S COPY

Date Issued 11/31/73

Serial No. 7289

ICAR(S) Permit No. 5434

T. C No 167-021-09

Map Date ____

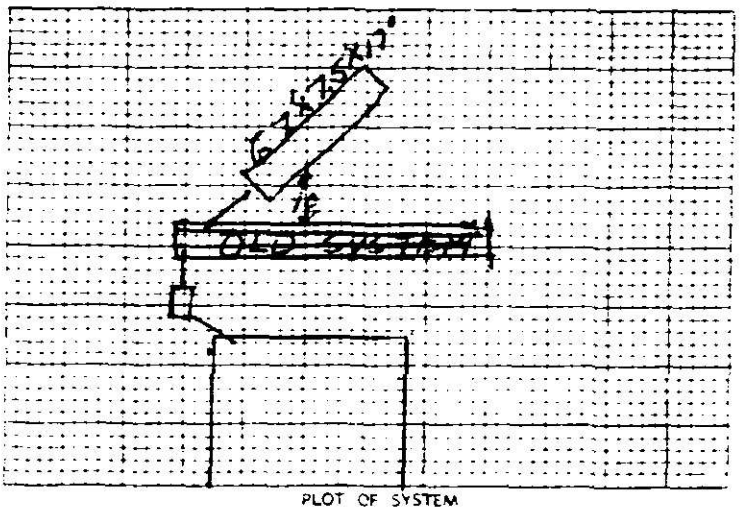
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5434 dated 11/7/73 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 2/9/73, 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 200

Number of Lines 3 [7.5 X 67 X 17]

Distance from House 25'

Distance from Property Line 10 +

Distance from Well N/A

NAME OF OWNER JOHN DWELLE CO.

LOCATION OF PROPERTY 629 KNIGHT COURT

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 3 LINES [7.5 X 67 X 17"] put on grade trench, app² 24" cover, 17" Stone

Division or Section Head

John Gibson
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-S-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7 Feb 1973 Serial No. 2732

C of A (s) No. 5434

T. C. No. 167-021-09

Map Date —

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner John Revelle Co (FIRST) (MIDDLE)

Location of Property 629 Knight Court

Application Number 5434 Permit Number 5434

Repair

~~Inspection Date:~~

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200 ± lft Number of Lines 3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source — Distance from Water Source —

Excavation Inspected 2-1-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 2-7-73 (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, ✓ 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 none

John Atkisson

Sanitationalist

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

HEALTH DEPARTMENT'S COPY