Date Received 3-16-73

ICAR(S) Application No. 5772

T C No 97-012-12

Map Date

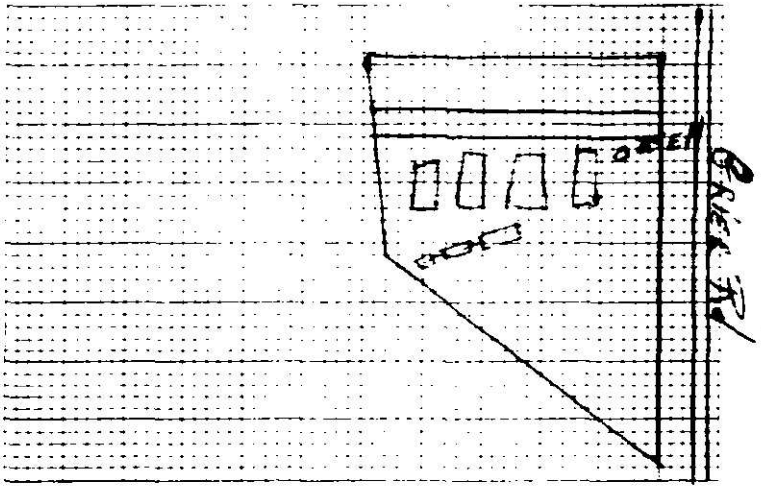
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Baths
5 Bedrooms Main No.
Employees
6 Washing Machine Yes ___ No
7 Garbage Disposal Yes ___ No
8 Dishwasher Yes ___ No
9 Water Supply
A Individual Well ✓
B Government Supply
C Community System
1 Well source
2 Government supply
10 Sewage System
House located within 200 feet of public sewer Yes ___ No ✓
House located within 300 feet of community sewer Yes ✓ No
11 FHA Case No
12 VA Case No

13) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office 374-2171

16) LOCATION OF SYSTEM [illegible] (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.

3-7-73
DATE OF APPLICATION

James B McLaughlin, Mgr.
OWNER

FORM NO. E-4-4-(-2)

HEALTH DEPARTMENT'S COPY

Serial No. 7292

ICAR(S) Permit No. 5772

Date Issued 2/12/73

T C No 041 012 02

Map Date

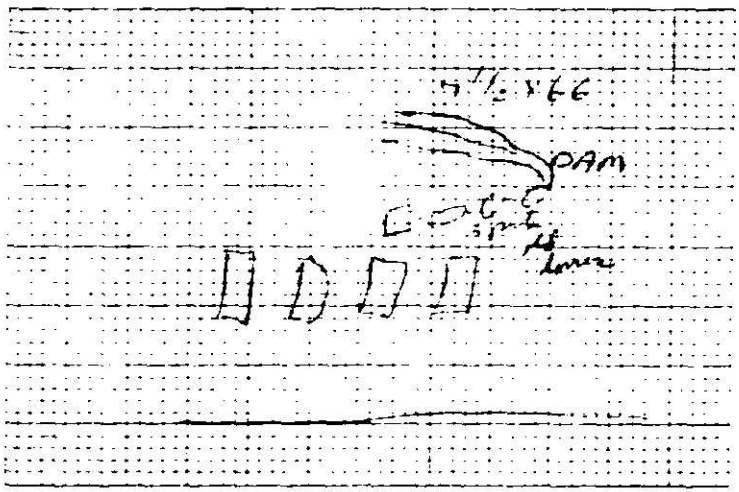
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated 2-12-73 and this permit shall be void at no effect if the information provided in the application is not true or is ettoneous. All work shall be completed on or before 3-26-73 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

Distance from House —

Distance from Property Line —

Distance from Well 100'

NAME OF OWNER D. E. Laughlin, Jr. (Contr) Bruce

LOCATION OF PROPERTY Lot #10 Box 617-246 Bruce Rd.

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 3½ x 66' dam from old lines

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

DEPARTMENT'S COPY

Date Issued 3/16/73

Serial No. 3055

C of A (s) No. 5772

T C. No. 047-062-02

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 Mc Laughlin (LAST) T. (ONLY) (FIRST) Brice (MIDDLE)

Location of Property Brin Rd. Lot 6-7-8-9

Application Number _____ Permit Number 3392

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200' Number of Lines 4

Depth of Filter Material 17" Cover Depth 2'

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 3/16/73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 3/16/73 (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 _____

Gerald Stepp
Environmentalist

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

HEALTH DEPARTMENT'S COPY