SEE INSTRUCTIONS ON BACK

Date Received 7 18 73

MECK COUNTY HEALTH DEPT. RECEIVED JUL 1973

GARIS: Application No 6679

T C No

Map Date

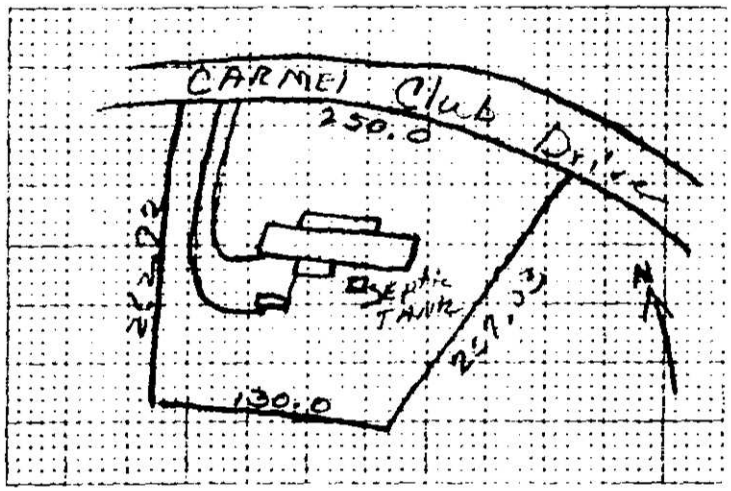
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5

5) Business Use Max. No. Employees

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher X Yes No

9) Water Supply
a) Individual Well
b) Government
c) Community System
1) Well Source X
2) Government

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 Cox, Marie M. (Mrs. Wm. M.)
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 5117 Carmel Club Drive

15) PHONE NO Home 366-3800 Office 377-6561

16) LOCATION OF SYSTEM 5117 Carmel Club Drive
STREET OR COUNTY ROAD

17) SUBDIVISION Tuckaway Park Lot No 3 Block No 1

Map Book No 1580 Page No. 511

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

7-17-73
DATE OF APPLICATION

Marie M. Cox
OWNER

Form No. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12-10-73

Serial No. 4751

ICAR(S) Permit No. 6679

T. C. No 211-181-15

Map Date 9-5-73

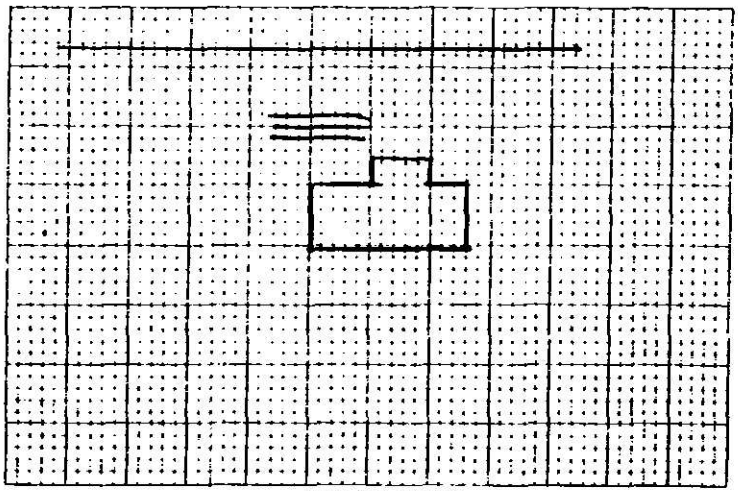
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 6675, dated 7-17-73 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 1-1-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Repair Data

Absorption and/or Nitrification Lines:

Total Line Lenght 1000 ft

Number of Lines 3

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Cox, Marie M.

LOCATION OF PROPERTY 5113 Camel Club Drive

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: in bed 2½ x 33' x 1' #10 stone

✓ Division or Section Head

John R Robinson 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

HEALTH DEPARTMENT'S COPY

Date Issued 12-11-23

Serial 4322

C of A (s) No. 6629

T. C. No. 211-181-15

Map Date 9-5-23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Cox (LAST) Mavis (FIRST) M. (MIDDLE)

Location of Property 5113 Camel Club Drive

Application Number 6629 Permit Number

Repair Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 ± Lft Number of Lines 3

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 50' ±

Excavation Inspected 12-11-23 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 12-11-23 (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. Line from septic tank and from tank to distribution box replaced

John R. Hickson

Environmentalist

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

HEALTH DEPARTMENT'S COPY