SEE INSTRUCTIONS ON BACK

Date Received 5 31 73 (CAK'S) Application No 6391

T C No

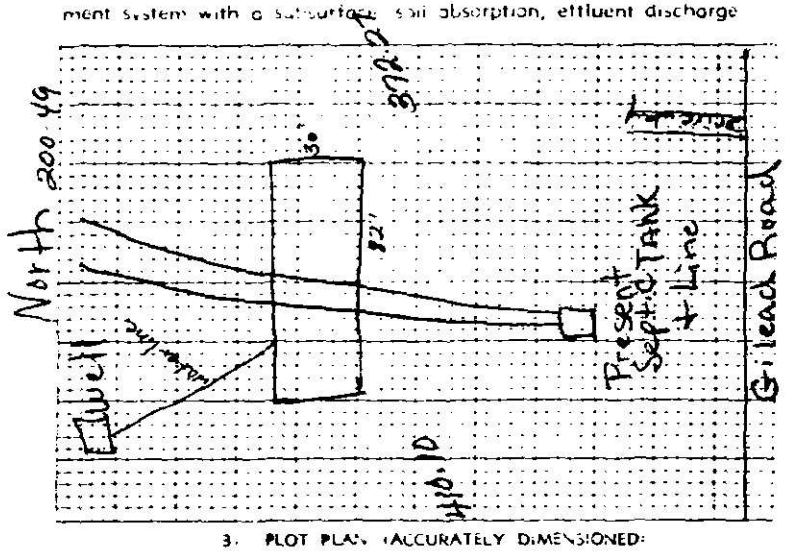
Map Date

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 ✓ 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 Estimated Max No Employees ___

6 Washing Machine ✓ Yes ___ No

7 Garbage Disposal ___ Yes ✓ No

8 Dishwasher ___ Yes ✓ No

9 Water Supply
A Individual Well ✓
B Community System ___
C Other (Specify)
1 Well ___
2 Community System ___

10 Sewage System
Private (Individual) ___
If Public (Community) ✓ No
Private (Individual) ___
If Community (Lease) Yes ✓ No

11 FHA Case No ___

12 VA Case No ___

13) NAME OF OWNER Pender (LAST) Samuel (FIRST) Edward (MIDDLE)

14) ADDRESS OF OWNER Rt 3 Box 29 Huntersville, N.C. 28078

15) PHONE NO Home 875-2482 / 875-2943 Office 875-6879 / 875-2941

16) LOCATION OF SYSTEM Rt 3 - Gilead Road (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3547 AT PAGE 327

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN April '70

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.

May 29, 1973
DATE OF APPLICATION

Samuel E Pender
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued June 6, 1973

Serial No. 3012

LA No 6391

T C No 009-051-07

Map Date 3-3-71

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 Pender (LAST) Samuel (FIRST) Edward (MIDDLE)

ADDRESS OF OWNER Route 3, Box 29, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Gilead 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 6391. 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

* Will alter existing septic system to meet requirements.

W. A. Eby
Environmentalist

John R. Atkinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 4703

Date Issued [illegible]

ICAR (S) Permit No. [illegible]

T. C. No. [illegible]

Map Date [illegible]

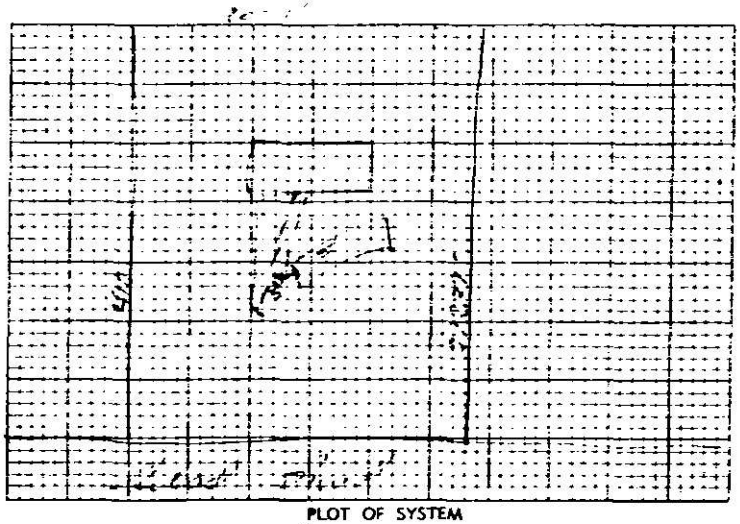
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [illegible] dated [illegible] 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 [illegible], 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 [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well ___

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible]

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 S-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4279

C of A (s) No. 6371

Date Issued 4 Dec 73

T. C. No. 039-0310

Map Date 3 Dec 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] Leonard [illegible]
LAST FIRST MIDDLE

Location of Property [illegible]

Application Number 3371 Permit Number 3371

Inspection Date: 5 Dec 73

Liquid Capacity of Tank _____ Tank Material [illegible]

Total Length of Drain Tile 360 Number of Lines 4 (2 x 90' 2 x 120')

Depth of Filter Material 12" Cover Depth 15 24"

Water Supply Source Public Water Distance from Water Source 100'

Excavation Inspected 4 Dec 73 DATE Tank Inspected _____ DATE

Nitrification Field Inspected 4 Dec 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: Electric Pressure (Cat 5)

[illegible]
Environmentalist

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

HEALTH DEPARTMENT'S COPY