SEE INSTRUCTIONS ON BACK

Date Received 7-5-73

ICAR (S) Application No 6595

T C No 037 21203

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

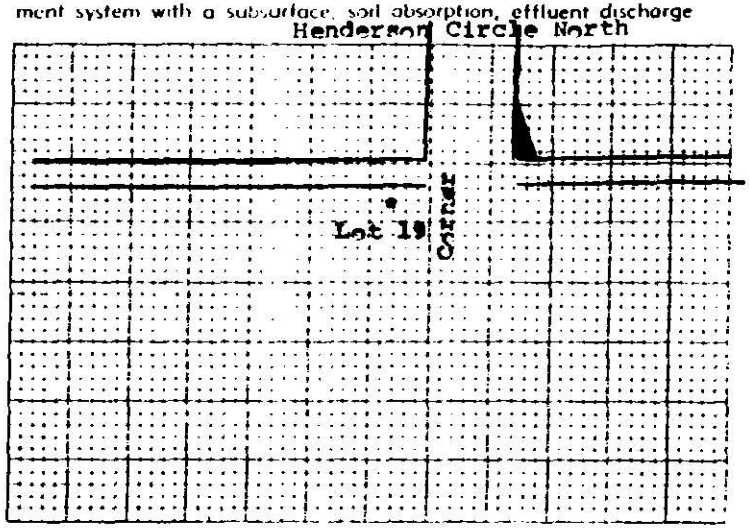
ENVIRONMENTAL HEALTH DIVISION

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

Henderson Circle North



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms ___

5) Business Use - Max No Employees ___

6) Washing Machine Yes ___ No ___

7) Garbage Disposal Yes ___ No ___

8) Dishwasher Yes ___ No ___

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

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

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Dancy Homes, Inc - Metrolina North
(LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 1443 South Boulevard, Charlotte, N.C. 28203

15) PHONE NO Home 36602085 Office 334-2706

16) LOCATION OF SYSTEM Henderson Circle North--Off Highway 115
(STREET OR COUNTY ROAD)

17) SUBDIVISION 0 Lot No 19 Block No. 0

Map Book No 0 Page No. 0

18) DEED REFERENCE — DEED BOOK 6 2997 AT PAGE 6 408

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 8 years ago

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.

Dancy Homes, Inc.

6/29/73
DATE OF APPLICATION

C. F. Murray
OWNER

CRW NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7 July 73 Serial No. 3971 ICAR(S) Permit No. 6595

P.C. T. C. No. 037-212-c. 3

Map Date

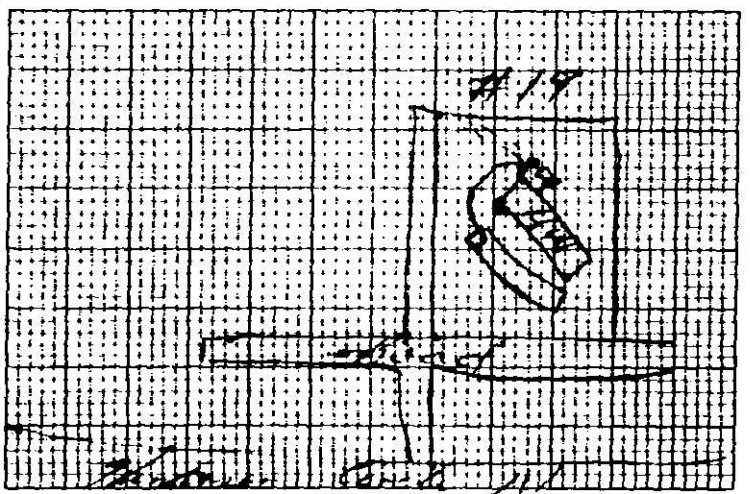
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6595, dated 5 July 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 9 Aug 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 Length 200'

Number of Lines 2 (5' X 32' RUN)

Distance from House 12'

Distance from Property Line 12'

Distance from Well Community

NAME OF OWNER Liberty Homes, Inc. Mitchell Ward

LOCATION OF PROPERTY Cabarrus Circle N (off 115)

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: Permit Picked (Contr)

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

HEALTH DEPARTMENT'S COPY

Date Issued 8-13-13 **Serial No.** 3742 C of A (s) No. 6595

P.O T. C. No. 037-212-03

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 Nancy Homes, Inc. (Mecklenburg North)
LAST FIRST MIDDLE

Location of Property Hudson Circle N.

Application Number 6595 Permit Number 6595

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Polymer

Total Length of Drain Tile 200' Number of Lines 2 (5'X32'X18")

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected _____ DATE Tank Inspected _____ DATE

Nitrification Field Inspected _____ DATE

Washing Machine Line Inspected, If Applicable N/A 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: Bonnie Oaks (Coats)

Environmentalist

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

HEALTH DEPARTMENT'S COPY