SEE INSTRUCTIONS ON BACK

Date Received 5-16-73

ICAR(S) Application No 6301

T C No

Map Date

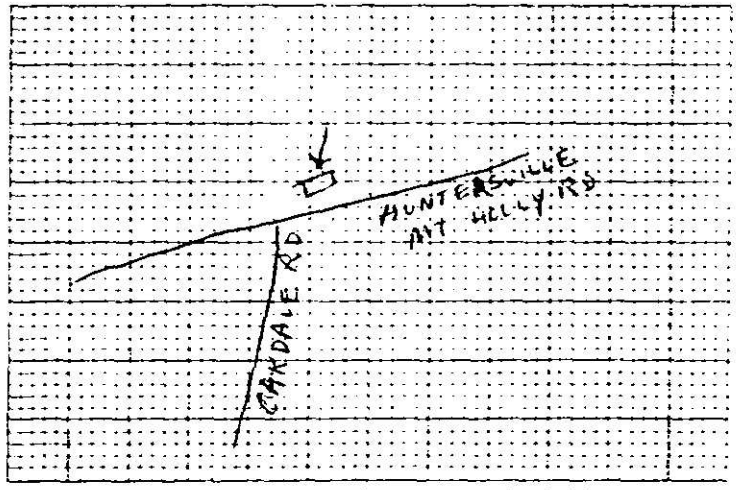
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 3

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 [illegible] G R
LAST FIRST MIDDLE

14) ADDRESS OF OWNER ROUTE # 1 BOX 212 CHARLOTTE, N.C.

15) PHONE NO Home 399-3037 Office

16) LOCATION OF SYSTEM HUNTERSVILLE AT HELLY ROAD
STREET OR COUNTY ROAD

17) SUBDIVISION OAKDALE 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.

DATE OF APPLICATION

OWNER G R Warren

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 2948

LA No. 6301

Date Issued May 17, 1973

T. C. No 023-081-01

Map Date 4-27-73

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 Warren (LAST) G. (FIRST) R. (MIDDLE)

ADDRESS OF OWNER Route 9, Box 212 ZIP _____

LOCATION OF LOT Huntersville Mt. Holly 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 6301. 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

* May use present system for enlarging existing bedroom and adding 1/2 bath.

Environmentalist

Director, Environmental Health Division or Authorized System Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

LOCATION (St., Rd., Hwy.) 6211 Mallard Ln. Dr.
SUBDIVISION
LOT & BLOCK NO. 21 Sec 2
FHA CASE NO.

OWNER Hugh Myers
BUILDER
NO. PERC. HOLES 6

6 HOLE AVERAGE

1ST. PERC. RATE 5" MIN./IN. DATE 10/15/60
2ND. PERC. RATE MIN./IN. DATE
3RD. PERC. RATE MIN./IN. DATE
4TH. PERC. RATE MIN./IN. DATE

LOWEST RATE ABOVE = AVERAGE PERC. RATE 5" ppm

NO. BEDROOMS 3 BATHS 2
WASHING MACHINE YES NO DISPOSAL YES NO
SEPARATE YES NO SEPARATE YES NO

TANK CAPACITY 1000 GALLONS
NITRIFICATION LINE 300 + 200 LIN. FT. 750 SQ. FT.

BUSINESS OR INDUSTRIAL BUILDINGS

B. C. URINALS LAVATORIES
SHOWERS SINKS OTHER
NO. OF EMPLOYEES

CHECKS
APPROVED
DISAPPROVED
CONDITIONAL AGREEMENT CARD SIGNED

Terrence L. Wilson
SANITARIAN - ENGINEER