SEE INSTRUCTIONS ON REVERSE

Date Received 29 Jan 73 ICAR(S) Application No. 5488

T C No C21-131-02

Map Date 14 Jan 71

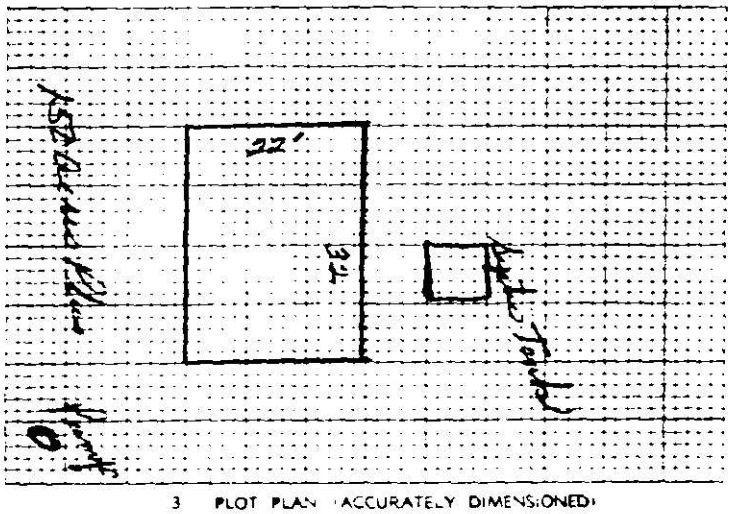
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 4

5 Building 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 Government System ___
C Community System
1 Well ___
2 Government Agency ___

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 Hall (LAST) Beach (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 132 Brevard Court, Charlotte, North Carolina

15) PHONE NO Home 334-7211 Office ___

16) LOCATION OF SYSTEM Off Eastfield Road, Road Number 2460 (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 2 Block No. 131

Map Book No. 21 Page No. 13

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.

January 19, 1973
DATE OF APPLICATION

OWNER Beach Hall
Harry Wells

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

**HEALTH DEPARTMENT'S COPY**

Serial No. 2452 ICAR(S) Permit No. 5488

Date Issued 24 Apr 73 T C No 021-431-02

Map Date 11-Jan-21

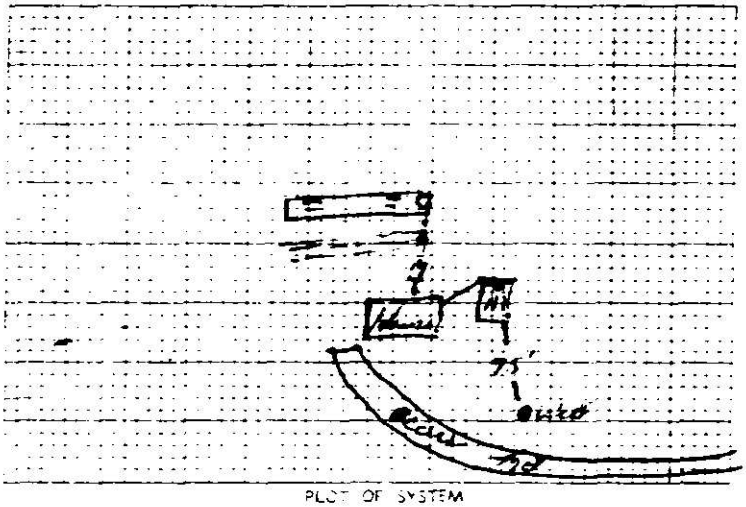
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 5488 dated May 7.3 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 27 May 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 100'

Number of Lines 2 @ (5 x 50' 4'17")
(2 x 35' 4'12")

Distance from House 25'

Distance from Property Line 100'+

Distance from Well 75'

NAME OF OWNER Mr. Black

LOCATION OF PROPERTY 4 Eastfield Road (28269)

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: 75% 3 bed (tank)

Division 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 9 Apr 73

Serial No. 3119

C of A (s) No. 5458

T. C No C21-131-02

Map Date 11 Jan 71

# MECKLENBURG COUNTY HEALTH DEPARTMENT

## ENVIRONMENTAL HEALTH DIVISION

### CERTIFICATE OF APPROVAL

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

Name of Owner Hall (LAST) Buck (FIRST) ____ (MIDDLE)

Location of Property 1111 Eastfield Road (7460) ____

Application Number 5458 Permit Number 5458

**Inspection Date:**

Liquid Capacity of Tank ____ Tank Material Styrene (7½ x 27-442")

Total Length of Drain Tile 100' + 100' Number of Lines 2 + 3 (5'x52'+12")

Depth of Filter Material 12" Cover Depth 18" ____

Water Supply Source Well Distance from Water Source 75' +

Excavation Inspected 9 Apr 73 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 9 Apr 73 (DATE)

Washing Machine Line Inspected, If Applicable 9 Apr 73 (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: W. F. Lloyd (Contr.)

M. L. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY