SEE INSTRUCTIONS ON BACK

b

Date Received 5-1-73

ICAR(S) Application No 6205

T C No

Map Date

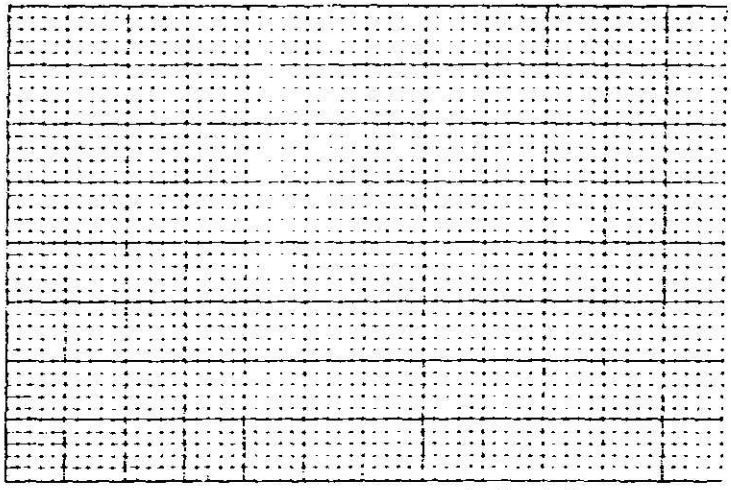
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4 Apts. 1 Dr. Lic.

5) Business Use Max No. Employees

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
A) Individual Well X
B) Governments System
C) Community System
1 Well source
2 Governments source

10) Sewage System
House located [illegible] 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 Allen (LAST) Thomas (FIRST) D. (MIDDLE)

14) ADDRESS OF OWNER ~~1800~~ 1111 E. Morehead St.

15) PHONE NO. Home 332-1924 Office 332-7185

16) LOCATION OF SYSTEM 6127 Wilkinson Blvd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ 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 INSTALLED 1939(?) 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.

5/3/73
DATE OF APPLICATION

Thomas D. Allen
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5/10/23

Serial No. 3647

ICAR(S) Permit No. 6205

T. C. No

Map Date

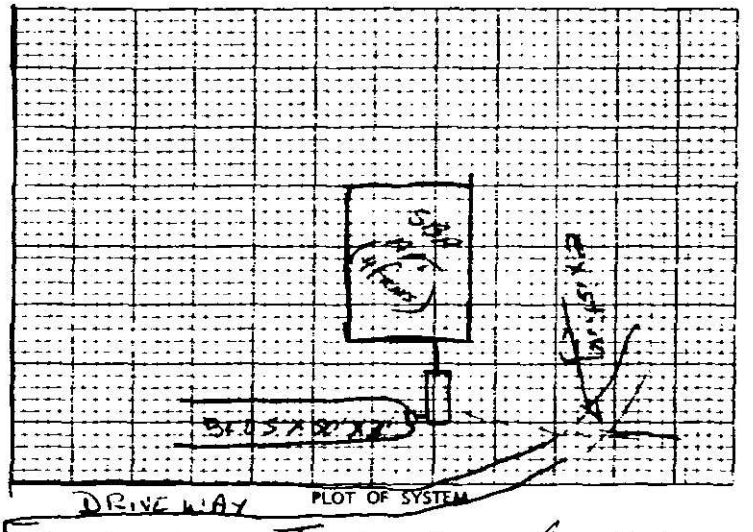
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 6205, dated 5/9/23 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 MAY 20, 23, after which date this permit shall be null and void.



Percolation Rate REPAIR

Liquid Capacity of Tank ?

Tank Construction ?

Absorption and/or Nitrification Lines:

Total Line Lenght 200 (equiv)

Number of Lines 2 (50'X5'X3')

Distance from House 15'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER THEO. I ALLEN

LOCATION OF PROPERTY 6127 WILKINSON BLVD

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: New "T" in tank balanced so that repair feeds very slightly before existing lines

Sherrill

RF 5/10/23

Division or Section Head

L L Bridgeman

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 5/14/73

Serial No. 3304

C of A (s) No. 6205

T. C. No. 113-82-849

Map Date 4/27/73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Allen (LAST) Thomas (FIRST) D (MIDDLE)

Location of Property 6127 Wilkinson Blvd

Application Number 6205 Permit Number 6205

Inspection Data: Repair

Liquid Capacity of Tank ? Tank Material ?

Total Length of Drain Tile 200sq. Number of Lines 6 @ 5'X 50'X 3'

Depth of Filter Material _____ Cover Depth 16"

Water Supply Source Invo Well Distance from Water Source 50'

Excavation Inspected 5/14/73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 5/14/73 (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, X 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: L. Massey

L. B. Gibson

Environmentalist

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

HEALTH DEPARTMENT'S COPY