5 Date Received 2-12-73 CAR(S) Application No. 5550

T. C. No. _____

Map Date _____

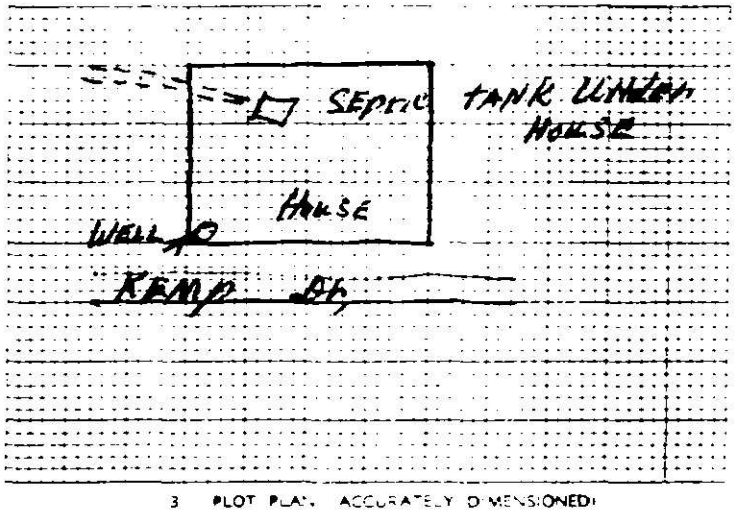
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1 Install or Construct ? ← 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 Further 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 Williams (LAST) Wayne (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 6749 Kemp Dr.

15) PHONE NO Home 596-3290 Office

16) LOCATION OF SYSTEM 6749 Kemp Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3328 AT PAGE 501

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.

2-8-73
DATE OF APPLICATION

Wayne Williams
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Received 19 July 74

ICAR(S) Application No 5550

T C No 049-083-22

Map Date 1 Sep 70

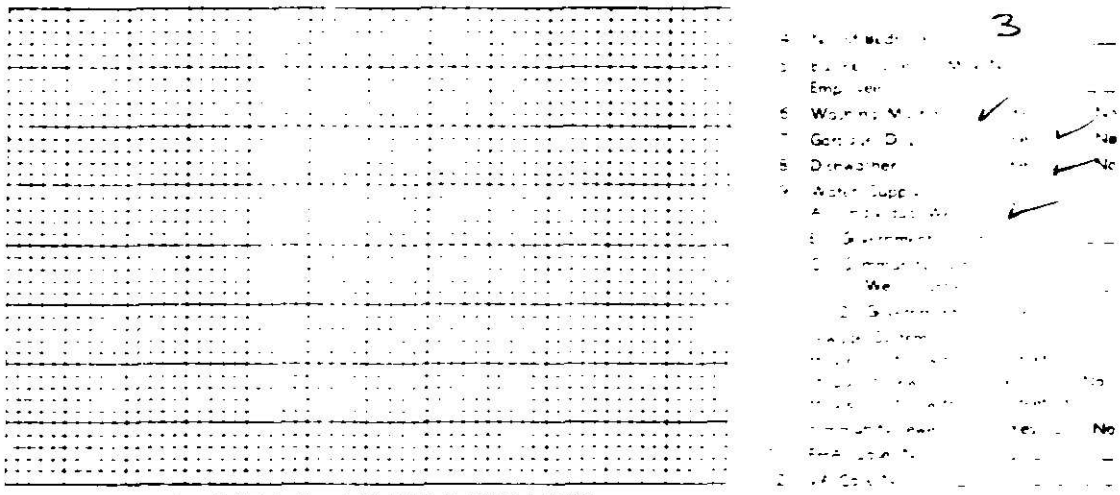
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

Install or Construct ☐ ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER Williamson Robert W.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 6749 Kemp St.

15) PHONE NO Home 596-3290 Office

16) LOCATION OF SYSTEM 6749 Kemp St.
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 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.

10 July 74
DATE OF APPLICATION

R. W. Williams
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12 July 74 Serial No. [illegible] ICAR(S) Permit No. 5550

T C No 049-083-28

Map Date 1 Sep 70

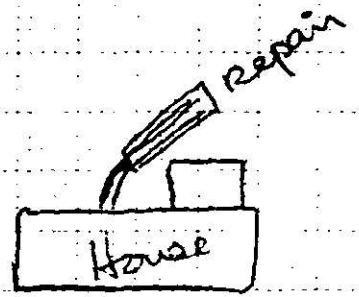
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 [illegible] with subsurface soil absorption effluent disposal [illegible] specified herein at the described location [illegible] granted based upon the information supplied in the application [illegible] dated [illegible] and the permit issued thereon. This permit is void if the proposed work is not completed within one year of the date of this permit. 12 July 74



Kemp St.

PLOT PLAN

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Distribution Lines

Total Line Length 100'

Trenches ③ 7½' X 33'

Distance from House 10'

Distance from [illegible] 10'

Distance from Well 50'

NAME OF OWNER Williams, Jeannie Robert W.

LOCATION OF PROPERTY 6749 Kemp St.

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]

R M Reynolds

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.

REV. 5 E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 16 July 74 Serial No. [illegible]

C of A (s) No 5550

T C No 049-083-28

Map Date 1 Sep 70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Williams, Bonnie Robert W. (LAST, FIRST, MIDDLE)

Location of Property 6549 Kemp St.

Application Number _____ Permit Number _____

Inspection Date:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100' Number of Lines 3 - 2½' x 33'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 16 July 74 (DATE) Tank Inspected _____ (DATE)

Notification Field Inspected 16 July 74 (DATE)

Washing Machine Line Inspected If Applicable _____ (DATE)

The undersigned has inspected the individual Septic Tank System with subsurface soil absorption as described above and it has been constructed 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 is not a guarantee that the system will operate properly or relieve any person of liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown in the comments 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 _____

R. M. Reynolds

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENTS COPY