SEE INSTRUCTIONS ON BACK

Date Received 8-20-13

ICAR(S) Application No 6868

T C No. 097-111-14

Map Date 2 19 73

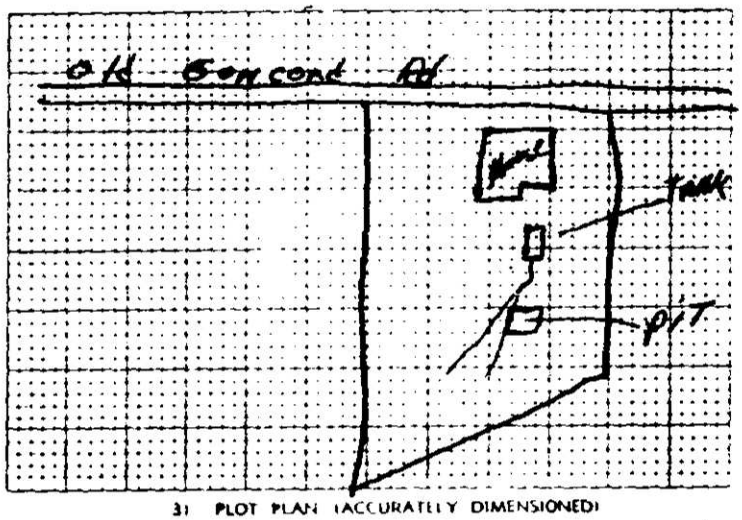
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Business Use — Max No Employees ___

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

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

10) Sewage System
House located within 200 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 UNTZ (LAST) WILLIAM (FIRST) MONE (MIDDLE)

14) ADDRESS OF OWNER 5900 Old Concord Rd

15) PHONE NO Home 597-1080 Office 527-2027

16) LOCATION OF SYSTEM [redacted] Old Concord Rd (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

William M. Untz
OWNER

DATE OF APPLICATION

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 23 Aug 73

Serial No. 4227

ICAR (S) Permit No. 6865

T. C. No. 097-111-44

Map Date 2-14-73

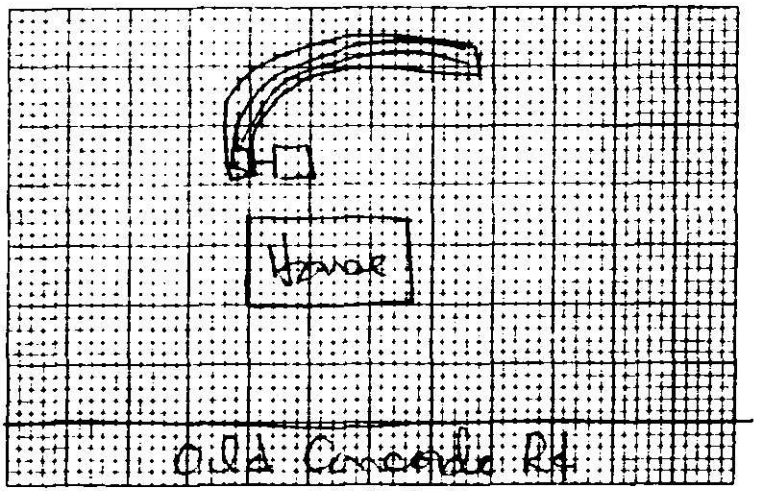
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6865, dated 8-30-73 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 23 Sept 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 200 ft

Number of Lines (2) 5' x 100'

Distance from House 10'+

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Ihrig, William Merle

LOCATION OF PROPERTY 5900 Old Concord Rd

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: Concrete tank - install distribution from tank as more.

R. M. Reynolds
Environmentalist

Division or Section Head

* 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 27 Aug 73 Serial 3820

C of A (s) No. 6868

T. C. No 097-111-14

Map Date 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hintz, William M. (LAST, FIRST, MIDDLE)

Location of Property 5900 Old Concord Rd

Application Number 6865 Permit Number 6868

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200'+ Number of Lines Two (5' x 100')

Depth of Filter Material 17"+ Cover Depth 24"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 27 Aug 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 27 Aug 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, ✓ 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: _____

A. M. Arguelles

Environmentalist

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

HEALTH DEPARTMENT'S COPY