SEE INSTRUCTIONS ON BACK

Date Received 6-17-73

ICARUS Application No 6508

T C No 355-36108

Map Date 4-27-73

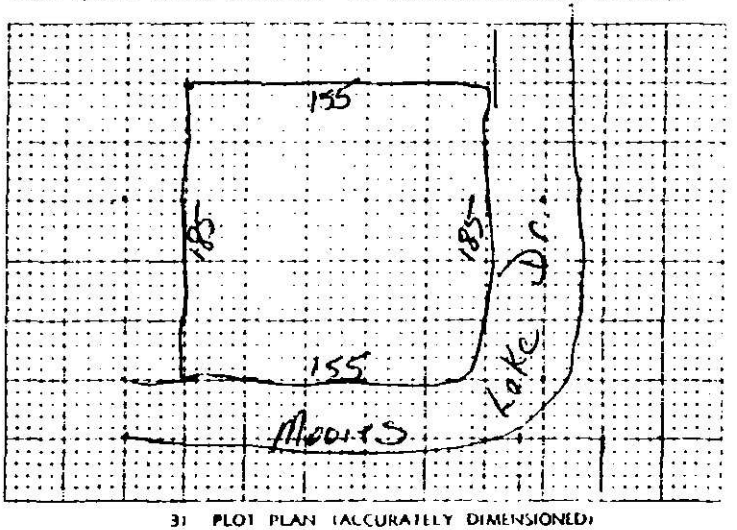
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



31) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use Max No Employee

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water Supply
A) Individual Well 1
B) Government
C) Community
1 Well
2 Government

10) Sewage System
House located more than 200 feet of public sewer Yes No
House located less than 200 feet of public sewer
Community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Williams Tracy Allen
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 3111 Moors Lake Dr.

15) PHONE NO Home 399653 Office 333 1121 377-2643

16) LOCATION OF SYSTEM 3111 Moors Lake Dr.
STREET OR COUNTY ROAD

17) SUBDIVISION Moors Lake Lot No 3 Block No 1

Map Book No 7 Page No. 255

18) DEED REFERENCE — DEED BOOK 2655 AT PAGE 145

19) HAS A PERCOLATION TEST BEEN RUN? YES X 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

6-15-73
DATE OF APPLICATION

Tracy Williams
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/13/23

Serial No. 3914

ICAR(S) Permit No. 6503

T. C. No. _____

Map Date [redacted]

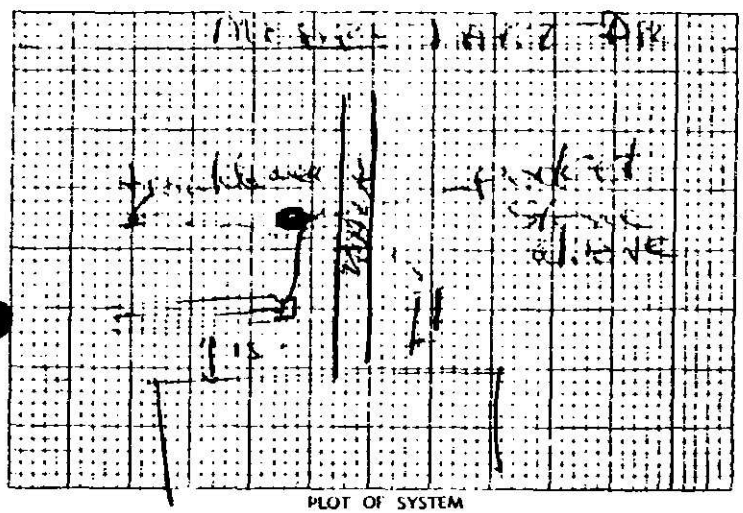
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 6503, dated 6/14/23 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 7/5/23, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines.

Total Line Lenght CF-250 3(75'X35'X3)

Number of Lines 3

Distance from House 15'

Distance from Property Line 20'

Distance from Well 50'

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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. J. Stewart 6/15/23

Comments: EXISTING LINE NOT TO BE DISTURBED MAKE POINT OF CONNECT ABOVE EXISTING LINE - ALL LINES SHALL BE USED TO COVER AREA WHERE SEPTIC

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.

FORM NO E 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 6/29/73 Serial No. 3521 C of A (s) No. 6508

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner WALTERS (LAST) LACY (FIRST) (MIDDLE)

Location of Property 3100 MOORES LAKE DR.

Application Number 6508 Permit Number 6508

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material ?

Total Length of Drain Tile EXIST. 200' Number of Lines 3 (75'x33X36")

Depth of Filter Material 30" Cover Depth 26"

Water Supply Source INDIVID Distance from Water Source 50'

Excavation Inspected 6/29/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6/29/73 (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 J. Stewart - SOIL APPEAR IMPERMEABLE MOSTLY CLAY

R. B. Brickhouse

Environmentalist

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