Date Received 3-5-74 ICAR(S) Application No 1568

T C No [illegible]

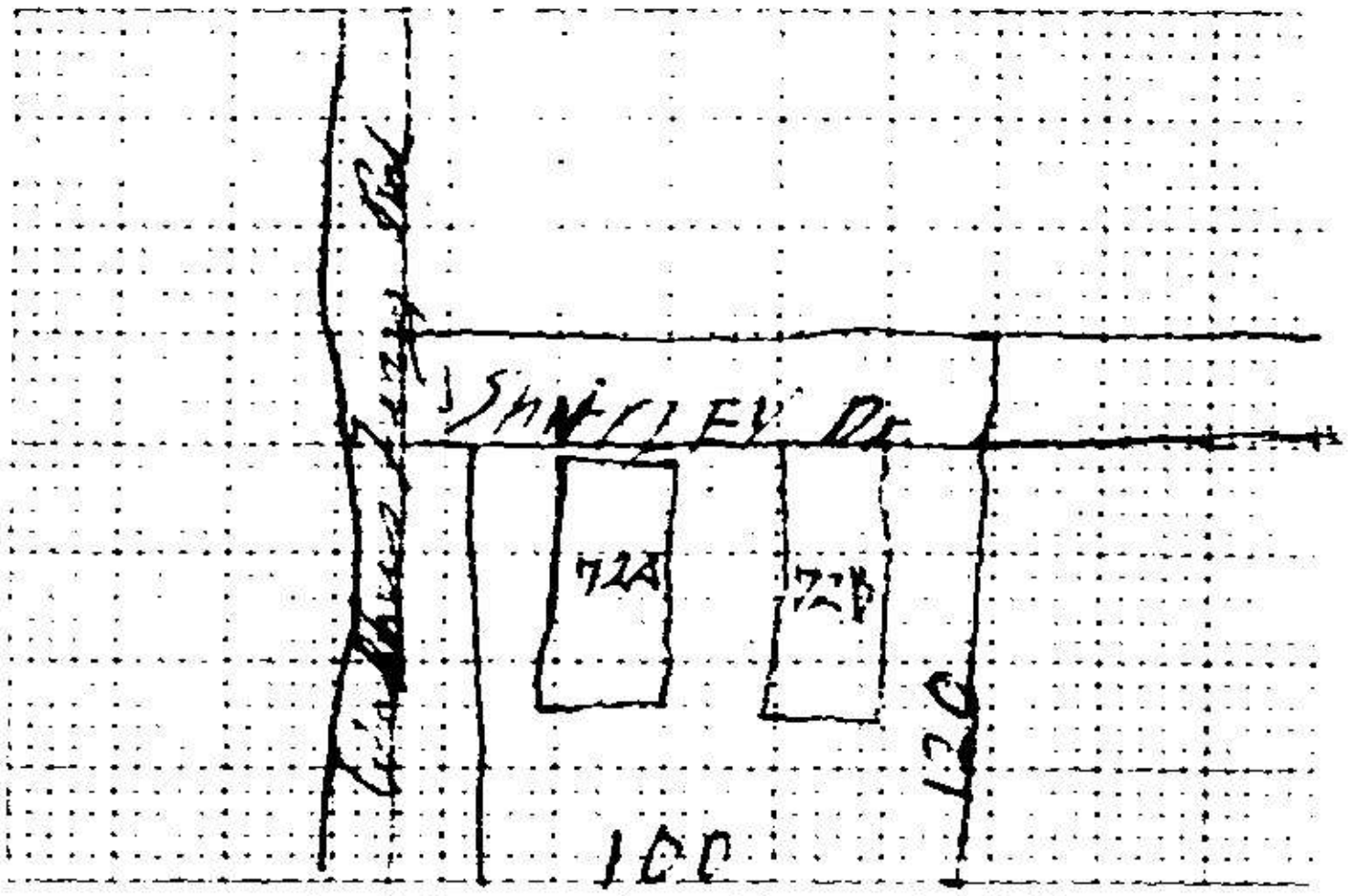
Map Date

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 [illegible] Install or Construct 2 X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



2 (2 Hrs.)

Washing Machine ✓ No

Dishwasher ✓ No

Well X

X

Yes X No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER MAUNEY W. K. JR.

14) ADDRESS OF OWNER P.O.B. 2836 KINGS MTN. N.C.

15) PHONE NO Home 955481 Office 3991009

16) LOCATION OF SYSTEM ~~[illegible]~~ SHIRLEY RR.
STREET OR COUNTY ROAD

17) SUBDIVISION Holiday Park Lot No 72 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 3-4-74

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.

DATE OF APPLICATION

OWNER Mr. W.K. Mauney Jr.

FORM E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 3/4/74 Serial No. 4206 ICAR(S) Permit No 7568

T C No

Map Date

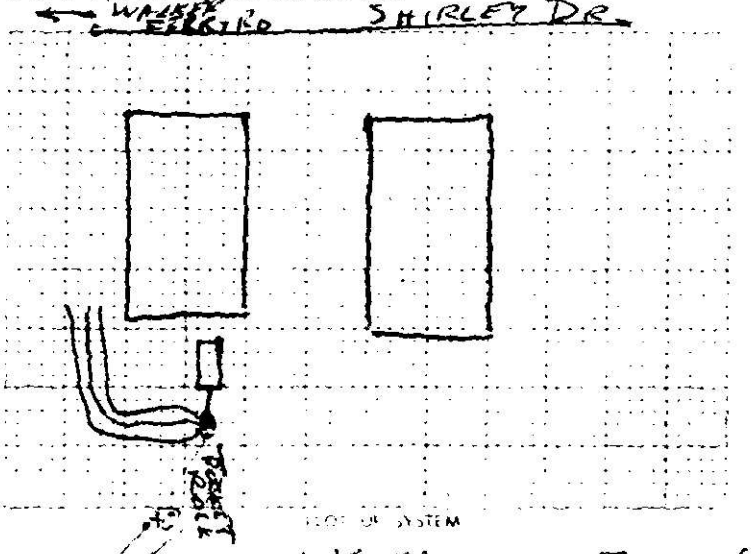
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7568, dated 3/4/74 and this permit shall be void or of no effect if the information provided in the application is found to be incorrect. All work shall be completed not later than 3/20/74 after which date this permit shall be null and void.



Purpose (New, Repair, Alteration) REPAIR

Liquid Capacity of Tank —

Tank Construction —

Absorption Area (Number and Type Lines)

Total Line Length 120

Number of Lines 3 (7½' X 40' Trenches)

Distance from Building 10'

Distance from Property Line 10'

Distance from Well 100'±

NAME OF OWNER W K MAUNEY JR (HOLIDAY TERR)

LOCATION OF PROPERTY SHIRLEY DR. - LOT 72

This permit is issued on the condition that 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 unserviceable or can be used.

Comments

R. Bigman

Date 3/4/74 Sanitarian Head

R. P. Bigman Environmentalist

This permit for the installation or construction of a new system must be signed by the division or a Registered Environmental Health Director in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-9-1-72

Date Issued / / Serial 4478

C of A (s) No. 7568

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 _____ LAST _____ FIRST _____ MIDDLE

Location of Property _____

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ DATE _____ Tank Inspected _____ DATE _____

Nitrification Field Inspected _____ 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: _____

_____

_____

_____

_____

_____

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY