W

SEE INSTRUCTIONS ON BACK

Date Received 5-8-73

ICARIS Application No 6195

T C No 209-262-13

Map Date 2/1473

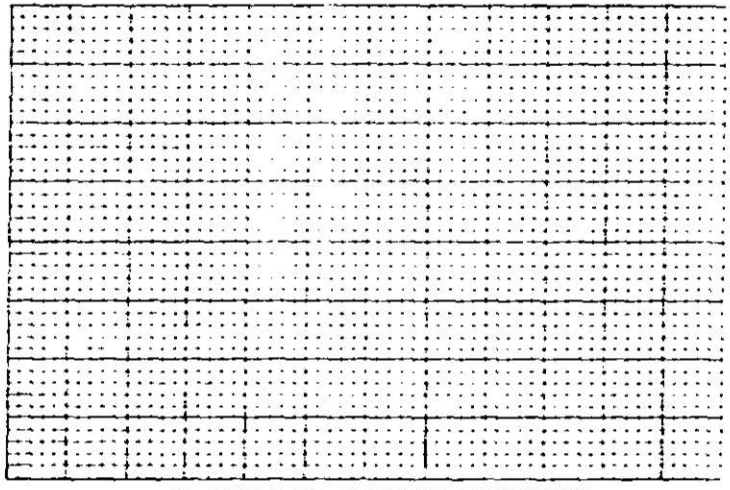
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

5) Business Use Max. No. Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal X Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply
A) Individual Well
B) Government City of Charlot
C) Community System
1. Well source ___
2. Governmental source ___

10) Sewage System
House located within 200 feet of public sewer ___ 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 Dayton, Jr. (LAST) Jason (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER 4215 Carmel Acres, Charlotte, N. C.

15) PHONE NO. Home 366-3778 Office 399-7441

16) LOCATION OF SYSTEM 4215 Carmel Acres (STREET OR COUNTY ROAD)

17) SUBDIVISION Carmel Acres Lot No. 3 Block No. ___

Map Book No. ~~xxxx~~ 6 Page No. ~~xxx~~ 821

18) DEED REFERENCE — DEED BOOK 2131 AT PAGE 78

19) HAS A PERCOLATION TEST BEEN RUN? when installed ___ 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.

DATE OF APPLICATION May 7, 1973

OWNER J. B. Dayton, Jr.

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/4/73

Serial No. 3787

ICAR(S) Permit No. 6195

T. C. No.

Map Date

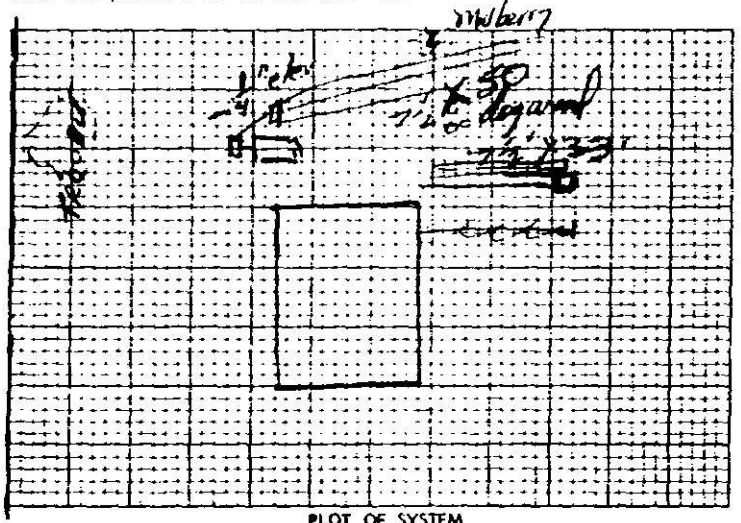
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6195 dated ___ 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 6-15-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1/

Tank Construction C.

Absorption and/or Nitrification Lines: WM ST

Total Line Lenght 100' 150'

Number of Lines 3 3

Distance from House 10' min

Distance from Property Line 10' min

Distance from Well City

NAME OF OWNER JASON B. DAYTON JR.

LOCATION OF PROPERTY 4215 CARMEL ACRES

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: Letter

R. L. McGill
Division or Section Head

L. P. Brickman
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 Received 5-8-73

ICAR (S) Application No. [redacted]

T. C. No. 043-039-3

Map Date 4-27-23

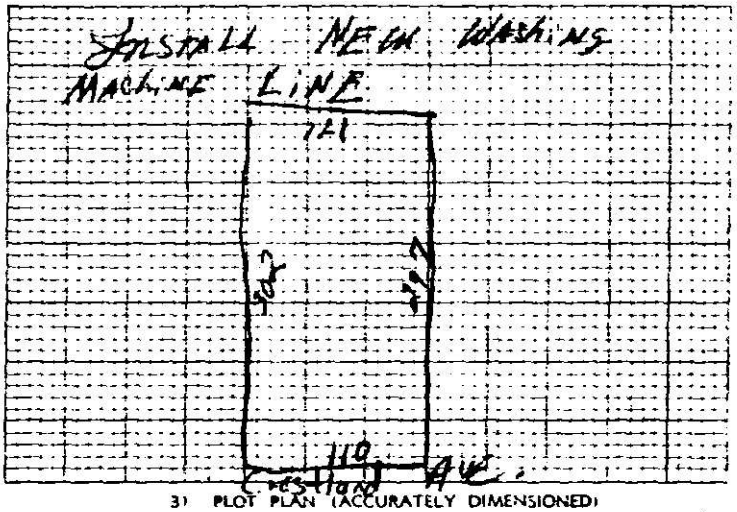
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ Alter or Repair on 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 ✓ 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 Beaty (LAST) Charles (FIRST) Franklin (MIDDLE)

14) ADDRESS OF OWNER 121 Crestland Ave

15) PHONE NO. Home 596-4239 Office ____

16) LOCATION OF SYSTEM Same 121 Crestland Ave. (STREET OR COUNTY ROAD)

17) SUBDIVISION ____ Lot No. 14 Block No. D

Map Book No. ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 7 AT PAGE 435

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.

5-7-73
DATE OF APPLICATION

Charles F Beaty
OWNER

FORM NO. E-4-4-4-7-71

HEALTH DEPARTMENT'S COPY