SEE INSTRUCTIONS ON BACK

Date Received 12-3-73

ICAR (S) Application No 7290

T C No

Map Date

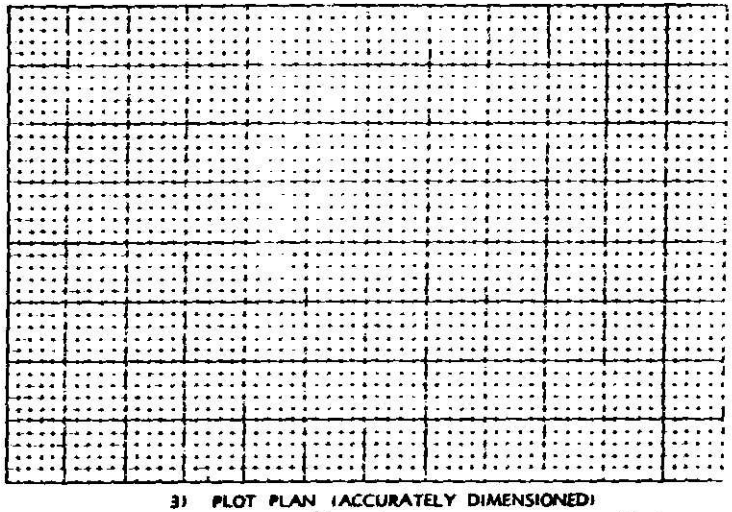
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 2

5) Business Use -- Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply

A) Individual Well [illegible]

B) Governmental System [illegible]

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 Price (LAST) Fred (FIRST) McCombs (MIDDLE)

14) ADDRESS OF OWNER Route 11 (Lake Rd) Box 151

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM Lake Davis (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.

12-3-73
DATE OF APPLICATION

Fred McCombs Price
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 3 Dec 73

Serial No. 4705

ICAR(S) Permit No. 2290

T. C. No. 045 324-07

Map Date ? 1923

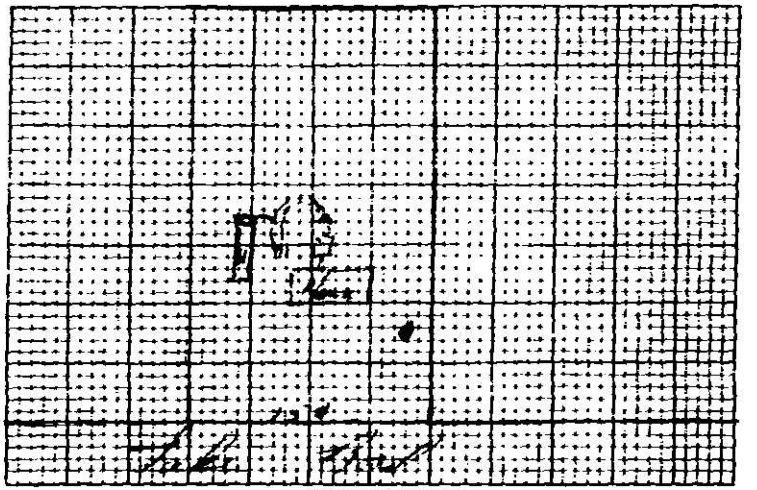
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, L 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 7280, dated 3 Dec 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 3 Jan 74, 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 100'

Number of Lines 2(5'x16'x45°)

Distance from House 20'

Distance from Property Line 20'

Distance from Well 75'

NAME OF OWNER Mrs. Paul McCombs

LOCATION OF PROPERTY Lake Wiley

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: 2 Stream (Cont.)

_____ 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

Serial 4281

C of A (s) No. 7290

Date Issued 2 Mar 73

T. C. No. 042-327-02

Map Date 5 Apr 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Lucas, Fred M Cambe
(LAST, FIRST, MIDDLE)

Location of Property Lake Road

Application Number 7290 Permit Number 7290

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Repair

Total Length of Drain Tile 100' Number of Lines 2(5'x10'x4x")

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source Dug Well Distance from Water Source 75'

Excavation Inspected 2 Mar 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7 Mar 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: Join Stowe (Curb)

W. R. Kirby
Environmentalist

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

HEALTH DEPARTMENT'S COPY