Date Received 3-5-73

ICAR(S) Application No 5692

T C No.

Map Date

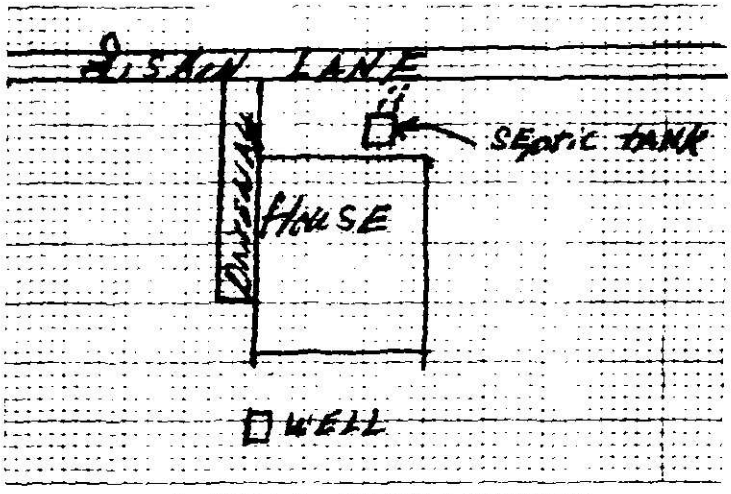
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or parcel described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) Install or Construct 2) ✓ Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

3

Water Supply ✓ Yes No

Garage Drain ✓ Yes No

Basement ✓ Yes No

Public Water ✓

Public Sewer No ✓ Yes

House located within 200 feet of public sewer Yes ✓ No

FHA Case No.

VA Case No.

13) NAME OF OWNER Hood (LAST) Donald (FIRST) Lloyd (MIDDLE)

14) ADDRESS OF OWNER 1721 Lisbon Lane

15) PHONE NO Home 596-1866 Office 376-5681

16) LOCATION OF SYSTEM 1721 Lisbon Lane (STREET OR COUNTY ROAD)

17) SUBDIVISION Royal Oaks 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 1973 ?

20) PTR NUMBER See instructions

The undersigned person(s) 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.

3-7-73
DATE OF APPLICATION

Donald L. Hood
OWNER

FORM NO. E-4

HEALTH DEPARTMENT'S COPY

Serial No. 3402

ICAR(S) Permit No. 5692

Date Issued 3/24/23

T C. No. ____

Map Date ____

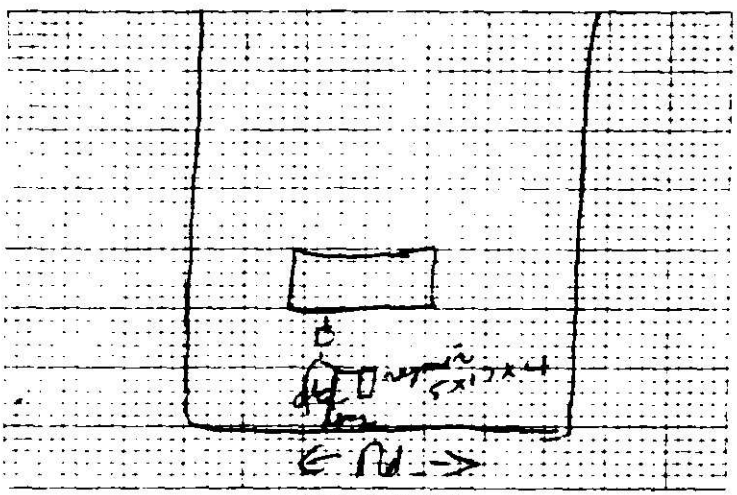
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted 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 5692 dated 3-5-23 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 5-31-23 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

Distance from House 10'

Distance from Property Line 16'

Distance from Well 50'

NAME OF OWNER Hare, Donald Lloyd

LOCATION OF PROPERTY 1721 Tuton Dr.

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: 5'x17'x4' repair from old bed - new bed at least 1' (one foot) below bottom of old bed

Division or Section Head

Environmentalist Donald Lloyd

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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 NC E 5-4-(-77)

HEALTH DEPARTMENT'S COPY

Date Issued 17 April 73 Serial No. 3180 C of A (s) No. 5692

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 Hass, Arnold Floyd (LAST, FIRST, MIDDLE)

Location of Property 1721 Lisbon Ln.

Application Number 5692 Permit Number 5692

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100'+ Number of Lines 2 (5'x17'x4 stone)

Depth of Filter Material 4'+ Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 17 April 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 17 April 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:

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY