Date Received 2 March 1973 ICAR(S) Application No. 5689

T C No. _____

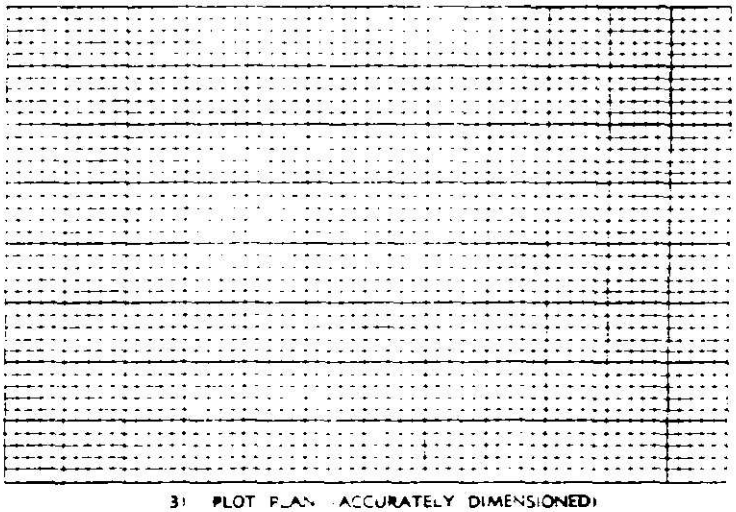
Map Date _____

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 ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4 No. of Bedrooms Bathhouse

5 Business Use Max. No. Employees 60

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 Private ___
2 Governmental Public ___

10 Sewage System
House located within 200 feet of public sewer ___ Yes ___ No
House located within 1/2 mile of community sewer ___ Yes ___ No

11 FHA Case No. ___

12 VA Case No. ___

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Red Fox Club
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Lake Wylie New Boston Rt 6 Belmont

15) PHONE NO. Home _____ Office 588-0574

16) LOCATION OF SYSTEM Red Fox Club Road
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.

Feb 28th 1973
DATE OF APPLICATION

Frederick H. Trethewey V.P.
FREDERICK H. TRETHEWEY
OFFICE PHONE 523-4140

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 15 March 1973

Serial No. 3362

ICAR(S) Permit No. 5689

T C No

Map Date

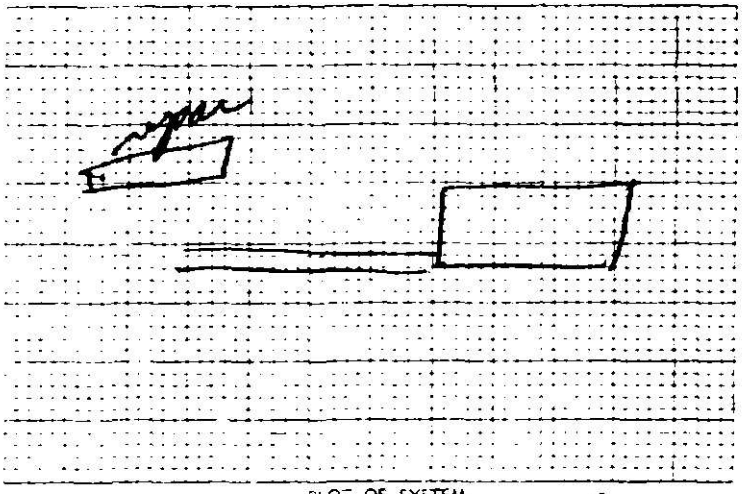
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 5689 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 15 Apr 1973 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 200 L/ft

Number of Lines 2 (5'x33'x1')

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well 100' +

NAME OF OWNER Red Fox Club

LOCATION OF PROPERTY Red Fox Club Rd

This 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

Division or Section Head

Environmentalist John R Atkinson

* 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-54-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 15 March 1977 Serial No. 3027 C of A (s) No. 5689

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 Red Fox Club (LAST) (FIRST) (MIDDLE)

Location of Property Red Fox Club Rd

Application Number 5689 Permit Number 5689

~~Inspection Date~~: Ryan

Liquid Capacity of Tank ___ Tank Material ___

Total Length of Drain Tile 200 Lft Number of Lines 2 (5 X 37 X 4)

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 3-15-77 (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 ___

John R. Robinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 19 July 1973

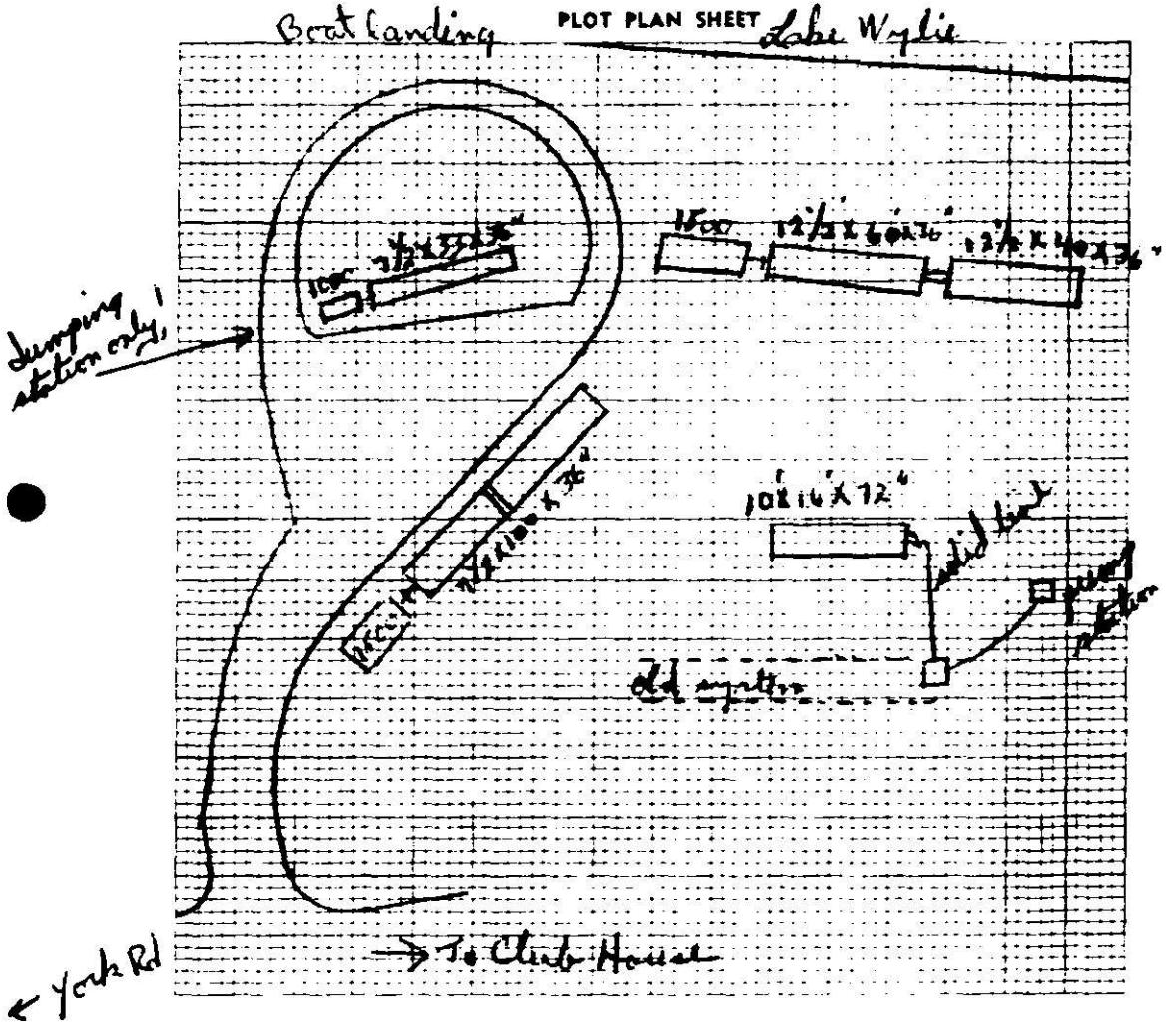
C of A's No 5689

T C No 217-131-05 A 2-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

John R Adkisson

Environmentalist

FORM NO E-7-[illegible]

HEALTH DEPARTMENT'S COPY

Date Received 3-5-73

ICAR (S) Application No. 2[illegible]

T C No.

Map Date

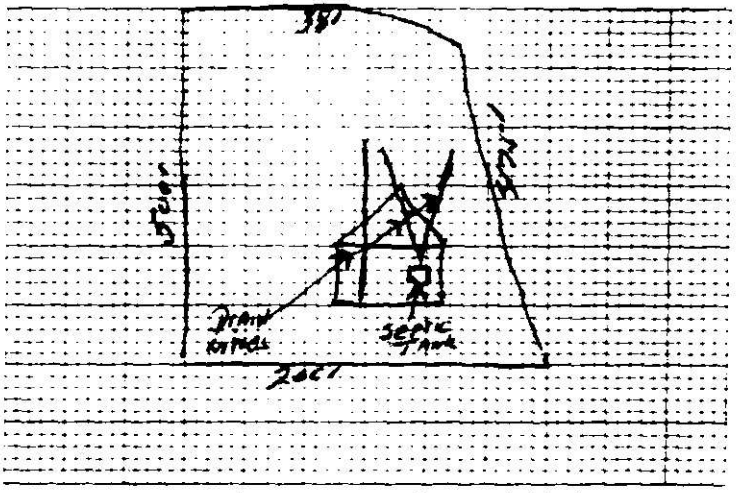
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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 ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply
A) Individual Well A
B) Governmental System ___
C) Community System
1) Well source ___
2) Governmental source ___

10) Sewage System
If not located within 200 feet of public sewer ___ Yes ✓ No
If not located within 200 feet of community sewer ___ Yes ✓ No

11) FHA Case No None

12) VA Case No None

13) NAME OF OWNER Hemby (LAST) John (FIRST) Davis (MIDDLE)

14) ADDRESS OF OWNER Rt 16 Box 479-BS, Charlotte, N.C.

15) PHONE NO Home 536 6464 Office 374-2415

16) LOCATION OF SYSTEM McLean Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No. ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2723 AT PAGE 61

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.

3/5/73
DATE OF APPLICATION

John W. Hemby
OWNER

FORM NO. EHA-[illegible]

HEALTH DEPARTMENT'S COPY