B

SEE INSTRUCTIONS ON BACK

Date Received 6-7-73

ICAR(S) Application No 6437

T C No

Map Date

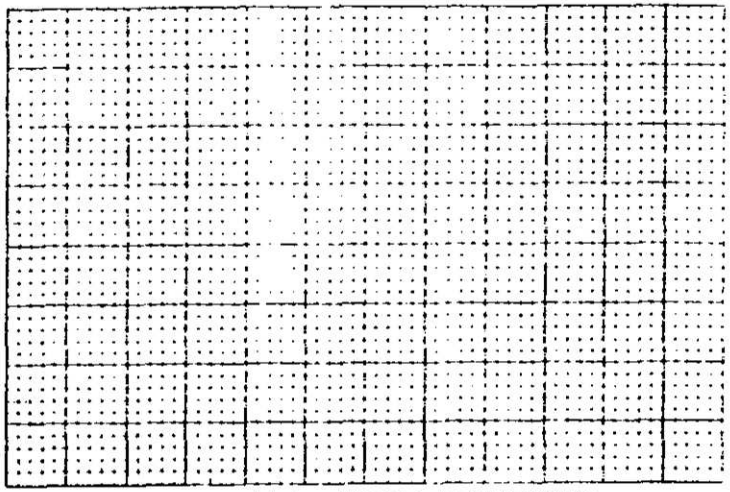
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Yes No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
A) Individual Well
B) Governmental System
C) Community System
1) Well Owner
2) Governmental Agency

10) Sewage System
House located within 200 feet of public sewer Yes No
House located within 200 feet of community sewer Yes X No

11) FHA Case No

12) VA Case No

SEPTIC TANK PERMIT

13) NAME OF OWNER BLACK Lessie Lee PH
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 137 S. Hills Smith Rd. 28097

15) PHONE NO Home 394-2212 Office

16) LOCATION OF SYSTEM Hills Smith Rd 5th on left off
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.

6/1/73
DATE OF APPLICATION

Agent for Sister
OWNER
Sister

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7/5/73 Serial No. 3543 C of A (s) No. Ex

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 BRIGHT (LAST) (FIRST) (MIDDLE)

Location of Property AMOS SMITH RD RT 5 Box 972

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material ? _____

Total Length of Drain Tile 150 Number of Lines 3

Depth of Filter Material 12" Cover Depth 20"

Water Supply Source IRD WELL Distance from Water Source 70'

Excavation Inspected 7/5/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7/5/73 (DATE)

Washing Machine Line Inspected, If Applicable - NA (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, X 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: H. W. McNabb - EXISTING LINE WAS CONNECTED W/2 "T" Damage to 11 BEO MAY THROW ALL DISCHARGE TO REPAIR

Environmentalist L. P. Bridgeman

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY