SEE INSTRUCTIONS

Date Received 2 15 73

ICAR(S) Application No. 5565

T C No 115-131-09

Map Date 7-1-70

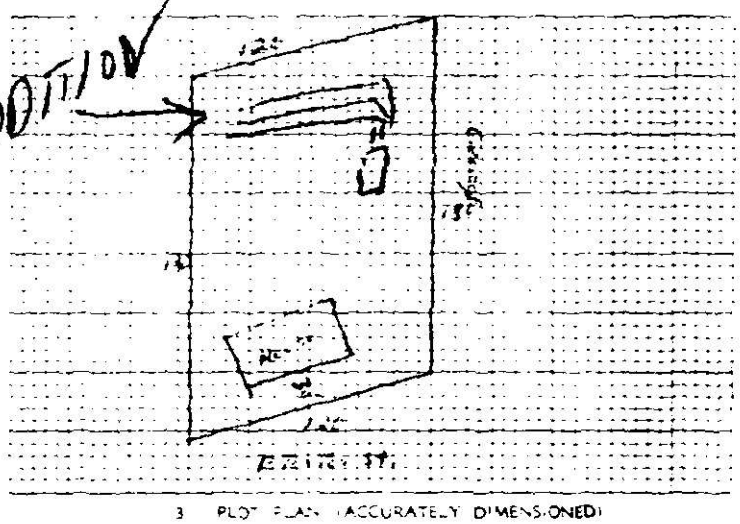
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The [illegible] described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

[illegible] Construct [illegible] Alter or Repair an individual septic tank wastewater treatment [illegible] subsurface soil absorption effluent discharge



3 PLOT PLAN (ACCURATELY DIMENSIONED)

1 Property [illegible]

4 [illegible]

5 Bathroom [illegible]
Emb sheets [illegible]

6 Washing Machine Yes No

7 Garbage Disposal Yes No

8 Dishwasher Yes No

9 Water Supply
A [illegible]
B Governmental System
C Community System
Well on site
2 Governmental [illegible]

10 Sewage System
House located within 200 feet of public sewer Yes No
House located within 200 feet of [illegible] Yes No

11 FHA Case No. [illegible]

12 VA Case No. [illegible]

13) NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

16) LOCATION OF SYSTEM 2333 Eatonton St. STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No. 12-13 Block No. 2

Map Book No. 3 Page No. 557

18) DEED REFERENCE — DEED BOOK 2879 AT PAGE 132

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.

2 15 73
DATE OF APPLICATION

[illegible] Albert Harvey
OWNER

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued February 16, 1973 Serial No. 2543

LA No 5565

T C No. 115-131-09

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Herky (LAST) Al (FIRST) (MIDDLE)

ADDRESS OF OWNER 2333 Eatonton Street ZIP

LOCATION OF LOT 2333 Eatonton Street (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. 12-13 BLOCK NO. 2

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of --, on an on site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" number 5565. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

John R. Atkinson
Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 2/19/73 Serial No. 3555 ICAR(S) Permit No. 5565

T. C. No 105-131-09

Map Date 9/1/70

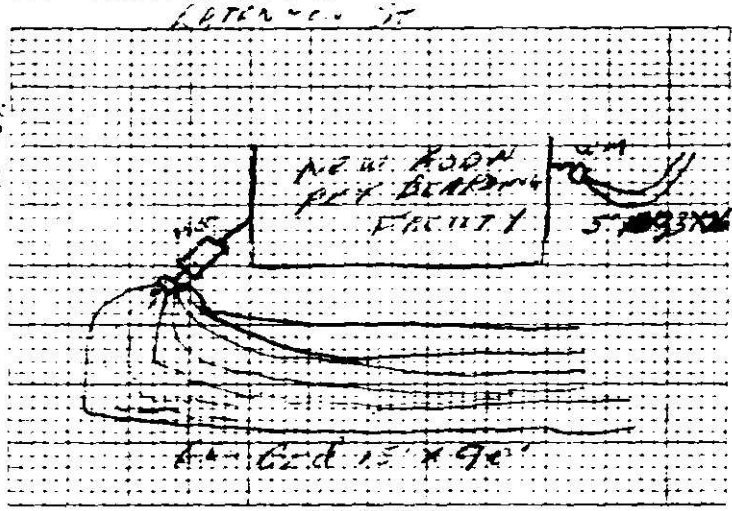
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 5565 dated 2/15/73 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 8/15/73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank 1500

Tank Construction ___

Absorption and/or Subsurface Lines 100 sq ft

Total Line Length 540

Number of Lines 6

Distance from House 10'

Distance from Property Line 10' min

Distance from Well 100' min

NAME OF OWNER Al Hicks

LOCATION OF PROPERTY 2135 Eastern

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 C. Morrison (M) 4/73

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

PLEASE RETURN TO CLIENT'S COPY

Date Issued 5-1-73

Serial No. 3226

C of A (s) No. 5565

T. C No 115-131-07

Map Date 9/1/70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner HORKY (LAST) AL (FIRST) (MIDDLE)

Location of Property 2333 LAWYERS (OFF Wilk. Blvd)

Application Number 5565 Permit Number 5565

Inspection Data:

Liquid Capacity of Tank 1500 GAL Tank Material P/C

Total Length of Drain Tile 540 LIN FT Number of Units 5 BED 15"X90" 5 X 33'X2'

Depth of Filter Material _____ Cover Depth 24"-36"

Water Supply Source COMM Distance from Water Source _____

Excavation Inspected 5/1/73 (DATE) Tank Inspected 5/1/73 (DATE)

Nitrification Field Inspected 5/1/73 (DATE)

Washing Machine Line Inspected, If Applicable 5/1/73 (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: limited space for future repair

H. E. Sanderson

Environmentalist

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

HEALTH DEPARTMENT'S COPY