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SEE INSTRUCTIONS ON BACK

Date Received 10-25-73

ICAR(S) Application No. 729

T C No 031-081-08

Map Date 4-27-73

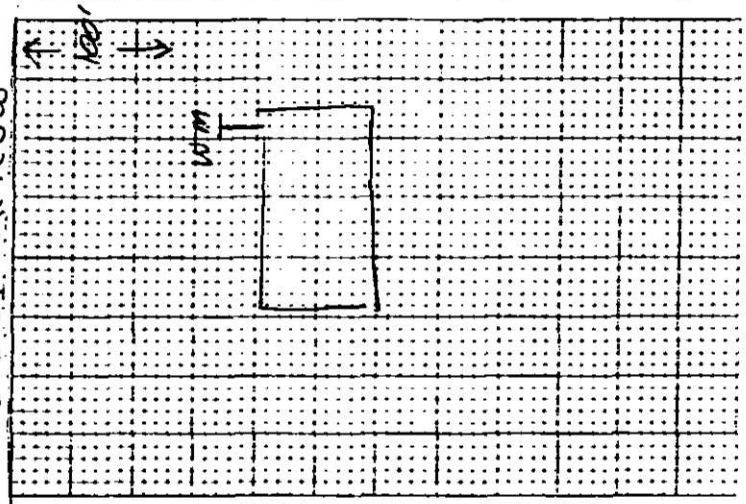
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Business Use - Max No Employees

6) Washing Machine ✓ Yes ___ No

7) Garbage Disp ___ Yes X No

8) Dishwasher ✓ Yes ___ No

9) Water Supply

A) Individual System X

B) Governmental System ___

C) Community System ___

1 Well Source ___

2 Governmental Water ___

10) Sewage System

House location within 200 feet of public sewer ___ Yes ___ No

House location within 200 feet of community sewer ___ Yes ___ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER PETTUS (LAST) JAMES (FIRST) M. (MIDDLE)

14) ADDRESS OF OWNER 1017 BELMORROW DR.

15) PHONE NO. Home 399-7071 Office 394-0351

16) LOCATION OF SYSTEM SAME AS 14 1017 Belmorrow Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION COOLWOOD 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.

10/25/73
DATE OF APPLICATION

James M. Pettus
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2/27/74 Serial No. 4898 ICAR(S) Permit No. 7179

T C No. _____

Map Date _____

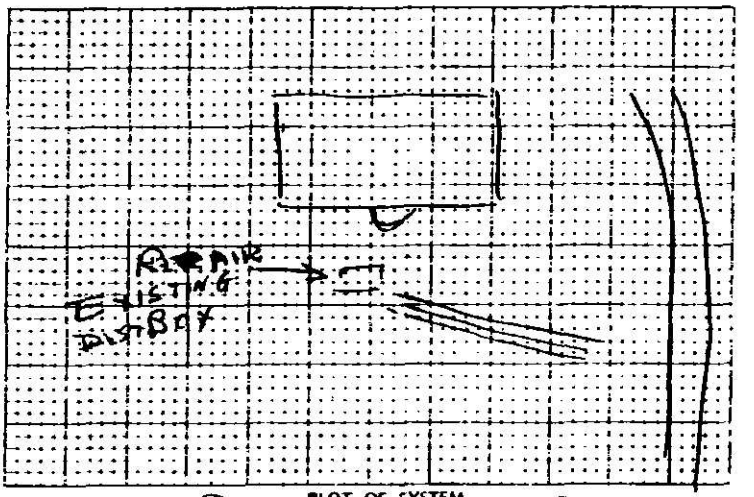
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 7179, dated 12/25/73 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 3/15/74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght 150

Number of Lines 3 (75 X 50 X 17")

Distance from House 15'

Distance from Property Line 10'+

Distance from Well CITY

BELMORROW EAST

NAME OF OWNER JAMES PETTUS

LOCATION OF PROPERTY 1017 BELMORROW 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: SOIL APPEARS POOR

JA/PPB

Division or Section Head

J P McGeorge

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 on existing system is being altered or repaired.

CRV No. E-5-8-1-72

HEALTH DEPARTMENT'S COPY