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SEE INSTRUCTIONS ON BACK

Date Received 5-2-73

ICARIS Application No 6127

T C No

Map Date

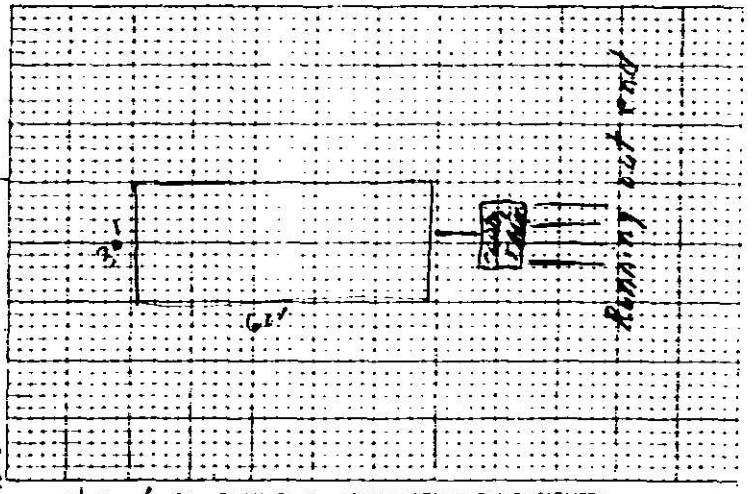
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom 3

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 ✓
- B) Governmental System
- C) Community System
  - 1 Well source
  - 2 Governmental source

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

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Shelby (LAST) Roy (FIRST) Edward (MIDDLE)

14) ADDRESS OF OWNER Rt. 14 Box 482 Charlotte, N.C 28208

15) PHONE NO. Home 399-8128 Office

16) LOCATION OF SYSTEM Highway 16 - Right (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. [redacted] Page No. [redacted]

18) DEED REFERENCE — DEED BOOK 1972 AT PAGE 26

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.

5-1-73
DATE OF APPLICATION

OWNER Roy C. Shelby

FORM NO E-4-9-4-72

HEALTH DEPARTMENT'S COPY

Date Issued 5/2/73 Serial No. 3643 ICAR(S) Permit No. 6127

T. C No. 023-125-12

Map Date 22 Mar 73

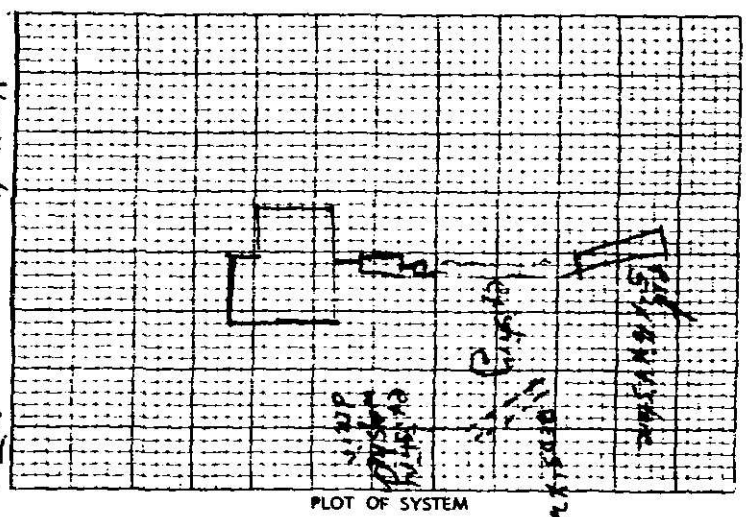
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___, dated 5/1/73 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 5/10/73, after which date this permit shall be null and void.



Percolation Rate REPAIR

Liquid Capacity of Tank ?

Tank Construction ?

Absorption and/or Nitrification Lines: W.M ST

Total Line Lenght 5'X50'x2" PIT 5'X16'4

Number of Lines 2 — 2

Distance from House 60'+

Distance from Property Line 20'+

Distance from Well 150'+

NAME OF OWNER Roy E. SHELBY

LOCATION OF PROPERTY Hwy 16 (N.S.DE)

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: BUD LEE MAY 10

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 NC E-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3249

C of A (s) No 6127

Date Issued 8 May 73

T. C No 023125-42

Map Date 27 Apr 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Sibley (LAST), Ray (FIRST), E. (MIDDLE)

Location of Property Highway 16 N

Application Number 6127 Permit Number 6127

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Fiberglass

Total Length of Drain Tile 100' + 50' WAN Number of Lines 2+2 (5'x50'x17" WAN (5'x16'x34")

Depth of Filter Material 17" & 34" Cover Depth 18"

Water Supply Source Drilled Well Distance from Water Source 150' +

Excavation Inspected 7 May 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7 May 73 (DATE)

Washing Machine Line Inspected, If Applicable 8 May 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: Bid Tie (Conte)

W. H. Sibley
Environmentalist

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

HEALTH DEPARTMENT'S COPY