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Date Received 10-23-73

SEE INSTRUCTIONS ON BACK

MECK COUNTY HEALTH DEPT
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OCT 25 1973
ENVIRONMENTAL HEALTH DIVISION

CAR S: Application No 7171
T C No 133-241-02
Map Date 4-2-73

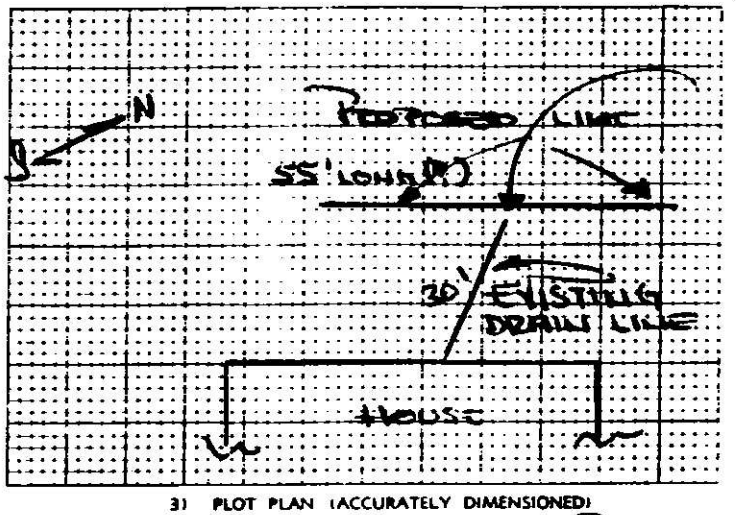
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ___ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge WASHING MACHINE DRAIN —



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 4
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 KELLY (LAST) ROBERT (FIRST) A (MIDDLE)

14) ADDRESS OF OWNER 4828 CAROUSEL DRIVE

15) PHONE NO. Home 5375680 Office 3755571

16) LOCATION OF SYSTEM 4828 CAROUSEL DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION PINEBROOK Lot No. 2 Block No. 2

Map Book No. 3013 Page No. 212 ?

18) DEED REFERENCE — DEED BOOK 3013 AT PAGE 212 ?

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 1970

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.

DATE OF APPLICATION 10/20/73

OWNER Robert A. Kelly

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 24 Oct 1973

Serial No. 4469

ICAR(S) Permit No. 7171

T. C. No. 133-RYY-02

Map Date 4-22-73

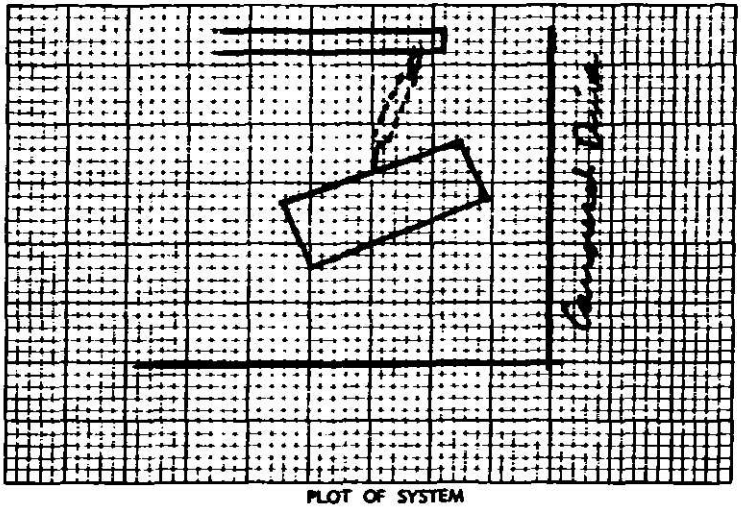
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 ___, 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 1 Nov 1973, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Repair Absorption and/or Nitrification Lines:

Total Line Lenght 100 0 lft

Number of Lines 2(5x50)

Distance from House 25'+

Distance from Property Line 8'+

Distance from Well ___

NAME OF OWNER Mr. Kelly

LOCATION OF PROPERTY 4828 Carousel Drive

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: distribution box added at beginning of old system

John R Atkinson

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

HEALTH DEPARTMENT'S COPY

Date Issued 24 Oct 1973 Serial 4043

C of A (s) No. 7171

T. C. No. 133-241-02

Map Date 4-2-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Mr. (LAST) Kelly (FIRST) (MIDDLE)

Location of Property 4828 Carousel Drive

Application Number _____ Permit Number _____

Repair Inspection Date:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 17 Cover Depth 24" ±

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 10/24/73 (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: _____

John R Atkinson

Environmentalist

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

HEALTH DEPARTMENT'S COPY