SEE INSTRUCTIONS ON BACK

Date Received 26 Mar 24

(CAR(S) Application No. 7374

T C No. 1[illegible]

Map Date 21[illegible]

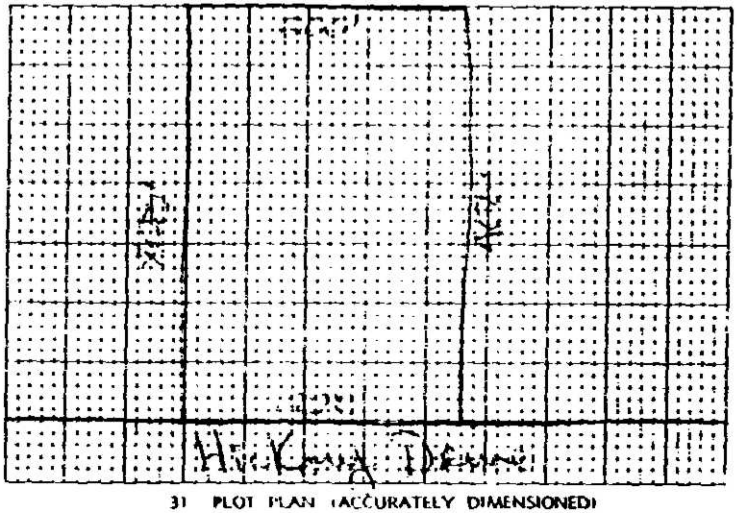
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms 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 [illegible] (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home Office

16) LOCATION OF SYSTEM [illegible] (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.

DATE OF APPLICATION 3-[illegible]-24 OWNER

FORM NO. E-4-4 1-71

HEALTH DEPARTMENT'S COPY

Date Issued 26 MAR 74 Serial No. 4823 ICAR(S) Permit No. 7374

T C No. 105 C 1035 13

Map Date 23 DEC 13

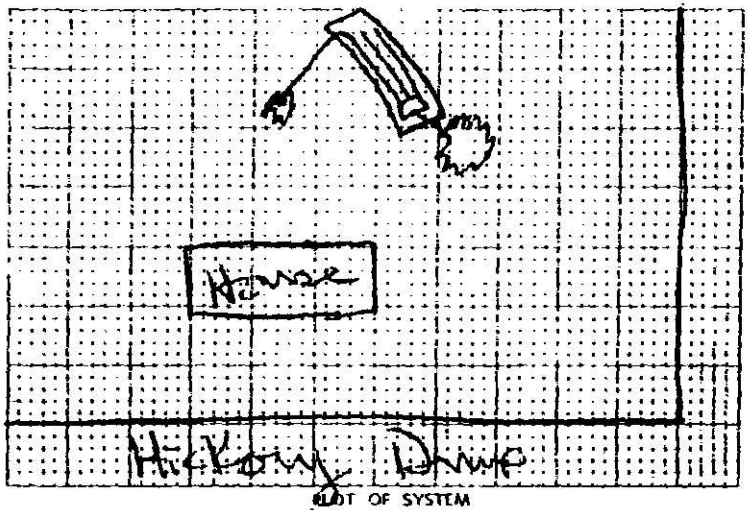
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 in error. All work shall be completed on or before _____, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Length 100+

Number of Lines (3) 7½' x 33'

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 50'+

NAME OF OWNER Harvey, J.B.

LOCATION OF PROPERTY Hickory 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: _____

_____

_____

_____ B.M. Reynolds

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 26 Mar 74 **Serial 4558**

C of A (s) No 1374

T C. No 108 0033 13

Map Date 13 Dec 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hainey, J.B. (LAST, FIRST, MIDDLE)

Location of Property Hickory Drive

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank ✓ Tank Material ✓

Total Length of Drain Tile 100' Number of Lines (2) 5x50' +

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 26 Mar 74 (DATE) Tank Inspected ✓ (DATE)

Nitrification Field Inspected 26 Mar 74 (DATE)

Washing Machine Line Inspected, If Applicable ✓ (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: _____

C. M. Reynolds

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY