SEE INSTRUCTIONS ON BACK

Date Received 3-27-73

ICAR(S) Application No. 5844

T. C. No.

Map Date

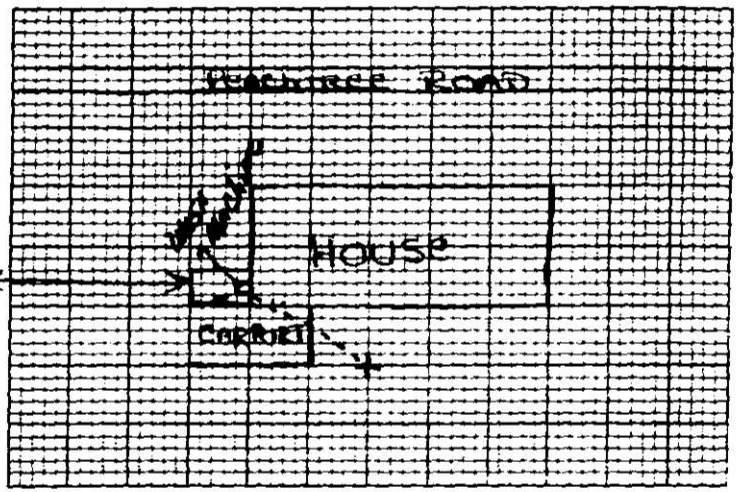
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) __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 2

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes X No

8) Dishwasher X Yes ____ No

9) Water Supply:
A) Individual Well X
B) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ____ Yes X No
House located within 200 feet of community sewer ____ Yes X No

11) FHA Case No. _____

12) VA Case No. _____

13) NAME OF OWNER MARSH (LAST) DAVID (FIRST) MICHAEL (MIDDLE)

14) ADDRESS OF OWNER 1460 PEACHTREE ROAD CHARLOTTE, N. C. 28216

15) PHONE NO. Home 394-6034 394-6084 Office 372-3485

16) LOCATION OF SYSTEM 1460 PEACHTREE ROAD CHARLOTTE, N. C.
(STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. 6 Block No. _____

Map Book No. 1580 Page No. 379

18) DEED REFERENCE — DEED BOOK 3453 AT PAGE 270

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES X 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.

March 26 1973
DATE OF APPLICATION

David M. Marsh
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3468

ICAR(S) Permit No. 5844

Date Issued 10 Apr 23

T. C. No 039-281-16

Map Date 1 Jul 70

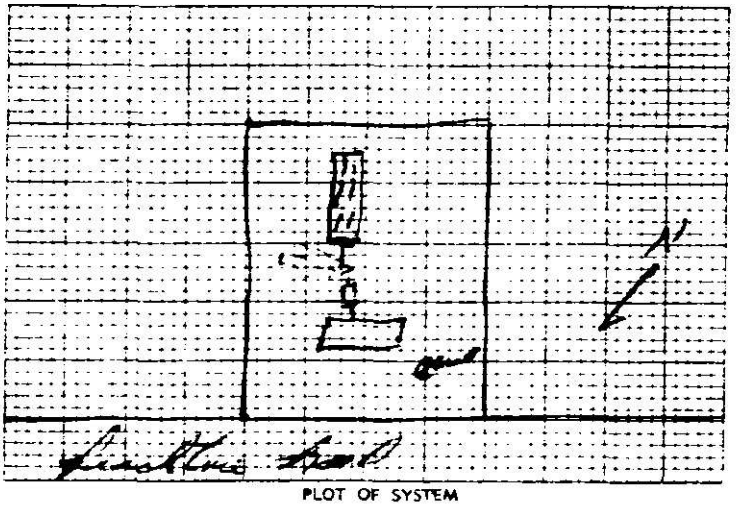
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 5844, dated 27 Mar 23 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 10 May 23, 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 Lenght 200'

Number of Lines 2 (5' x 100' x 17")

Distance from House 25'

Distance from Property Line 25'

Distance from Well 75'

NAME OF OWNER Mark David Michael

LOCATION OF PROPERTY E 1460 Hamilton Rd. (Rebuild)

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: ✓ Status (Cont.)

Division or Section Head _____

Environmentalist M. D. Kelly

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