B

SEE INSTRUCTIONS ON BACK

Date Received 6-18-73

ICAR(S) Application No. 6365

T C No.

Map Date

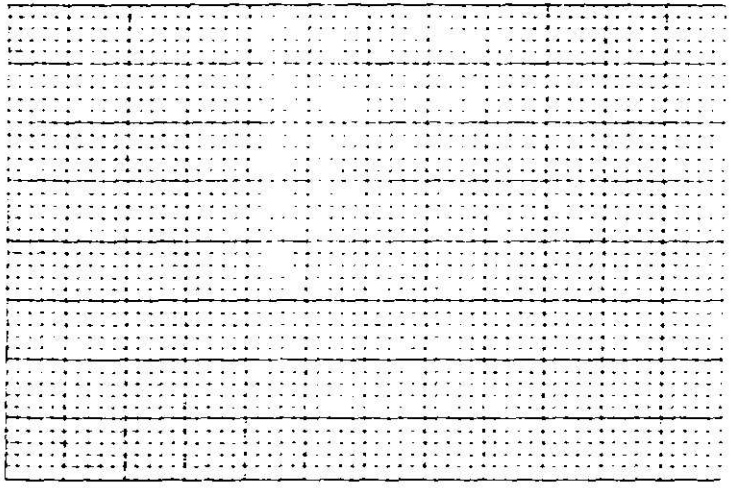
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms ✓

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. Government system ✓
- C. Community System:
  - 1. Well serving
  - 2. Government system

10) Sewage System:
- House located within 200' of public sewer: Yes ✓ No
- House located within 200' of community sewer: Yes ✓ No

11) FmHA Case No.

12) VA Case No.

13) NAME OF OWNER Latham Glenn Allen
LAST FIRST MIDDLE

14) ADDRESS OF OWNER Sandy Porter Rd

15) PHONE NO. Home 588-2111 Office 392-5321

16) LOCATION OF SYSTEM Sandy Porter Rd
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.

6-15-73
DATE OF APPLICATION

Glenn A. Latham
OWNER

FORM NO. E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/[illegible]/73

Serial No. 3836

ICAR(S) Permit No. 1365

T. C. No. _____

Map Date _____

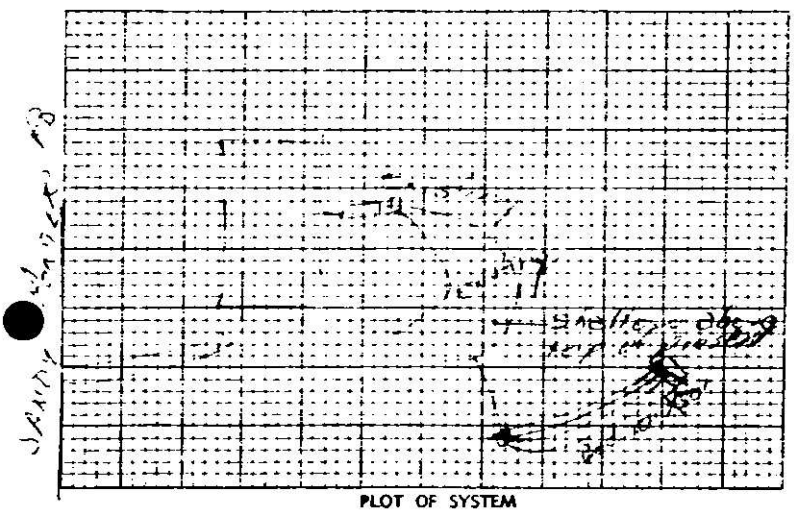
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 _____ 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 June 30 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate Repair

Liquid Capacity of Tank 7

Tank Construction 7

Absorption and/or Nitrification Lines:

Total Line Lenght 200

Number of Lines 4

Distance from House 50' appx

Distance from Property Line 50' "

Distance from Well City

NAME OF OWNER GLENN C. WALKER

LOCATION OF PROPERTY Sandy Ridge Rd.

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: 2 3 bdrm 2 bths

[illegible] 6/11/73

Division or Section Head

[signature] Ogleman

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 9/10/73 Serial 3914

C of A (s) No. 6365

T. C. No. 201-031-17

Map Date 8-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner WALKER (LAST) GLENN (FIRST) D (MIDDLE)

Location of Property SANDY PORTER RD.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank 1000 GAL Tank Material CONC

Total Length of Drain Tile 200 Number of Lines 4

Depth of Filter Material 17" Cover Depth 26"

Water Supply Source IND WELL Distance from Water Source 50'+

Excavation Inspected 9/10/73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 9/10/73 (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: 201L APPEARS DENSE

Environmentalist

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

HEALTH DEPARTMENT'S COPY