SEE INSTRUCTIONS ON BACK

Date Received 9-5-73

ICAR(S) Application No 6950

T C No

Map Date

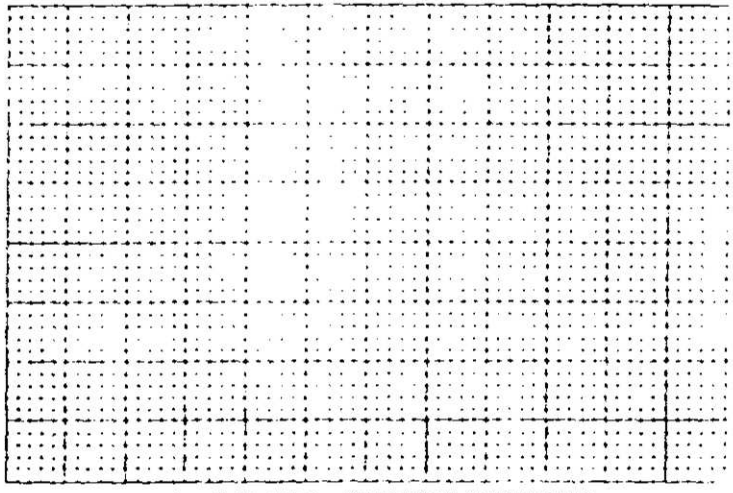
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No. of Bedrooms 5

5) Income: 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
2) Governmental System
Private System
If public sewer, Yes No
House plumbed for: Bath Kitchen
Community sewer: Yes No

11) FHA Case No.

12) VA Case No.

13) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

14) ADDRESS OF OWNER [illegible] Sadler Rd.

15) PHONE NO Home [illegible] Office

16) LOCATION OF SYSTEM [illegible]
(STREET OR COUNTY ROAD)

17) SUBDIVISION [illegible] Lot No [illegible] Block No

Map Book No [illegible] Page No. [illegible]

18) DEED REFERENCE — DEED BOOK [illegible] 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 content 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 9-5-73

OWNER [signature]

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9/6/73

Serial No. 4266

ICAR(S) Permit No. 6950

T C No. 055-072-03

Map Date 2-1-74

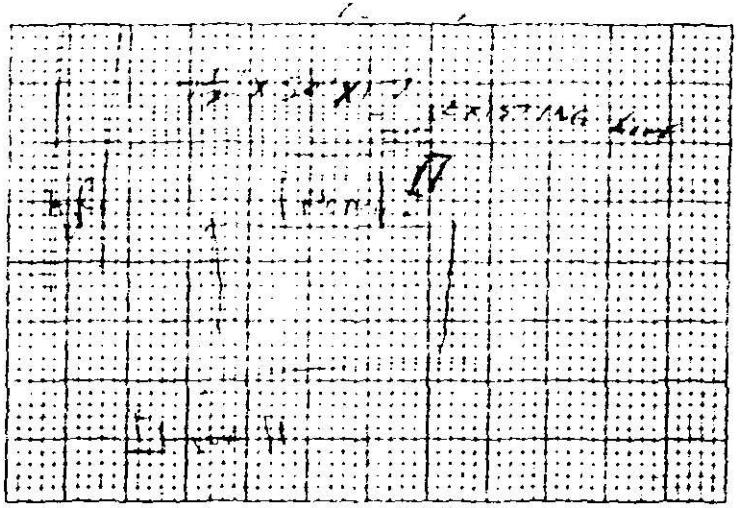
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6950 dated 9/6/73 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 10/10/73 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank ____ G

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 150

Number of Lines 3

Distance from House 10' house

Distance from Property Line 10'

Distance from Well 504

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible] ADLER 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: _____

Division or Section Head [signature]

Environmentalist [signature]

* 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 9/6/73

Serial 3865

C of A (s) No. 6950

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Brotherton Lester
(LAST) (FIRST) (MIDDLE)

Location of Property N.C. 27 near Sadler Rd.

Application Number 6950 Permit Number 6950

Inspection Data:

Liquid Capacity of Tank REQ'D / Tank Material _____

Total Length of Drain Tile 1150 Number of Lines 3

Depth of Filter Material 12"+ Cover Depth 2'

Water Supply Source 2nd well Distance from Water Source 60'+

Excavation Inspected 9/6/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 9/6/73 (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 IF FUTURE TROUBLE DEVELOPS RECOMMEND SEPERATING WASH. MACH.

T. D. Jenkins
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY