SEE INSTRUCTIONS

Date Received 8-7-73

ICAR(S) Application No. 6808

T C No

Map Date

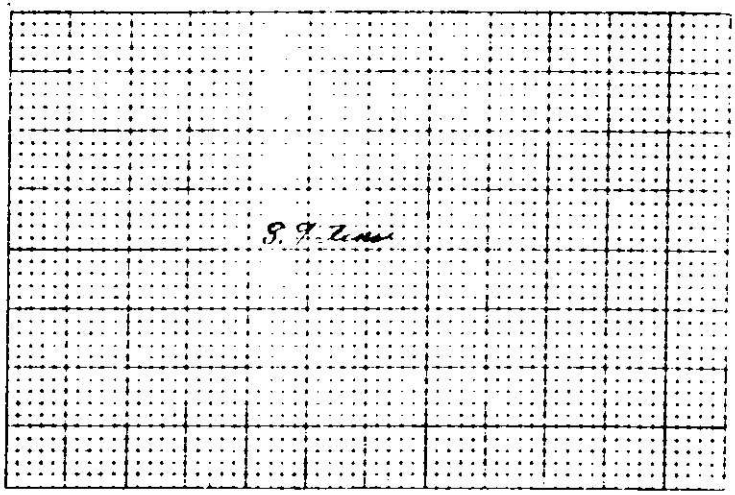
MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

Clements



(3) PLOT PLAN (ACCURATELY DIMENSIONED)

(4) No. of Bedroom 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. Government(al) System
- C. Community System
  - 1. Well source
  - 2. Government(al)

(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 Lucca Regina P.
LAST FIRST MIDDLE

(14) ADDRESS OF OWNER Route 9, Box 422-E Charlotte, N. C.

(15) PHONE NO. Home 394-3944 Office

(16) LOCATION OF SYSTEM Off Lakewood Dr.
STREET OR COUNTY ROAD

(17) SUBDIVISION Lakewood 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 statements 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

OWNER Regina P. Lucca

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

HEALTH DEPARTMENT'S COPY

Date Issued 7 Aug 73

Serial No. 4066

ICAR(S) Permit No. 6808

T. C. No. 033-074-01

Map Date 27 Apr 73

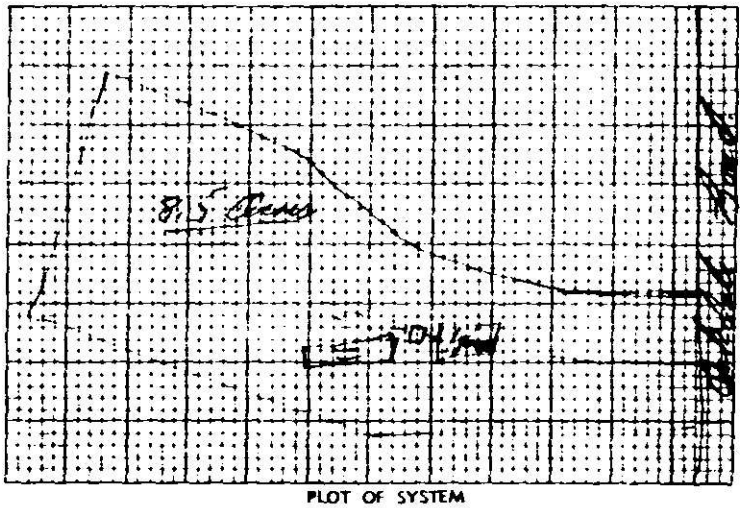
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6808, dated 7 Aug 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 7 Aug 73, 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'x33'x48")

Distance from House 25'

Distance from Property Line 100'+

Distance from Well 100'+

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible]

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 S-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 3804

C of A (s) No. 6808

Date Issued 23 Aug 73

T. C. No. 023-024-01

Map Date 22 Jan 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Prince (LAST) Regina (FIRST) P. (MIDDLE)

Location of Property off Abbott Road

Application Number 6808 Permit Number 6808

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Fiber

Total Length of Drain Tile 200' Number of Lines 2(5'x33'x48")

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 23 Aug 73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 23 Aug 73 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: 1 Stream (Cont.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY