W

SEE INSTRUCTIONS ON BACK

Date Received 5-14-73

ICARIS Application No 6240

T C No

Map Date

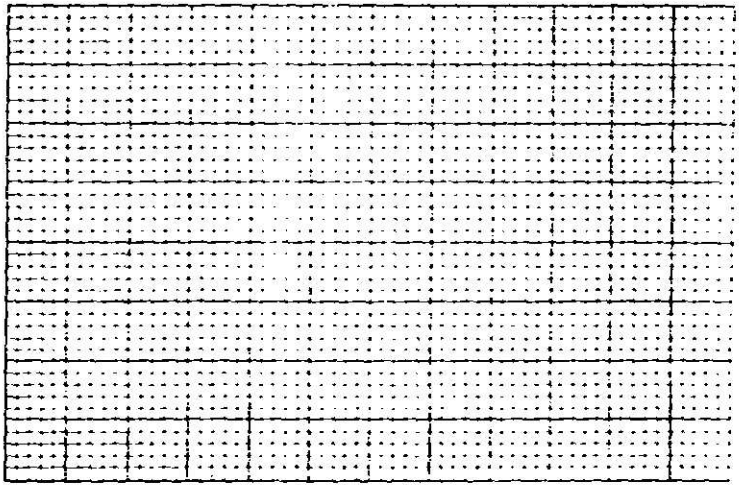
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 on 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 — Yes — No
Employees NONE

6) Washing Machine — Yes NO No

7) Garbage Disposal — Yes NO No

8) Dishwasher — Yes NO No

9) Water Supply
A. Individual Well YES
B. Governmental System NO
C. Community System
1. Well source NO
2. Governmental source N.A.

10) Sewage System
House located within 200 feet of public sewer NO Yes — No
House located within 200 feet of community sewer NO Yes — No

11) FHA Case No. NONE

12) VA Case No. NONE

13) NAME OF OWNER HOOKS (LAST) JAMES (FIRST) LINDSAY (MIDDLE)

14) ADDRESS OF OWNER 4009 MATTHEWS MINT HILL RD, MATTHEWS, N.C. 28105

15) PHONE NO. Home 545-4182 Office NONE

16) LOCATION OF SYSTEM 4009 MATTHEWS MINT HILL RD MATTHEWS, N.C. 28105
(STREET OR COUNTY ROAD)

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

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2071 AT PAGE 541

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.

5-14-73
DATE OF APPLICATION

James L. Hooks
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3719

ICAR(S) Permit No. 6240

Date Issued 17 May 1973

T C. No. _____

Map Date _____

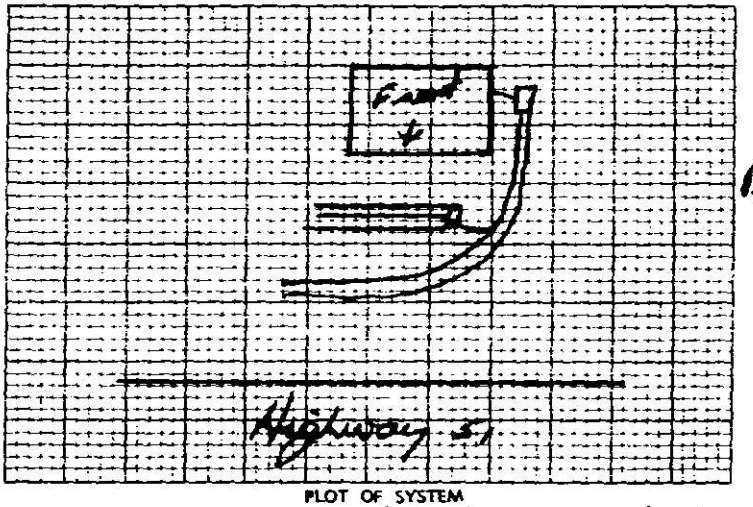
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6240 dated 5-11-73 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 15 June 1973, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Repair Absorption and/or Nitrification Lines:

Total Line Lenght 100 0/ft

Number of Lines 3 (7½'X3'X17")

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Hooks, James Lindsay

LOCATION OF PROPERTY 4009 Matthews Mint Hill 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: _____

_____ John R. Allison

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.

Serial No. 3353

C of A (s) No. 6240

Date Issued 18 May 1973

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 Hooks, James Lindsay
(LAST, FIRST, MIDDLE)

Location of Property 4009 Matthews, Mint Hill Rd

Application Number 6240 Permit Number 6240

Repair
Inspection Date:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 100 L/ft Number of Lines 3 (7½ x 33)

Depth of Filter Material 17" Cover Depth 24"-36"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 17 May 1973 (DATE) Tank Inspected NA (DATE)

Nitrification Field Inspected 18 May 1923 (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: /

John R. Atkisson
Environmentalist

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

HEALTH DEPARTMENT'S COPY