SEE INSTRUCTIONS ON BACK

Date Received 12-3-73

ICAR (S) Application No 7280

T C No 051-018-2

Map Date 6-9-71

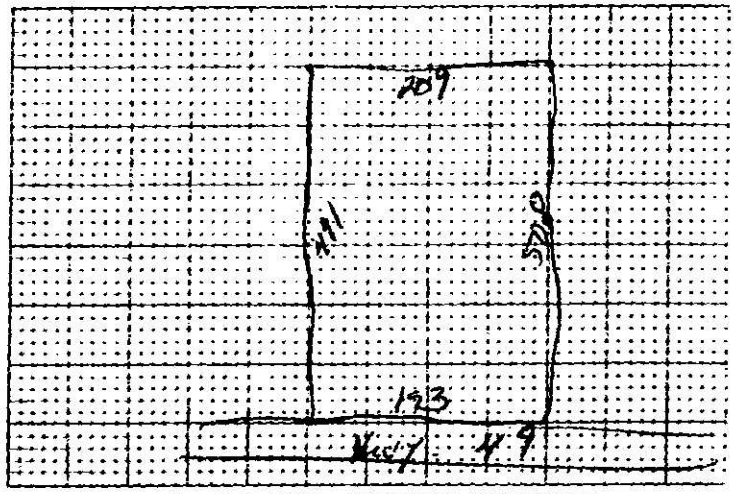
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 source
2. Government source

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 Penny (FIRST) Karnezis (LAST) (MIDDLE)

14) ADDRESS OF OWNER 2909 Windsor Ave

15) PHONE NO. Home 375-6604 Office 588-1164

16) LOCATION OF SYSTEM Hwy 49 (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.

DATE OF APPLICATION _____

Penny Karnezis
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3/1/77

ICAR(S) Application No. 7280 9005

T. C. No. 051-011-20

Map Date _____

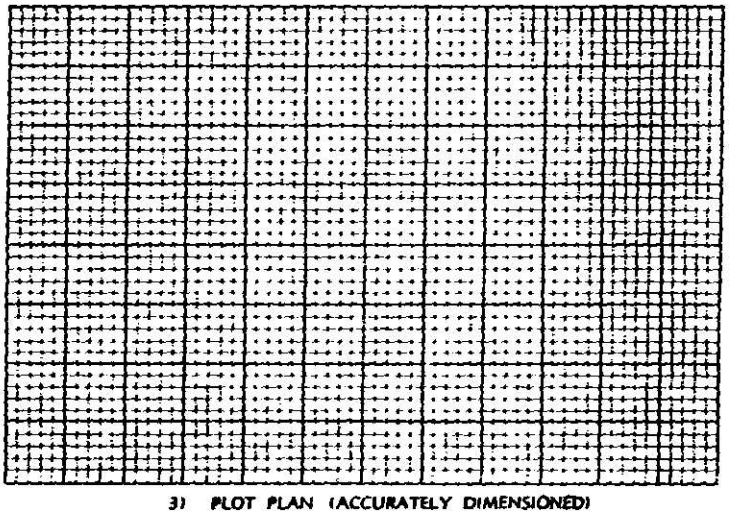
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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) Governmental System _____
C) Community System:
1. Well source _____
2. Governmental source _____

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 ~~George~~ KARNEZIS (LAST) GEORGE (FIRST) A (MIDDLE)

14) ADDRESS OF OWNER 3808 Willowood Dr.

15) PHONE NO. Home 564 7041 Office _____

16) LOCATION OF SYSTEM Hwy #49 (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.

Aug 1 - 1977
DATE OF APPLICATION

George A Karnezis
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 7Aug75 Serial No. 6607 ICAR(S) Permit No. 7280 ~~9805~~

T C. No. 051-011-20

Map Date

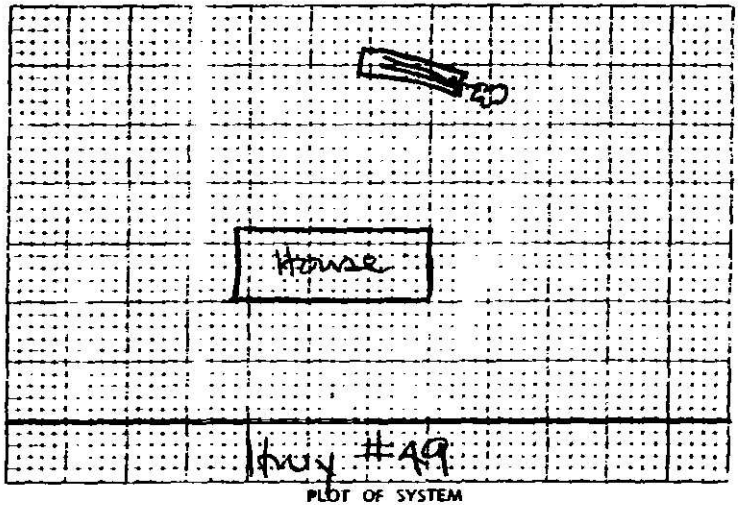
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 9805, dated 1Aug75 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 7Sep75, 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 Length 100ft

Number of Lines 2 5'x50'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER KARNEZIS, George A.

LOCATION OF PROPERTY ~~7~~ Hwy #49

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: Septic tank line repair

Division or Section Head

A.M. Reynolds
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 Environmental Specialist is required where an existing system is being altered or repaired.

FORM E-5-8-1-72

...TH DEPARTMENT'S COPY

Date Issued 7Aug75 **Serial No.** 6151 C of A (s) No. 1280 9805

T. C. No 051-011-20

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 Karnezis (LAST) George (FIRST) (MIDDLE)

Location of Property Hwy 49

Application Number 9805 Permit Number 9805

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 ft Number of Lines (2) 5'x50'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 102'

Excavation Inspected 7Aug75 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7Aug75 (DATE)

Washing Machine Line Inspected, If Applicable 7Aug75 (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:

R. M. Reynolds
Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY