Date Received 2-23-73 ICAR(S) Application No 5639

T C No

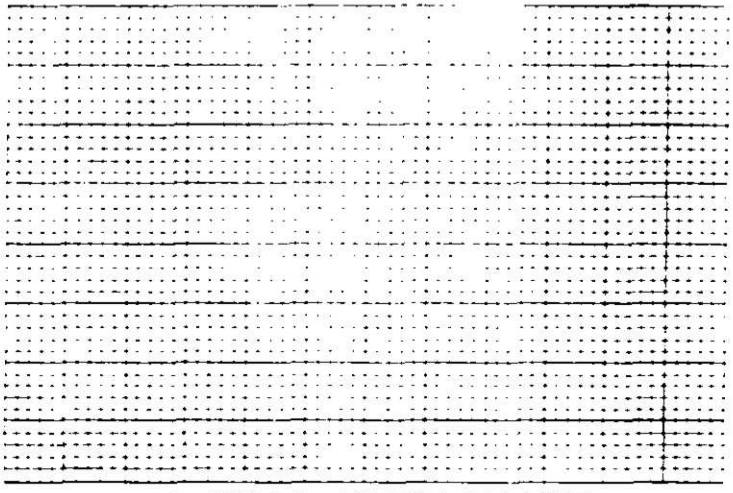
Map Date

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

Install or Construct ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



4 No of Bedr
5 Business Use Max No
Employees
6 Washing Machine Yes No
7 Garbage Disposa Yes No
8 Dishwasher Yes No
9 Water Supply
A Individual Sys
B Governmental System
C Community System
1 Well Use
2 Governmental System
Sewage System
House Septic Tank
Public Sewer Yes No
House Septic Tank
Community Sewer Yes No
FHA Case No
VA Case No

31 PLOT PLAN ACCURATELY DIMENSIONED

13 NAME OF OWNER T. R. Cox
LAST FIRST MIDDLE

14 ADDRESS OF OWNER Rt 3 Box 1123

15 PHONE NO Home 537-6491 Office

16 LOCATION OF SYSTEM Briarwood Trail Rock
STREET OR COUNTY ROAD

17 SUBDIVISION Dee Lot No Block No

Map Book No Pat Page No.

18 DEED REFERENCE — DEED BOOK AT PAGE
Lot Septic Tank System

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.

2/23/73
DATE OF APPLICATION

T. R. Cox
OWNER

FORM NO E-4-4-(-2)

HEALTH DEPARTMENT'S COPY

Date Issued 23 Feb 1973 Serial No. [illegible] ICAR(S) Permit No 5639

T C No

Map Date

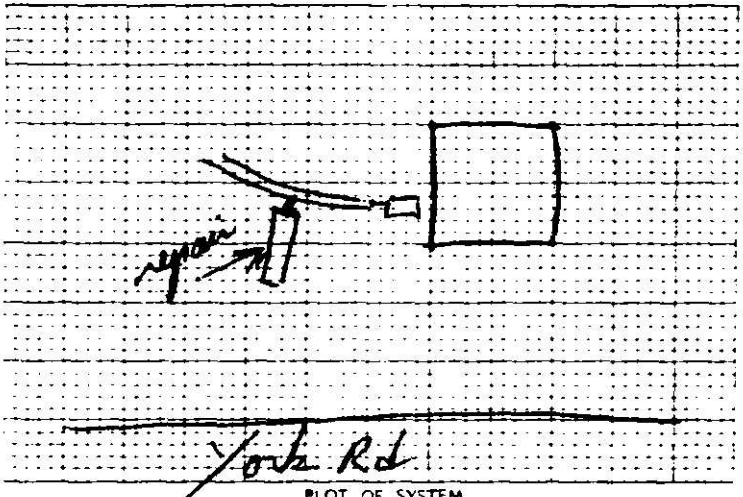
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5675, dated 2-23-73 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 27 May 1973, 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 1200/ft

Number of Lines 2

Distance from House 25'

Distance from Property Line 10'

Distance from Well 75' +

NAME OF OWNER T. R. Cox

LOCATION OF PROPERTY York 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 unserviceable or can be used.

Comments in bed 5'x16'x4' #10 stone

Division or Section Head

Environmentalist John R Atkinson

* 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

[illegible] DEPARTMENTS COPY

Date Issued 1 Mar 1973 Serial No. 2841 C of A (s) No. 5639

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 T. R. Cox (LAST / FIRST / MIDDLE)

Location of Property York Road

Application Number 5639 Permit Number 5639

Repair
Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 ft Number of Lines 2(5X16X4')

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 3-1-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected (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