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SEE INSTRUCTIONS ON BACK

Date Received 4-24-73

ICAR(S) Application No 6090

T C No 193-051-19

Map Date 2-14-73

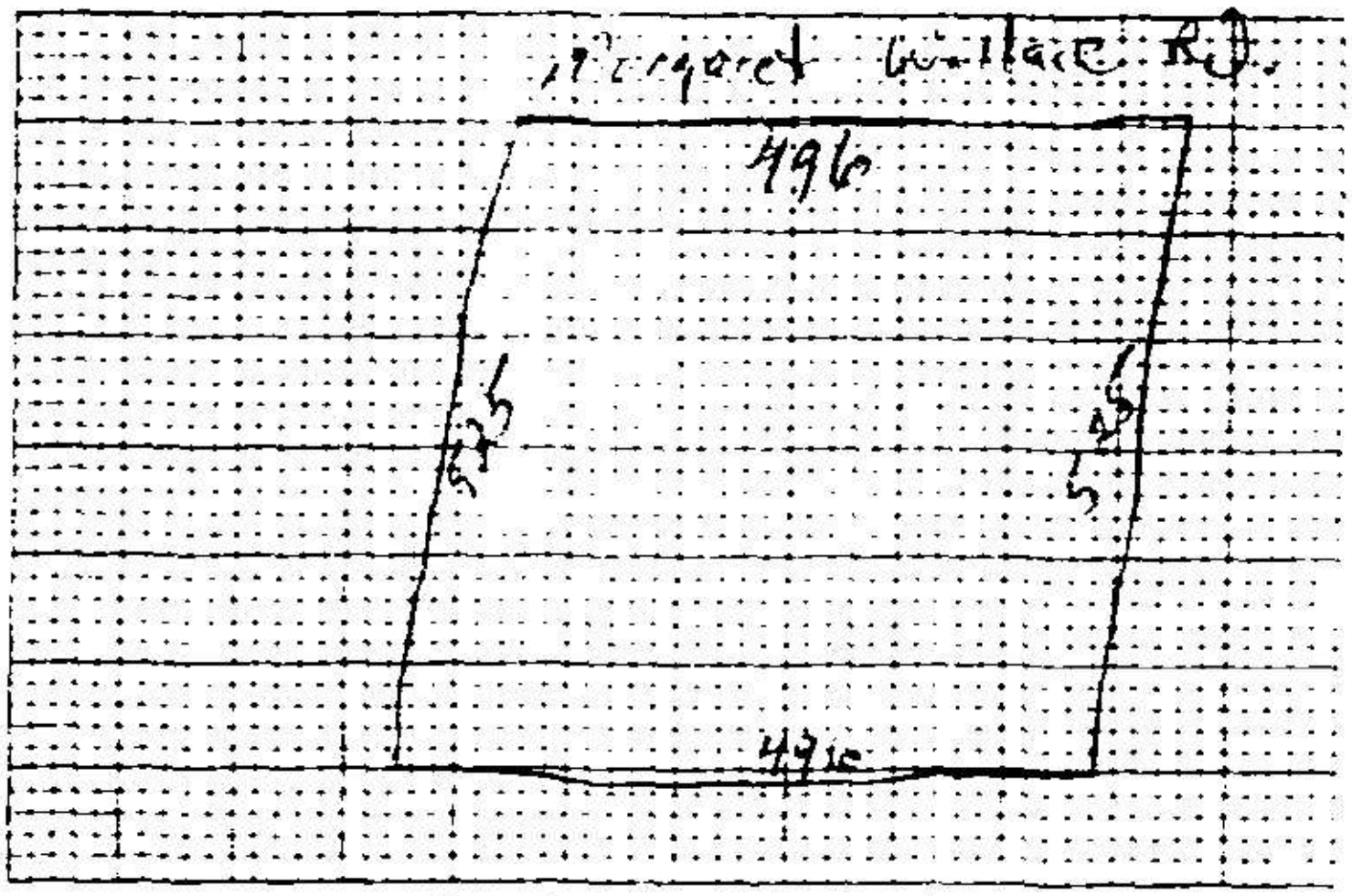
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 = 2 HOUSES on 1 WELL
A Individual Well
B Governmental [illegible]
C Community [illegible]
Well [illegible]
2 Government [illegible]

Sewage System [illegible]
[illegible] ✓ No
[illegible]
community sewer Yes ✓ No

11 FHA Case No ___

12 VA Case No ___

13) NAME OF OWNER OUTEN (LAST) CHARLES (FIRST) W (MIDDLE)

14) ADDRESS OF OWNER 9816 IDLEWILD RD, MATTHEWS, NC 28105

15) PHONE NO Home 545-4325 Office 374-4896

16) LOCATION OF SYSTEM 4512 MARGARET WALLACE RD (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.

4-24-73
DATE OF APPLICATION

C. W. Outen
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7-11-73

Serial No. 3967

ICAR(S) Permit No. 6090

T. C. No. 193-051-19

Map Date 9-14-73

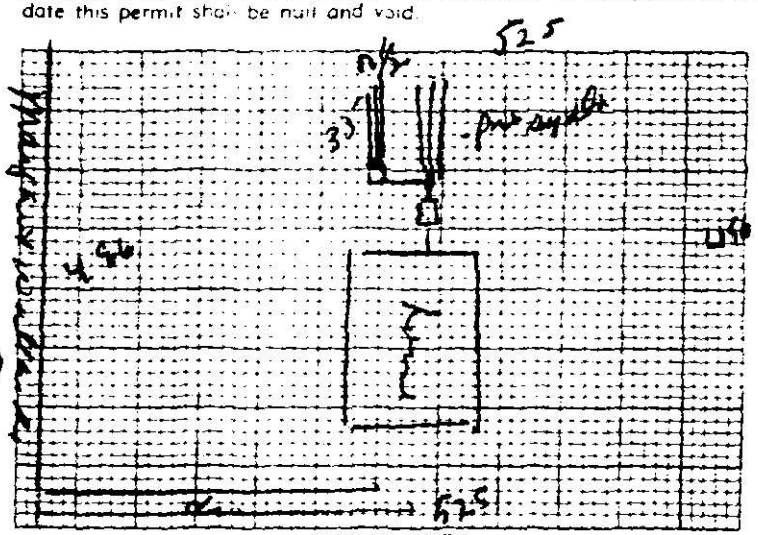
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6060, dated 4-24-73 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 9-11-73, 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 100'

Number of Lines 3

Distance from House 18'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Charles W. Outen

LOCATION OF PROPERTY 4512 Margaret Wallace 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: 7½' x 33' x 17" Stone

Work by Clark Septic Tank Co.

Division or Section Head

Thomas R. Ward
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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 3613

C of A (s) No. 6090

Date Issued 7-13-73

T C. No 193-051-19

Map Date 8-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Dubon (LAST), Charles W. (FIRST, MIDDLE)

Location of Property 4512 Margaret Wallace Rd.

Application Number 6090 Permit Number 6090

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 Number of Lines 3

Depth of Filter Material 17" ± Cover Depth 28"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7-13-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7-13-73 (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: Repair by Clark Septic Tank Co.

Homer R Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY