Date Received June 6, 1973

ICAR (S) Application No 6476

T C No 043-035-03

Map Date 4/73

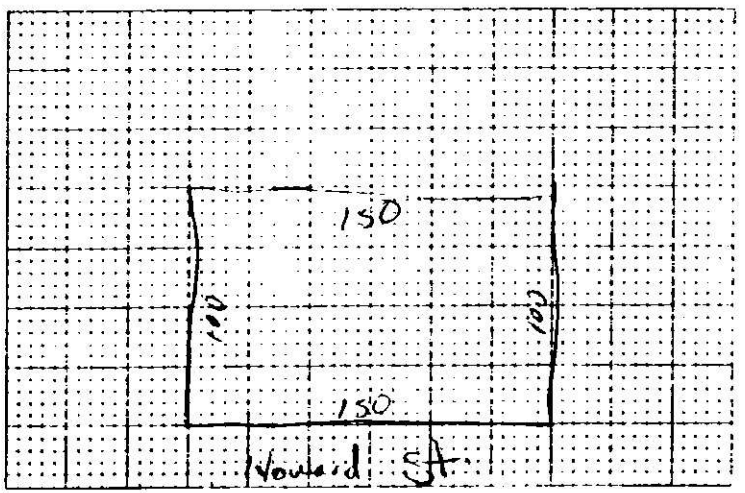
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3 —

5) Income / 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 (City, Town) —
C) Community (Co-op)
1 Well Owner —
2 Governmental Agency —

10) Sewage System
House located within 200 feet of public sewer Yes No
House located within 400 feet of community sewer Yes X No

11) FHA Case No —

12) VA Case No —

13) NAME OF OWNER John [illegible] Linda [illegible]
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 5529 Howland Ct

15) PHONE NO Home 596 1693 Office

16) LOCATION OF SYSTEM [illegible] Howland Court
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No 29 Block No 15 [illegible]

Map Book No 332 Page No. 442

18) DEED REFERENCE — DEED BOOK [illegible] 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

6-5-73
DATE OF APPLICATION

[illegible]
OWNER

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9-16-74

ICAR(S) Application No 6476

T C No 043-035-01

Map Date 4-27-73

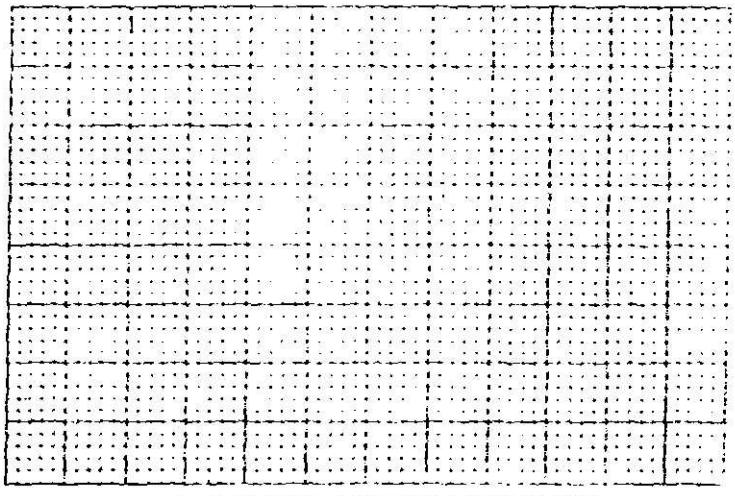
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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) Persons Using Maximum Employees

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply

A) Individual Well yes

B) Government

C) Community

1. Well

2. Government

Sewage System

How far is property from nearest public sewer 3M Yes No

How far is property from nearest community sewer X Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER Mrs Lutie Gray Johnson (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 5529 Howard st

15) PHONE NO Home 5796193 Office

16) LOCATION OF SYSTEM ~~Hutchison Heights~~ 5529 Howard St (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No 8 Block No _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN 8/14/73

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 23, 1974
DATE OF APPLICATION

Mrs Lutie Gray Johnson
OWNER

CODE NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 17 Sept 74

Serial No. 5683

ICAR(S) Permit No. 6476

T C No 03-035-05

Map Date 4-27-73

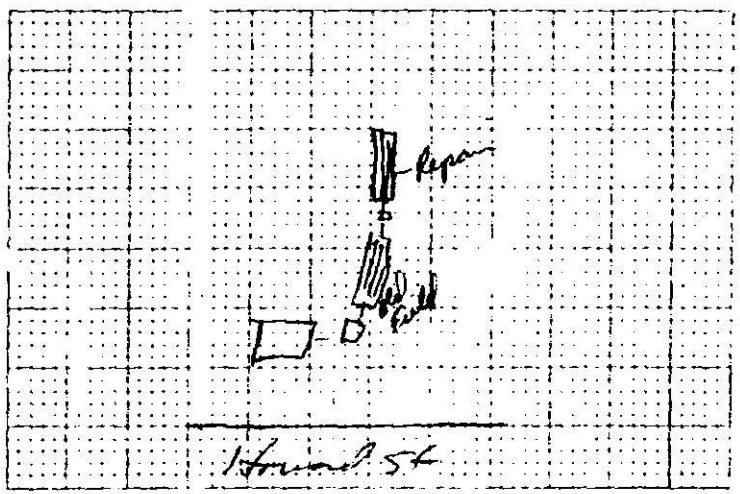
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6476 dated 9-16-74 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 12/1/74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank Repair

Tank Construction ___

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 4 (10' x 25' x 12")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER L. G. Johnson

LOCATION OF PROPERTY 5529 Howard St

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 Ø Gobun

Division or Section Head

Environmentalist Richard Houston

* 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-5-9-1-72

Date Issued 17 Sept 74 **Serial No.** 5217

C of A Ist No 6476

T C No 043-C35-28

Map Date 1-27-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Johnson, L. G. (LAST, FIRST, MIDDLE)

Location of Property 5529 Howard St

Application Number 6476 Permit Number 6476

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100 Number of Lines 4(10'x25'x17")

Depth of Filter Material 17" Cover Depth 75"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 17 Sept 74 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 17 Sept 74 (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 as well as 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 Coburn

Richard Cochran

Environmentalist

FORM NO E-6-9-1-72

THE DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received Oct 76

ICAR (S) Application No. 6476

T C No 041-035-08

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 (add 1 bedroom)



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) 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 Gray (LAST) Yvetta (FIRST) Berry (MIDDLE)

14) ADDRESS OF OWNER 5529 Howard st

15) PHONE NO Home 596-1693 Office

16) LOCATION OF SYSTEM 5529 Howard st (STREET OR COUNTY ROAD)

17) SUBDIVISION Campbell Heights 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.

Oct 76
DATE OF APPLICATION

Yvetta Gray
OWNER

FORM NO E-4-4-2M-6-785

HEALTH DEPARTMENT'S COPY

Date Issued 2/6/76

Serial No. 5598

LA No 6476

T C No 043-035-08

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Gray (LAST) Luetta (FIRST) Perry (MIDDLE)

ADDRESS OF OWNER 5529 Howard Street ZIP

LOCATION OF LOT 5529 Howard Street (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of *, on an on site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6476. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

*MAY use existing system

Helpmet Spencer Jr
Environmentalist

John K Hickson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY