SEE INSTRUCTIONS (R I MCK

Date Received 1-5-73

ICAR(S) Application No. 5418

T. C. No. _____

Map Date _____

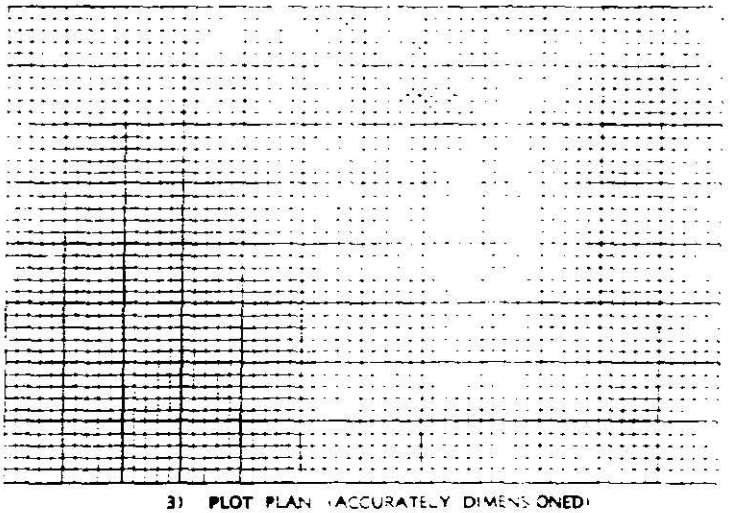
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



4) No. of persons — Max No. ... 4
Bedrooms — Max No. ...
Employees ...
5) Washing Machine X ... Yes ... No
6) Garbage Disposal X ... Yes ... No
7) Dishwasher X ... Yes ... No
8) Water Supply
A. Individual Well ...
B. Governmental System X ...
C. Community System ...
Well source ...
D. Governmental System ...
9) Sewage System
House located within 200 feet of public sewer ... X No
House located within 200 feet of community sewer ... Yes X No
EHA Case No. ...
10) WA Case No. ...

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Meacham (LAST) Bernie (FIRST) Clark (MIDDLE)

14) ADDRESS OF OWNER 5701 Timber Lane

15) PHONE NO Home 366-7961 Office 333-7257

16) LOCATION OF SYSTEM 5701 Timber Lane (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.

1-4-73
DATE OF APPLICATION

B O Meacham
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3312

ICAR(S) Permit No. 5-918

Date Issued 2-9-73

T. C. No. ____

Map Date ____

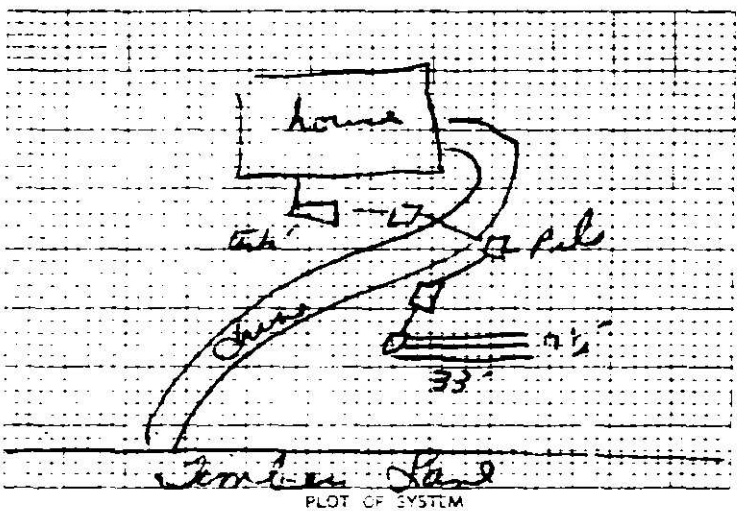
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste-water 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 5918, dated 1-5-73 and this permit shall be void and of no effect if the information provided in the application is not true and correct. All work shall be completed on or before 3-9-73, 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 Length 100'

Number of Lines 3

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well NA

NAME OF OWNER Bernie Clark Meacham

LOCATION OF PROPERTY 5701 Timber Lane

This 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

Repair to 1 section from present system. No work to be done while ground is in saturated condition.

Thomas R. Ward

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.

FORM NO. E-S-4-73

HEALTH DEPARTMENT'S COPY