SEE INSTRUCTIONS ON P. 2

Date Received 8-20-73

ICAR(S) Application No 6867

T. C No.

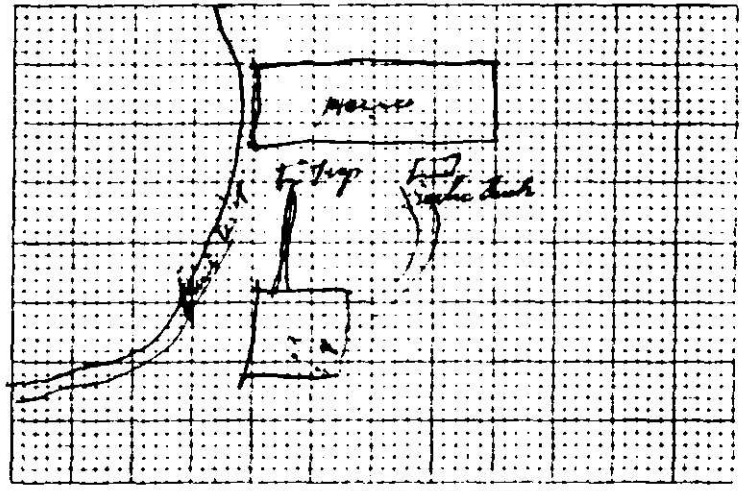
Map Date

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



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedroom 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 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 [illegible] (LAST) [illegible] (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 136 Elm Pond Rd

15) PHONE NO Home Office

16) LOCATION OF SYSTEM 136 Elm Pond 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

8-20-73
DATE OF APPLICATION

Neil E. Pond
OWNER

FORM NO. E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 23 Aug 1973 Serial No. 3904 ICAR(S) Permit No. 6867

T. C. No.

Map Date

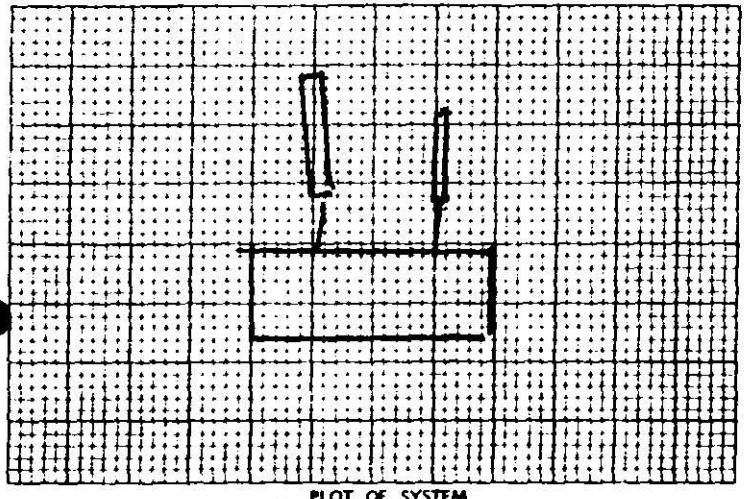
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____, dated _____ 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 _____, 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 Repair Data see remarks

Number of Lines _____

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Smith, C E

LOCATION OF PROPERTY 236 Gum Branch 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: repair both wash line and septic system with bed 5'x18'x4' #10 stone

_____ John R Johnson

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 5-4-1-71

HEALTH DEPARTMENT'S COPY