SEE INSTRUCTIONS ON BACK

Date Received 7-13-73

ICARIS Application No 6657

T C No 43-C85-3

Map Date 4-27-73

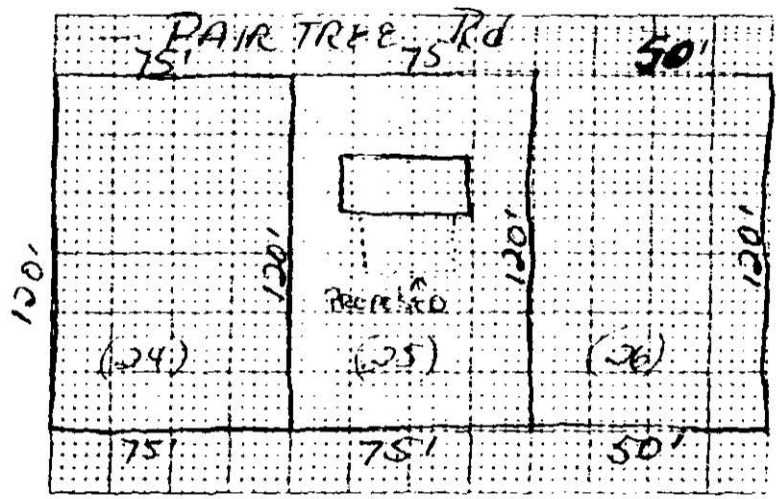
MECKLENBURG COUNTY HEALTH DEPARTMENT

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)

WAS (RECREATIONAL) WILL BE PERMANENT

4) No of Bedrooms ___

5) Persons Usually Employed ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water supply
A) Individual Well X
B) Governmental System ___
C) Community System ___
1) Well ___
2) Governmental ___

Sewage System
House located within 200' of public sewer ___ Yes ___ No
House located within 200' of community sewer ___ Yes ___ No

10) FHA Case No ___

11) VA Case No ___

13) NAME OF OWNER Mr + Mrs Pressley (LAST) Louis (FIRST) Howard (MIDDLE)

14) ADDRESS OF OWNER Route 9 Charlotte NC.

15) PHONE NO Home 392-3181 Office

16) LOCATION OF SYSTEM Pair Tree Road (STREET OR COUNTY ROAD)

17) SUBDIVISION RIVERVIEW ACRES Lot No 25 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.

7-13-73
DATE OF APPLICATION

Mrs. L. H. Pressley
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued August 17, 1973 **Serial No. 3304**

LA No. 6657
P.O.
T. C No. 023-085-35

Map Date 4-27-73

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 Pressley (LAST) Louis (FIRST) Howard (MIDDLE)

ADDRESS OF OWNER Route 9 ZIP

LOCATION OF LOT Pair Tree Road (STREET OR COUNTY ROAD)

SUBDIVISION ℣ Riverview Acres LOT NO 25 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 6657. 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 info mation 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.

M. A. Linley
Environmentalist

John R Adkisson
Director Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY