Date Received 4-4-73

ICAR(S) Application No. 5917

T. C. No. _____

Map Date _____

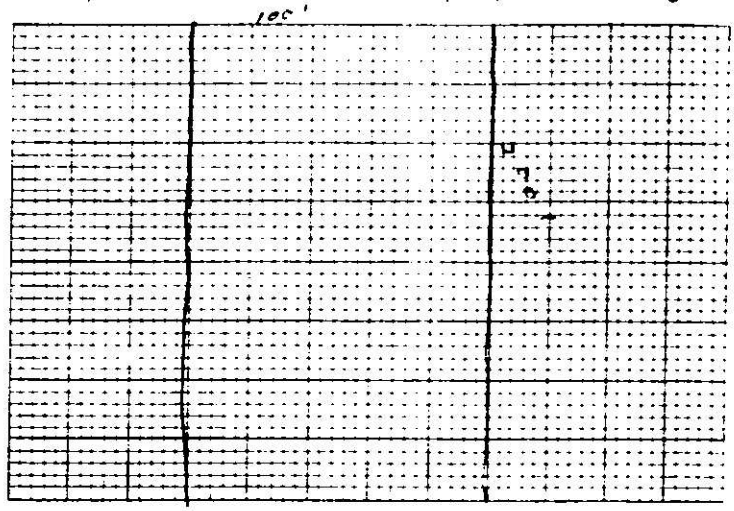
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedrooms 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 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 LEWIS (LAST), THEODORE (FIRST), HAROLD (MIDDLE)

14) ADDRESS OF OWNER 3416 ORCHARD KNOB DRIVE MATTHEWS N.C.

15) PHONE NO. Home 536-6346 Office 372-2590

16) LOCATION OF SYSTEM 3416 ORCHARD KNOB DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION OLDE CREEK Lot No. 3 Block No. C

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.

_____ Theodore H. Lewis
DATE OF APPLICATION OWNER

FORM NO E-4-4-1-71 I Theodore H. Lewis hereby authorize Mr. Wayne Huntley to repair the septic tank system as directed by the Mecklenburg County Health Department.

HEALTH DEPARTMENT'S COPY

Date Issued 4-11-73 Serial No. 3516 ICAR(S) Permit No. 5917

T. C. No. 193-065-13

Map Date 7-17-72

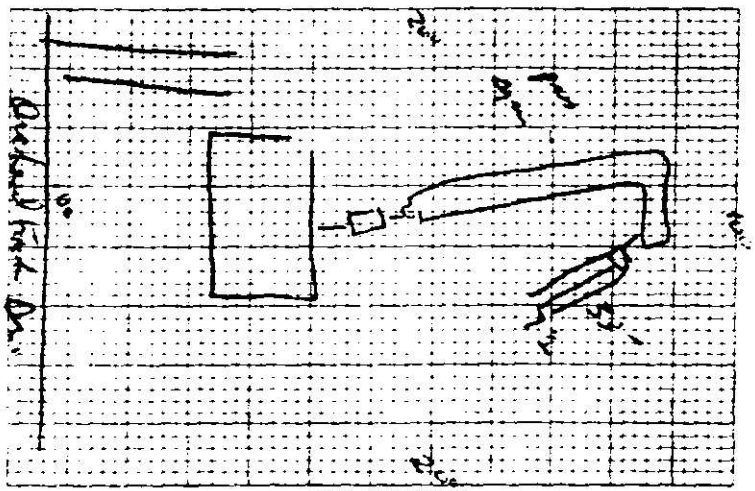
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5917, dated 4-4-73 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 5-11-73, 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 150'

Number of Lines 5

Distance from House 10'

Distance from Property Line 0'

Distance from Well 100'

NAME OF OWNER Herdon Harold Lewis

LOCATION OF PROPERTY 3416 Orchard Knob Dr.

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 29" stone again

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-S-4-(-7)

HEALTH DEPARTMENT'S COPY

Date Issued 4-26-73 Serial No. 3216 C of A (s) No. 5917

T. C. No. 153-265-

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Lewis, Theodore Harold
(LAST, FIRST, MIDDLE)

Location of Property 3416 Orchard Knob Dr.

Application Number 5917 Permit Number 5917

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 150' Number of Lines 3

Depth of Filter Material 25" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 4-26-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 4-26-73 (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 Baxter

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY