Date Issued 5/6/73 **Serial No. 4137** ICAR (S) Permit No. 6611

T. C. No. 107-016-05

Map Date 9-1-70

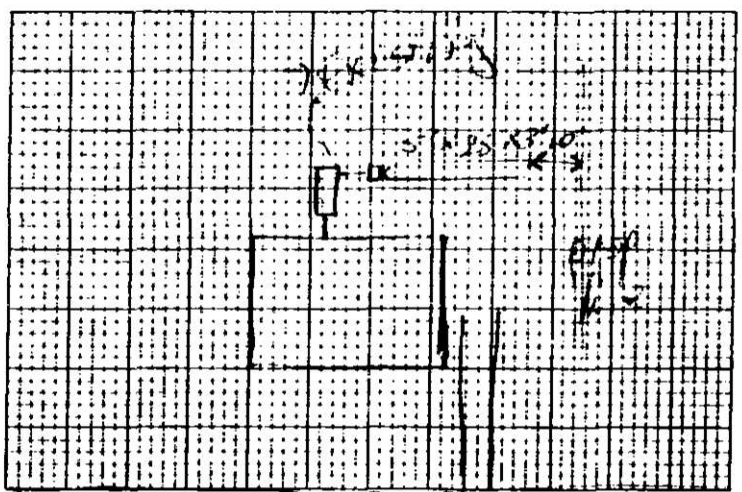
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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.



Percolation Rate REPAIR

Liquid Capacity of Tank 1 1

Tank Construction "

Absorption and/or Nitrification Lines:

Total Line Lenght 100

Number of Lines 2 (5'x25'x3' lg)

Distance from House 10' Min

Distance from Property Line 10' Min

Distance from Well City

NAME OF OWNER Peggy C. Nusman

LOCATION OF PROPERTY 5510 Slater 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: ADD NEW "T" SAME LEVEL

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

Date Issued 8/8/23 Serial 3753 C of A (s) No. 6611

T. C. No. _____

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 NUSUM (LAST) PEGGY (FIRST) J. (MIDDLE)

Location of Property 5510 SEATON RD

Application Number 6611 Permit Number 6611

Inspection Data:

Liquid Capacity of Tank RE Tank Material PR

Total Length of Drain Tile 100' ± Number of Lines 2(5'X ~~[illegible]~~'X4')

Depth of Filter Material ~~[illegible]~~ 3' Cover Depth 1

Water Supply Source CITY Distance from Water Source —

Excavation Inspected 8/7/23 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 8/7/23 (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, X 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: R Oakes was unable to make (5'X25X3')

Environmentalist L. P. Bridgeman

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

HEALTH DEPARTMENT'S COPY