SEE INSTRUCTIONS ON BACK

Date Received 5-8-73

ICAR (S) Application No 6192

T C No 045-132-11

Map Date 4-27 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

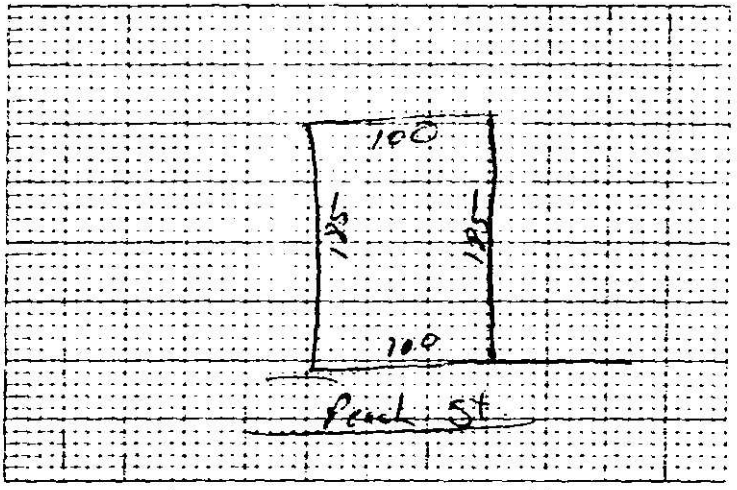
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

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

Washing Machine

Pit privy



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms ___

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 Hill (LAST) Preston (FIRST) W (MIDDLE)

14) ADDRESS OF OWNER 6110 Peach St Charlotte, N. C. 28213

15) PHONE NO Home 596-2529 Office ___

16) LOCATION OF SYSTEM 6110 Peach St (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No 18 Block No. ___

Map Book No. 3 Page No. 63

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.

5-7-

DATE OF APPLICATION

Preston W Hill

OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 15 May 73

Serial No. 3693

ICAR(S) Permit No. 6192

T. C. No. 245-132-11

Map Date 27 Apr 73

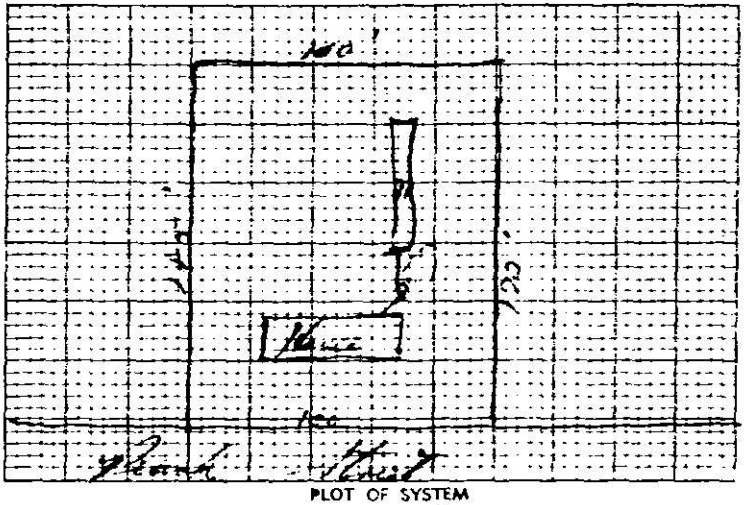
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6192 dated 5 May 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 15 Jun 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 60'

Number of Lines 2(5'x5'x1')

Distance from House 20'

Distance from Property Line 10'

Distance from Well _____

NAME OF OWNER Hill, Easton Jr.

LOCATION OF PROPERTY 6600 Beech Street (Alerta)

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: W. H. Floyd (Contr.)

Division or Section Head _____

M. M. Isley
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 17 May 23

Serial No. 3316

C of A (s) No. 6192

T. C. No. C 42-132-11

Map Date 22 Sept 23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hill, Linton W.
LAST FIRST MIDDLE

Location of Property Cocc Peach Hut (Christie)

Application Number 6192 Permit Number 6192

Inspection Data: Repair Complaint

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 100' Number of Lines 2 (5'x50'x17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Dug Well Distance from Water Source 100'

Excavation Inspected 17 May 23 Tank Inspected —
DATE DATE

Nitrification Field Inspected 17 May 23
DATE

Washing Machine Line Inspected, If Applicable 17 May 23
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: W. R. Floyd (Contr.)

P. M. Kirby
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

RECEIVED
Date Received
NOV 2 0 1974

SEE INSTRUCTIONS ON BACK

ICAR(S) Application No 6192

T C No 045-13211

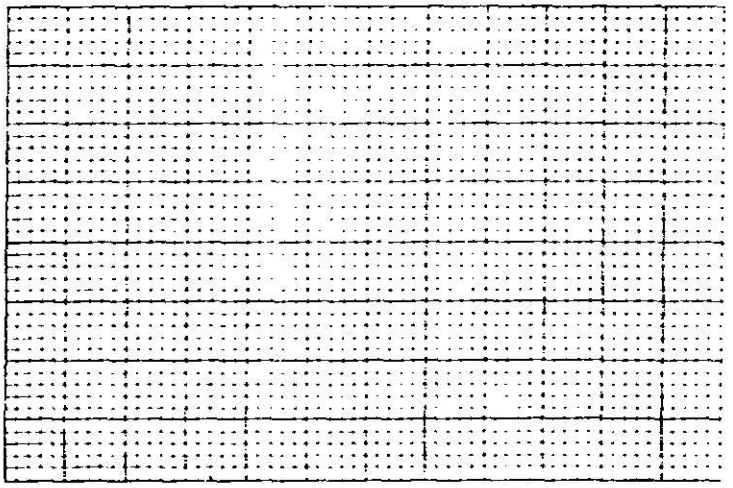
Map Date 4-2773

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)

4) No. of bedrooms _____

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 Hill (LAST) Preston (FIRST) W (MIDDLE)

14) ADDRESS OF OWNER 6000 Peach St

15) PHONE NO. Home 546-2529 Office ___

16) LOCATION OF SYSTEM Peach St (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK X ___ AT PAGE X ___

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.

11-15-74
DATE OF APPLICATION

X Mrs Preston W. Hill
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY