Date Received 9-17-73

ICAR (S) Application No. 6854

T. C. No.

Map Date

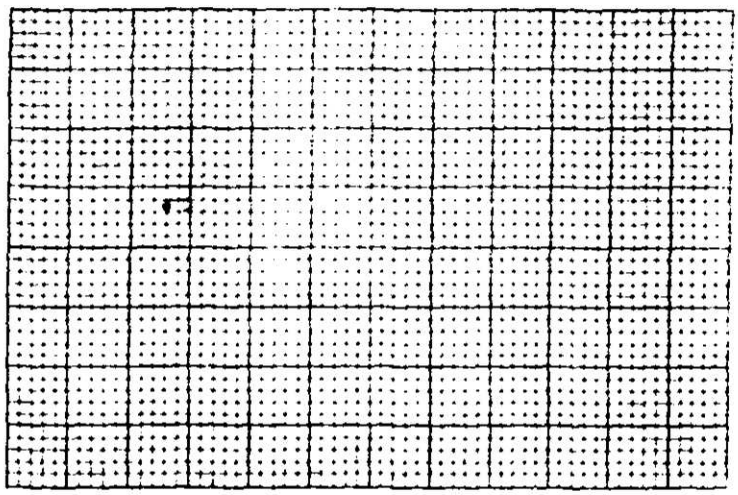
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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 HOWELL (LAST) OVERNITE TRANSP. CO (FIRST) BY THOMAS (MIDDLE)

14) ADDRESS OF OWNER PO Box 10512

15) PHONE NO. Home ___ Office 596-1121

16) LOCATION OF SYSTEM 1725 ONEIDA DR. (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.

9-10-73
DATE OF APPLICATION

E. J. Howell
OWNER

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

**HEALTH DEPARTMENT'S COPY**

Date Received 8-17-73

ICAR(S) Application No. 6855

T. C. No. 059-145-03

Map Date 9 29 71

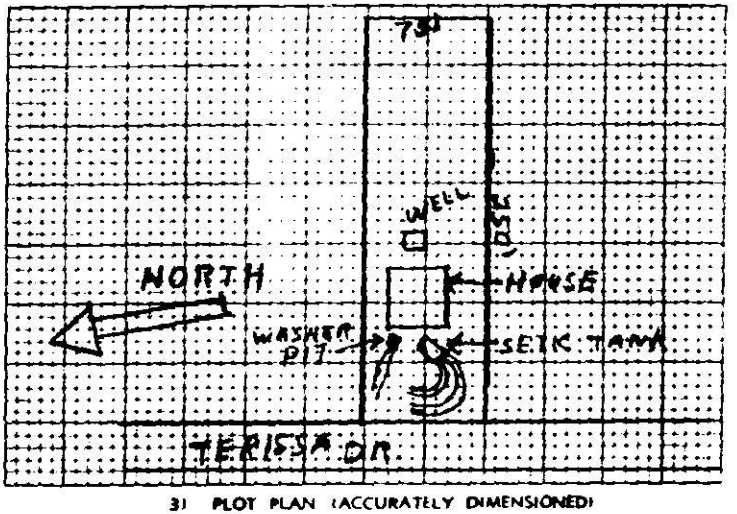
MECK COUNTY HEALTH DEPT.
RECEIVED
AUG 17 1973
ENVIRONMENTAL HEALTH DIVISION

# 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 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 Anderson (LAST) Mrs. Frank (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 1315 Teresa Drive, Charlotte, NC 28212

15) PHONE NO Home 399-5749 Office 377-3631

16) LOCATION OF SYSTEM 1315 Teresa Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION West View Hills Lot No 60, 61 & 62 Block No. ___

Map Book No 6 Page No. 671

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.

8/2/73
DATE OF APPLICATION

Mrs. Frank E. Anderson
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 8/28/73 Serial No. 4277 ICAR(S) Permit No. 5

T. C. No.

Map Date

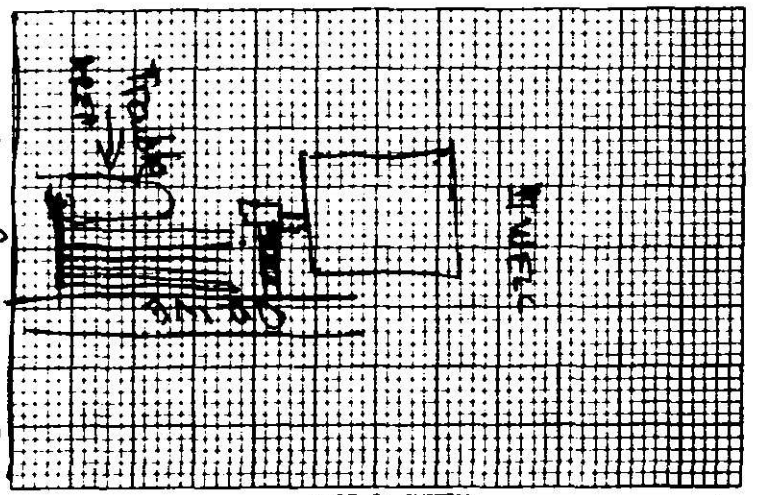
# MECKLENBURG COUNTY HEALTH DEPARTMENT

## 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, 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 6855, dated 8/7/73 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 9/15/73, after which date this permit shall be null and void.




PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 4

Tank Construction M

Absorption and/or Nitrification Lines:

Total Line Length 150

Number of Lines 6

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'+

NAME OF OWNER Mrs. FRANK E. ANDERSON

LOCATION OF PROPERTY 1315 TERISSA 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: ALL EXCESS SOIL TO USED TO RAISE LEVEL OF YARD NEAREST STREET. OWNER SHOULD REPAIR ALL DEFECTIVE PLUMBING

JA/LPB

Division or Section Head

L E Bridgeman

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

POCKET STONE ABOVE EXISTING DRAIN TO OVERFLOW INTO

HEALTH DEPARTMENT COPY