SEE INSTRUCTIONS ON BACK

Date Received 7-20-73

ICAR(S) Application No 6702

T C No

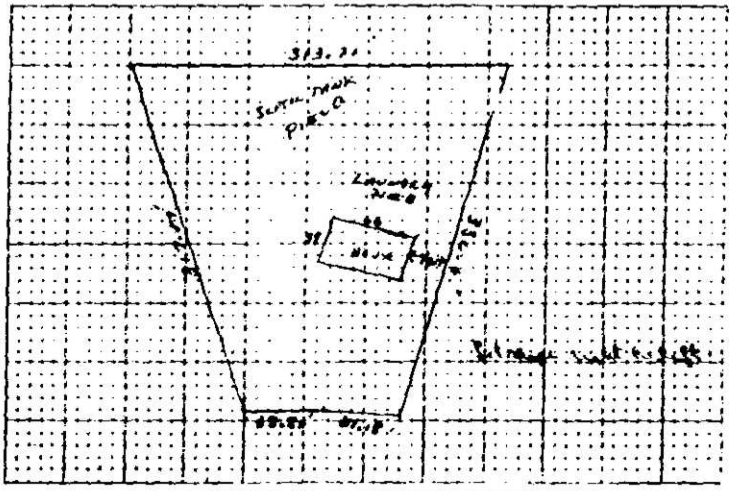
Map Date

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) ✓ 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

5) Income / 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) Government Supply Yes No
- C) Community or Semi-public
  - 1 Well Yes No
  - 2 Government Supply Yes No

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 Hartley (LAST) Howard (FIRST) Reed (MIDDLE)

14) ADDRESS OF OWNER 4419 Pennew Dr., Matthews, N.C. 28105

15) PHONE NO Home 366-5491 Office 694-7171 (Wadesboro, NC)

16) LOCATION OF SYSTEM 4419 Pennew Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Carmel Woods Estates Lot No 11 Block No C

Map Book No 10 Page No 73-78

18) DEED REFERENCE — DEED BOOK 2508 AT PAGE 539

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES NO DATE RUN 1964

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

July 19, 1973
DATE OF APPLICATION

OWNER John R. Hartley

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4260

ICAR (S) Permit No. 6702

Date Issued 8-30-73

T. C No. _____

Map Date _____

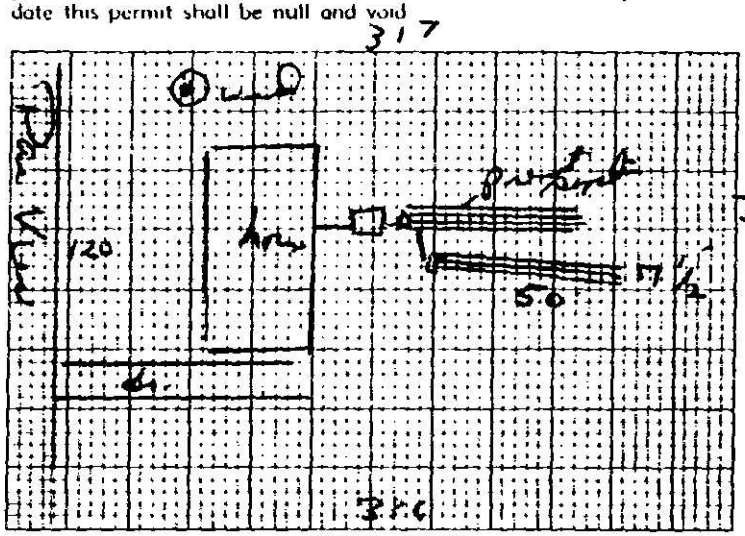
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 7-20-73 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 9-20-73, after which date this permit shall be null and void



Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Lenght 150

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER John Reed Hartley

LOCATION OF PROPERTY 4419 Parview 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 50 x 11" stone addition to present system

Staples & Winchester

_____ 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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 27 Sept 1973 Serial 3994

C of A (s) No. 6202

T. C. No. 211-223-27

Map Date 9-24-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hartley (LAST), John (FIRST) R. (MIDDLE)

Location of Property 4419 Parview Dr.

Application Number 6202 Permit Number 6202

Repair
Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 150 l/ft Number of Lines 3

Depth of Filter Material 17" Cover Depth 24"-30"

Water Supply Source well Distance from Water Source 100 ft

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected ____ (DATE)

Washing Machine Line Inspected, If Applicable 27 Sept 1973 (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:

in bed 7½'x50'x17"

John R Atkinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY