R

SEE INSTRUCTIONS ON BACK

Date Received 5/1/73

ICARUS Application No 6235

T C No

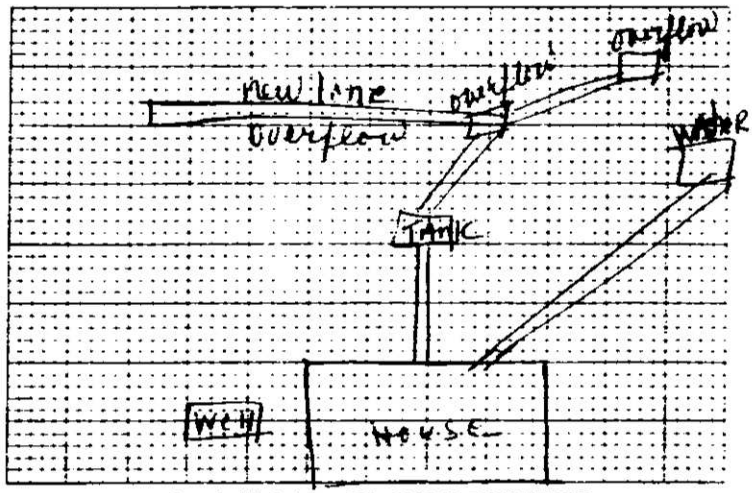
Map Date

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 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 Government System ___
C Community System ___
1 Well Source ___
2 Government 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 Stevens (LAST) William (FIRST) James (MIDDLE)

14) ADDRESS OF OWNER Rt. #3 Box 369 Matthews NC

15) PHONE NO Home 545 4645 Office ___

16) LOCATION OF SYSTEM Truelight Church Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 13 Block No. ___

Map Book No 137 Page No. 032

18) DEED REFERENCE — DEED BOOK 2441163 AT PAGE (L 23+24 M 7 243)

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1959

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.

5-7-73
DATE OF APPLICATION

Mrs Wm. J. Stevens
OWNER

Date Issued 5-14-73

Serial No. 3696

ICAR(S) Permit No. 6235

T. C. No. _____

Map Date _____

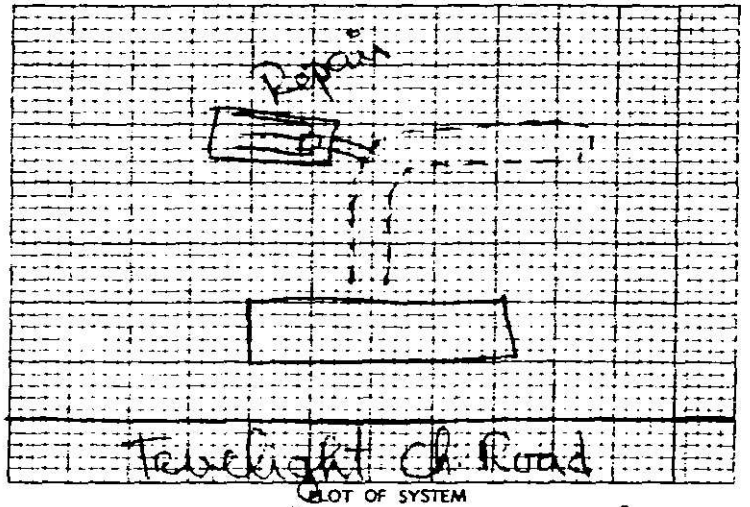
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____, 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.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Lenght 100'+1ft

Number of Lines 3(7½'x33')

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER Stevens, William J.

LOCATION OF PROPERTY Tevelight Ch. Road Rt#3 Box 369 Mint Hill

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: _____

Locate Inst

_____
Division or Section Head

G. M. Reynolds
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 5-14-78 Serial No. 3317 C of A (s) No. 6235

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 Stevens (LAST) William (FIRST) James (MIDDLE)

Location of Property Treelight Church Rd. Rt 3 Box 301

Application Number 6235 Permit Number 6235

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100-gift Number of Lines 3 (7½ X 33')

Depth of Filter Material 11" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 14 May 78 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 14 May 78 (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: _____

R. M. Reynolds

Environmentalist

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