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SEE INSTRUCTIONS ON BACK

Date Received 4/1/73

ICAR(S) Application No 6000

T C No

Map Date

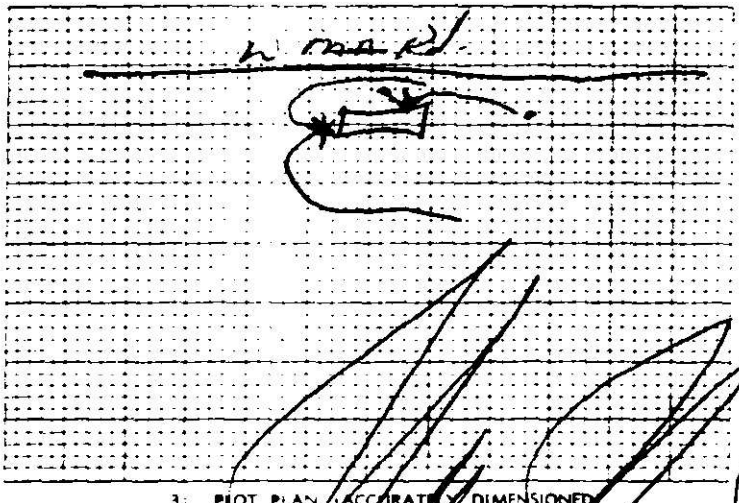
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or parts 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



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 Supply

2 Governmental System

Sewage System

House Sewer Yes No

FHA Case No ___

VA File No ___

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER ___ LAST ___ FIRST ___ MIDDLE

14) ADDRESS OF OWNER ___

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM ___ 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.

DATE OF APPLICATION ___ OWNER ___

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12 April 73 Serial No. 3531 ICAR(S) Permit No 6000

T C No

Map Date

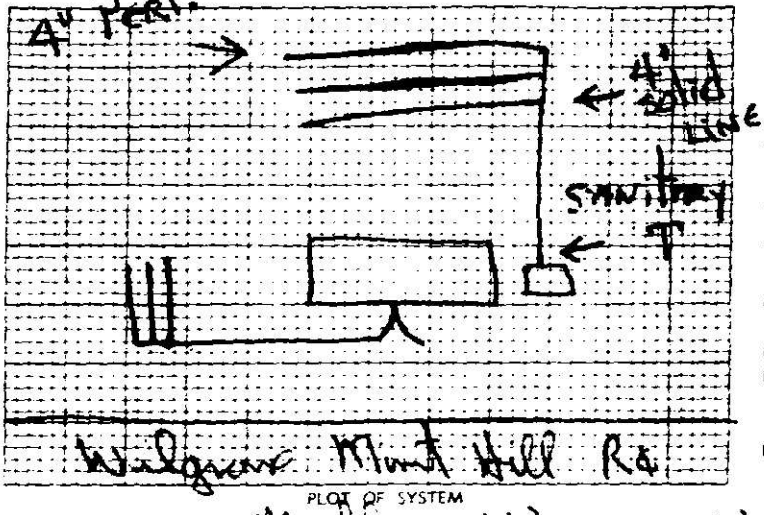
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Approx 200' & 100'

Number of Lines 3 - may use more

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Mullis, Wayne N.

LOCATION OF PROPERTY Rt #12 Box 1306-A - Wilgrove Mint Hill Highway

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: Owner to do repairs - may add additional lines & footage as needs fit. May use 5'x16'x4' washer pit

_____ Division or Section Head

R.M. Reynolds 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

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Date Issued 15 July 73 Serial No. 3636

C of A (s) No. 6000

T C No. 137-082-02

Map Date 11 May 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Mullis, Wayne N. (LAST, FIRST, MIDDLE)

Location of Property Rt 12 Box 306-A / Mulgrave Mtn Hill Hwy.

Application Number 6000 Permit Number 6000

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 400' & 100'+ Number of Lines (4) 10' x 100'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 15 July 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 15 July 73 (DATE)

Washing Machine Line Inspected, If Applicable 15 July 73 (DATE) 100'+

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

A. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY