W

Date Received 1-9-73

ICAR (S) Application No. 5121

T C No.

Map Date

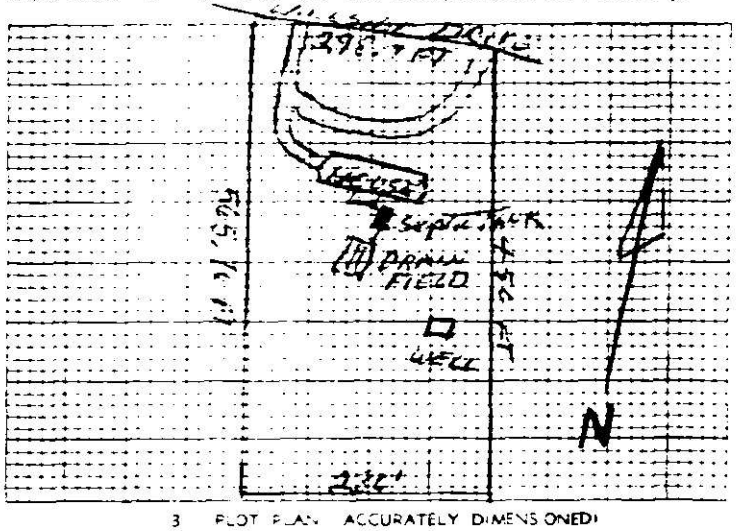
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 subsurface soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

4 No. of Units 2

5 Business Use Max No. Employees 0

6 Washing Machine X Yes ___ No

7 Garbage Disposal ___ Yes X No

8 Dishwasher X Yes ___ No

9 Water Supply
A Individual Well X
B Government System ___
C Community System
1 Well source ___
2 Government source ___

10 Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11 FHA Case No. ___

12 VA Case No. ___

13) NAME OF OWNER BURNS, (LAST) THOMAS (FIRST) DAVID (MIDDLE)

14) ADDRESS OF OWNER 3413 LAKESIDE DRIVE, MATTHEWS, N. C. 28105

15) PHONE NO. Home 847-9446 Office 375-7684

16) LOCATION OF SYSTEM Same as above 3413 Lakeside Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Lakeside Acres Lot No. 19 Block No. ___

Map Book No. 6 Page No. 73

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN Approx 1955

20) PTR NUMBER (See Instructions) ___ (I AM NOT SURE WHETHER THE PERC. TEST WAS RUN BY THE COUNTY OR BY THE CONTRACTOR)

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.

1-8-73
DATE OF APPLICATION

Thomas David Burns
OWNER

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. 3848

ICAR(S) Permit No. 5421

Date Issued 6-12-73

T. C. No. ____

Map Date ____

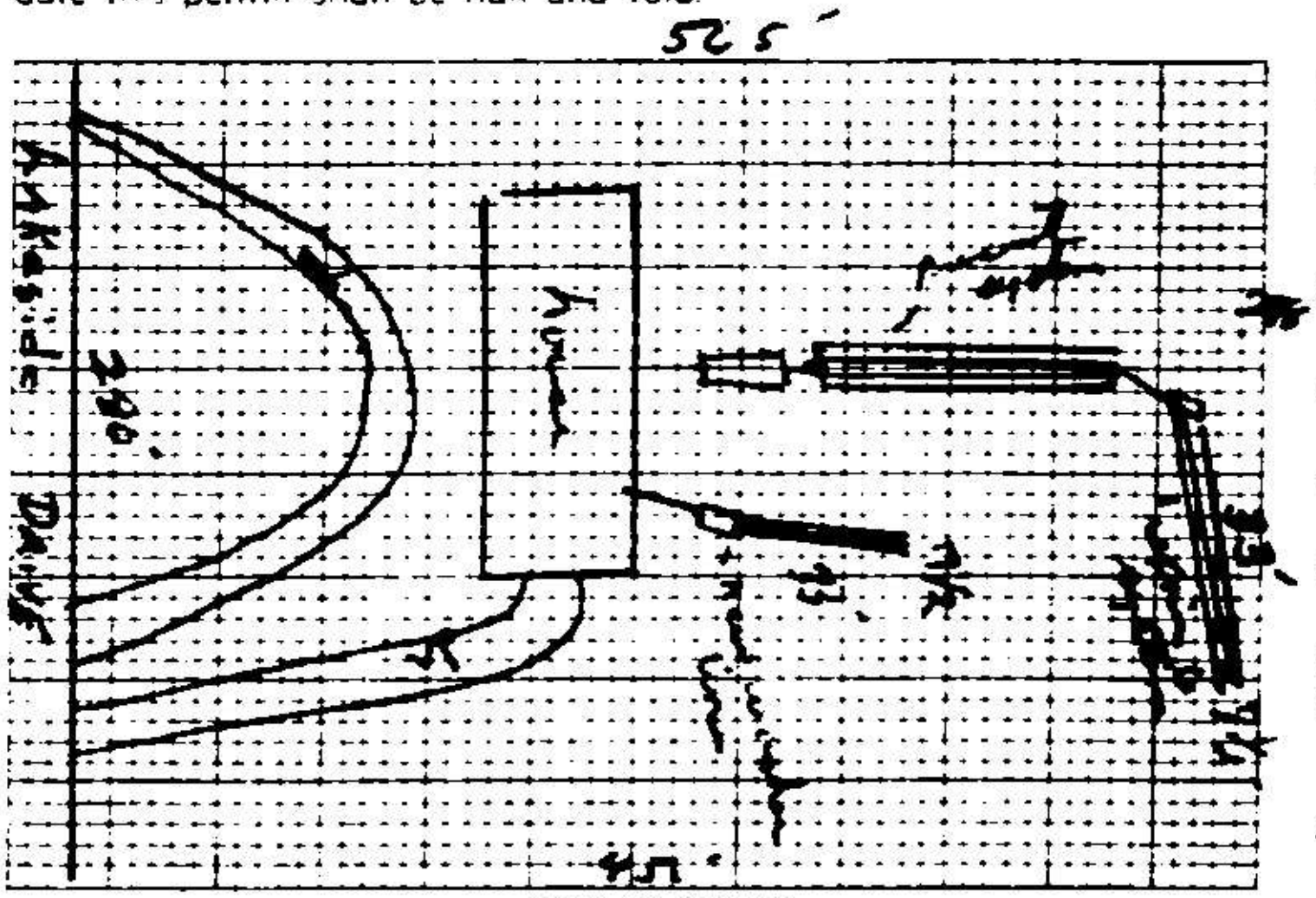
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste-water 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 5421, dated 1-9-73 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 7-12-73 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 200' / 120'

Number of Lines 5 5

Distance from House 10'

Distance from Property Line 10'

Distance from Well 10'

NAME OF OWNER Thomas David Burns

LOCATION OF PROPERTY 3413 Lakeside Drive

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 un-inspectable or can be used.

Comments: 2 beds 7 1/2' x 33' x 34" stone

2 be installed by [illegible]

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 6-12-73

Serial No. 3555

C of A (s) No. 5421

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 Burns (LAST) Thomas (FIRST) David (MIDDLE)

Location of Property 5413 Lakeside Dr.

Application Number 5421 Permit Number 5421

Inspection Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200' / 200' Number of Lines 3

Depth of Filter Material 24" Cover Depth 20"

Water Supply Source well Distance from Water Source 60'

Excavation Inspected 6-12-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6-12-73 (DATE)

Washing Machine Line Inspected, If Applicable 6-12-73 (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: Repair on Short Cont. C.

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY