Date Received 3-20-23

ICAR(S) Application No. 5779

T. C No

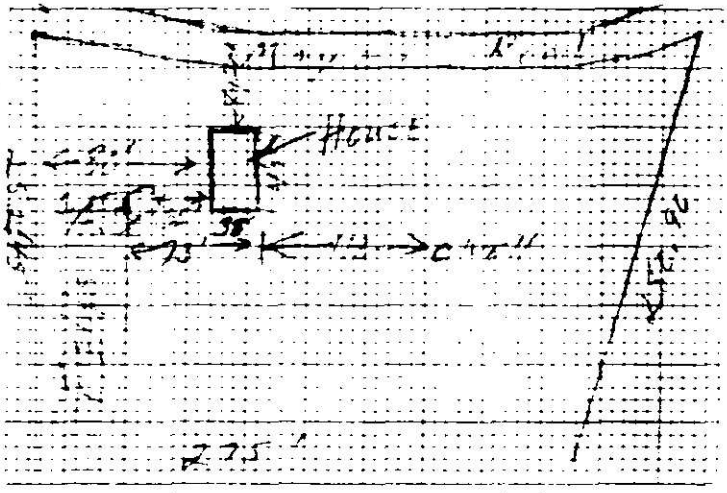
Map Date

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

Install or Construct [ ] Alter or Repair [✓] an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



Bedroom 3

Garbage Use Yes

Trees

Heating Mech ✓ No

Surface Drain ✓ No

Dishwasher ✓ No

Water Supply

Public Sewer ✓

Garage

Well

Spring

Public Water Yes ✓ No

EHA Case No

LA Case No

3 PLOT PLAN ACCURATELY DIMENSIONED

13. NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14. ADDRESS OF OWNER [illegible] NC

15. PHONE NO Home [illegible] Office

16. LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17. SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18. DEED REFERENCE — DEED BOOK [illegible] AT PAGE 217

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 12/1973

OWNER [signature]

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued April 4, 1973

Serial No. 2702

LA No. 5779
P.O.
T C No. 007-151-03

Map Date 7-17-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Brown (LAST) Raymond (FIRST) Owen (MIDDLE)

ADDRESS OF OWNER Route 2, Box 346, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Hayes Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO. _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of one individual septic tank system with subsurface soil absorption effluent discharge based on the percolation test results which yielded a percolation rate of * on an on-site inspection of the said lot and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" number 5779. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation Construction Alteration and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit which have been issued to authorize construction on the said lot if at any time it is determined that any representation contained in the "Application for an Installation Construction Alteration, and/or Repair Permit" is found to be untrue or that the septic tank system is not being installed, constructed altered and/or repaired in accordance with the said Installation, Construction Alteration, and/or Repair Permit.

* May use existing system.

M. A. Hurley
Environmentalist

John R. Robinson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No [illegible]

Date Issued 26 Mar 73

ICAR (S) Permit No. 5779

P.C. T. C. No. 007-151-03

Map Date 12 Jan 72

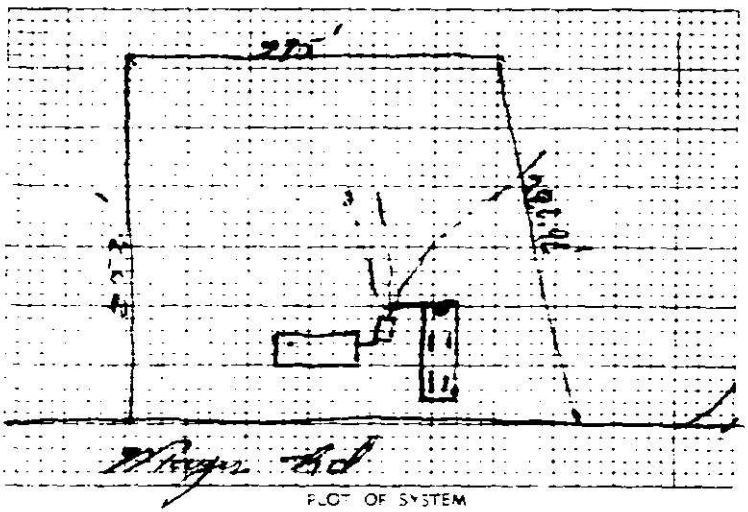
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5779 dated 26 Mar 73 and this permit shall be void and of no effect if the information provided in the application is not truthful or is erroneous. All work shall be completed on or before 26 Apr 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 Length 200'

Number of Lines 2 (3' x 100' x 12")

Distance from House 25'

Distance from Property Line 16'

Distance from Well 100'+

NAME OF OWNER Barry Raymond Owen

LOCATION OF PROPERTY Wayne Rd

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 _____

Division Section Head _____ Environmentalist Mel Berry

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.S. 4-71

[illegible] DEPARTMENT'S COPY

Date Issued 3 Apr 73

Serial No. 3113

C of A (s) No. 5779

S/C T C No CE-7-151-03

Map Date 17 Jul 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Brown (LAST), Raymond (FIRST), Owen (MIDDLE)

Location of Property Mayo Road

Application Number 5779 Permit Number 5779

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Hydrair

Total Length of Drain Tile 200' Number of Lines 2 (5' x 100' x 12")

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Drilled Well Distance from Water Source 100'

Excavation Inspected 3 Apr 73 (DATE) Tank Inspected ~ (DATE)

Nitrification Field Inspected 3 Apr 73 (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: Blake Hyde (Contr.)

Note: Recommend tank be pumped out and sanitary T put in tank.

W. A. Hardy
Environmentalist

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

HEALTH DEPARTMENT'S COPY