SEE INSTRUCTIONS ON BACK

Date Received 3-24-73

314
2113

ICAR (S) Application No. 5831

T. C. No.

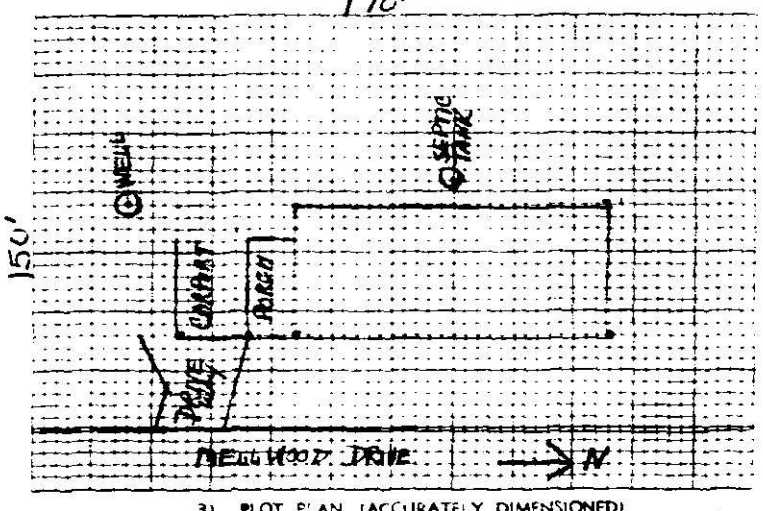
Map Date

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) Building Use — Mass 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 serving ___
2) Governmental 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 HORD (LAST) KENNETH (FIRST) LAMAR (MIDDLE)

14) ADDRESS OF OWNER 317 MELLWOOD DRIVE

15) PHONE NO Home 392-5174 Office 596-1121

16) LOCATION OF SYSTEM SAME (STREET OR COUNTY ROAD)

17) SUBDIVISION COULWOOD Lot No. 3 Block No. K

Map Book No. 7 [redacted] Page No. 267 & 269

18) DEED REFERENCE — DEED BOOK 1707 AT PAGE 38

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

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.

MARCH 22 1973
DATE OF APPLICATION

Kenneth Lamar Hord
OWNER

FORM NO. E-4-4-1-73

HEALTH DEPARTMENT'S COPY

Serial No. 3582

Date Issued 4-20-73

ICAR (S) Permit No. 5831

T. C No 031-072-11

Map Date

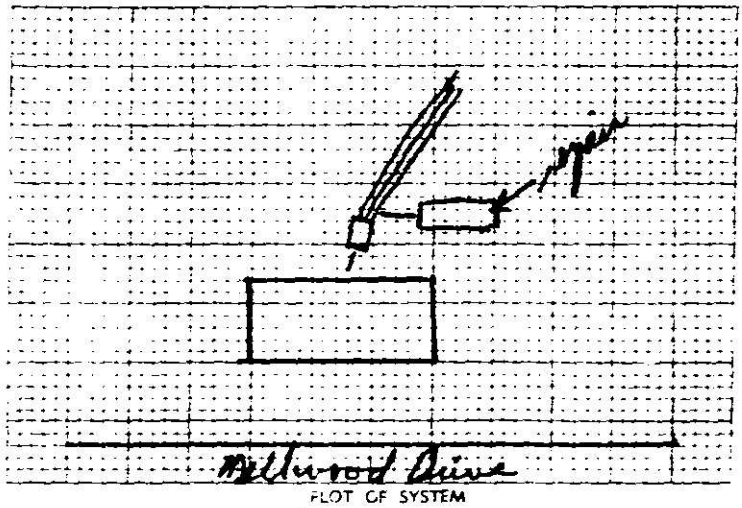
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5831, dated 3-26-73 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 4-25-73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Repair Data

Absorption and/or Nitrification Lines:

Total Line Lenght 100 L/ft

Number of Lines 2

Distance from House 15' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Hord, Kenneth Lamar

LOCATION OF PROPERTY 317 Mellwood 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 uninspectable or can be used

Comments: in bed 3'x17'x4' #10 stone off of distribution box

Division or Section Head

Environmentalist John R Adkinson

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

OWNER'S COPY

Serial No. 3204

C of A (s) No. 5831

Date Issued 4-20-73

T C. No. 031-072-11

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 Hord, Kenneth Lamar
LAST FIRST MIDDLE

Location of Property 317 Millwood Ave

Application Number 5831 Permit Number 5831

Repair Inspection Date:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 100 l/ft Number of Lines 2 (5'x7'x4')

Depth of Filter Material 4' Cover Depth 24"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 4-20-73 DATE Tank Inspected / DATE

Nitrification Field Inspected 4-20-73 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: In my opinion this system will continue to present problems until the washing machine is seperated from the system into one of its own.

/

/

John R. Johnson
Environmentalist

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

HEALTH DEPARTMENT'S COPY