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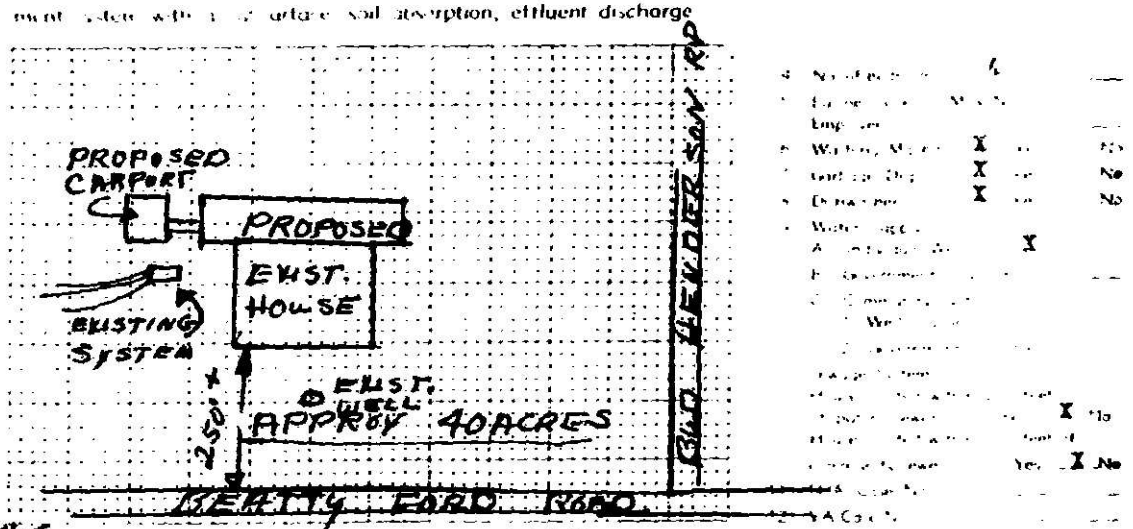
7996

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 undersigned hereby applies to the Mecklenburg County Health Department for a permit for

[illegible] Construct [illegible] X After or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



[illegible] X No
Yes X No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

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

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office [illegible]

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

17) SUBDIVISION No [illegible] Lot No [illegible] Block No [illegible]

Map Book No [illegible] Page No. [illegible]

18) DEED REFERENCE -- DEED BOOK [illegible] AT PAGE

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

20) PTR NUMBER (See Instructions) [illegible]

The undersigned hereby agrees that he has read the foregoing application and that the contents of same are true to the best of his knowledge and that any permit applied for herein shall be void, and of no effect if any of the above facts are not true

Marvin H. Cathey
For Robert T. White

[illegible]
DATE OF APPLICATION

OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 2-25-74 SEE INSTRUCTIONS ON BACK COUNTY HEALTH DEPARTMENT (CAR(S) Application No 7496

T C No 015-021-12

Map Date 3-29-71

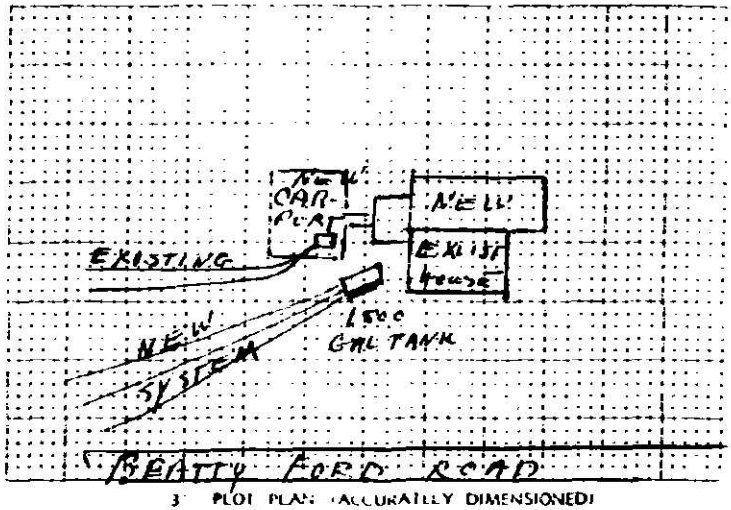
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 4

5) Engineer

6) Washing Machine X Yes No

7) Garbage Disposal Yes No

8) Dishwasher X Yes No

9) Water supply
A) Individual Well X
B) Community System
Well
Community System

10) Sewage System
Public Sewer Yes X No
Private Sewer Yes No
Community Sewer Yes X No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER White (LAST) Robert (FIRST) T. (MIDDLE)

14) ADDRESS OF OWNER Rt 3 Box 169 Huntersville, N.C.

15) PHONE NO Home 875-2517 Office 597-8200

16) LOCATION OF SYSTEM Beattys Ford Road (STREET OR COUNTY ROAD) Cow right Beyond Bud Henderson

17) SUBDIVISION No Lot No Block No.

Map Book No Page No.

18) DEED REFERENCE — DEED BOOK AT PAGE

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

20) PTR NUMBER (See Instructions)

The undersigned 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

2-21-74
DATE OF APPLICATION

Mrs. Robert T. White
OWNER

E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 22, 197-3

Serial No. 3546

LA No. [redacted] 7496 P.O.

T C. No. 015-021-12

Map Date 3-29-71

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 White (LAST) Robert (FIRST) T. (MIDDLE)

ADDRESS OF OWNER Route 3, Box 169, Huntersville, N.C. ZIP 28078

LOCATION OF LOT Beatties Ford 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 an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 6, 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 N/A. 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 (s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic tank system is not being installed constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

* May use existing septic system.

M. L. Bixby
Environmentalist

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

FORM NO E-3-4 1-71

HEALTH DEPARTMENT'S COPY

Date Issued 21 Jul 74

Serial No. 4843

ICAR(S) Permit No. 7496

T C No. 015-021-12

Map Date 3-29-71

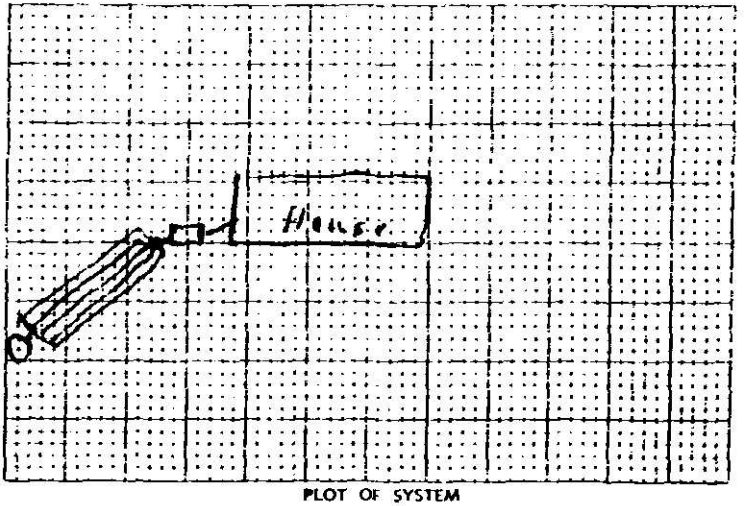
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 7496, dated 21 Jul 74 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 21 March 74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank 1500 gal

Tank Construction PC

Absorption and/or Nitrification Lines:

Total Line Lenght 200'

Number of Lines 3 (3½ x 67' x 17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER WHITE Robert T.

LOCATION OF PROPERTY Beatties Ford Road

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 or Section Head ___

Environmentalist Jerry Buchanan

* 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

Serial 4414

C of A (s) No. 7496

Date Issued 27 Dec. 74

T C No 015-021-12

Map Date 3-29-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Repair

CERTIFICATE OF APPROVAL

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

Name of Owner WHITE (LAST) ROBERT (FIRST) T. (MIDDLE)

Location of Property BEATTIES FORD ROAD

Application Number 7496 Permit Number 7496

Inspection Date:

Liquid Capacity of Tank 1500 gal ✓ Tank Material PC

Total Length of Drain Tile 200' Number of Lines 3 (7½ x 67' x 17")

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source Individual well Distance from Water Source 100' +

Excavation Inspected 27 Dec- 74 (DATE) Tank Inspected 27 Dec 74 (DATE)

Nitrification Field Inspected 27 Dec 74 (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: Cleaning Addition to house on new system.

Jerry Burleson
Environmentalist

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

HEALTH DEPARTMENT'S COPY