SEE INSTRUCTIONS ON BACK

Date Received 3 Aug 1978

ICAR(S) Application No. 14400

T. C. No. 115-172-14

Map Date 11-9-77

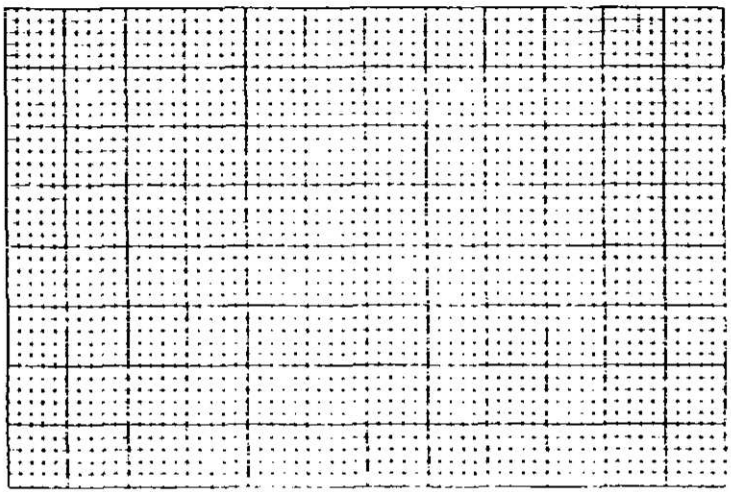
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Business Use — Max No Employees 3

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 source ✓
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 WITT (LAST) EVERETT (FIRST) EDNEY (MIDDLE)

14) ADDRESS OF OWNER 2600 SYMMES DR

15) PHONE NO Home 333 7126 Office 394 1776

16) LOCATION OF SYSTEM (LOT) BLVD (STREET OR COUNTY ROAD) GOIL

17) SUBDIVISION ____ Lot No 5 Block No. ____

Map Book No 122 Page No. 285

18) DEED REFERENCE -- DEED BOOK 2792 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

Everett E. Witt
OWNER

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 8 Aug 1978

Serial No. 1849

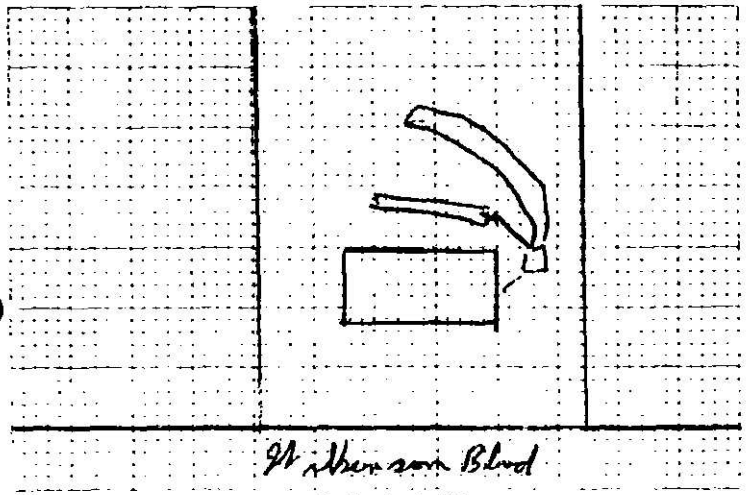
ICAR (S) Permit No. 14400

T C No 115-172-14

Map Date 11-9-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 14400, dated 2 Aug 1978 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 18 Aug 1978, after which date this permit shall be null and void



PLOT OF SYSTEM

Proposed Type of Facility: ___

Disposal Capacity (Gallons per Day): Repair

Tank Construction: ___

Absorption Area (Square Feet per Linear Foot of Trench or Square Feet per Bed): *

Total Absorption Length: 50 l/ft

Number of Lines: 3

Distance between Lines: 10'

Distance between Trench Bottoms: 10'

Depth of Cover over Trench: NA

NAME OF OWNER Luty, Everett E.

LOCATION OF PROPERTY 6011 Wilkinson Blvd

The [illegible] of this permit [illegible] set forth in the Regulations of the Mecklenburg County Health Department in effect at the time of the granting of this permit. A certificate of approval [illegible] by the Environmentalist. He [illegible] before any system can be covered up or otherwise rendered [illegible] can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.** *

Comments: 50' repair as requested by owner. recommend minimum of 160' ft be added tie into distribution box

Date: ___ Health Environmentalist: [signature]

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired

EHD-5-76

[illegible] Health Department's Copy

Date Issued 17 Aug 1978 Serial No. 1819 C of A (s) No. 14400

T C No. 115-172-14

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Luty, Everett E. (LAST, FIRST, MIDDLE)

Location of Property 6011 Wilkinson Blvd

Application Number ____ Permit Number 14400

Inspection Data: Repair

Liquid Capacity of Tank ____ Tank Material ____

Total Length of Drain Tile 100'+ Number of Lines 3

Depth of Filter Material 18" Cover Depth 24"

Water Supply Source ✓ Distance from Water Source ✓

Excavation Inspected ✓ (DATE) Tank Inspected ✓ (DATE)

Nitrification Field Inspected 17 Aug 1978 (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 / constructed, altered / repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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

John R. Atkinson
Environmentalist

EHD-S-7a

Environmental Health Department's Copy