Serial N° 318

Date Issued 12-2-70

ICAR(S) Permit No. 779

T C No. 001-241-03

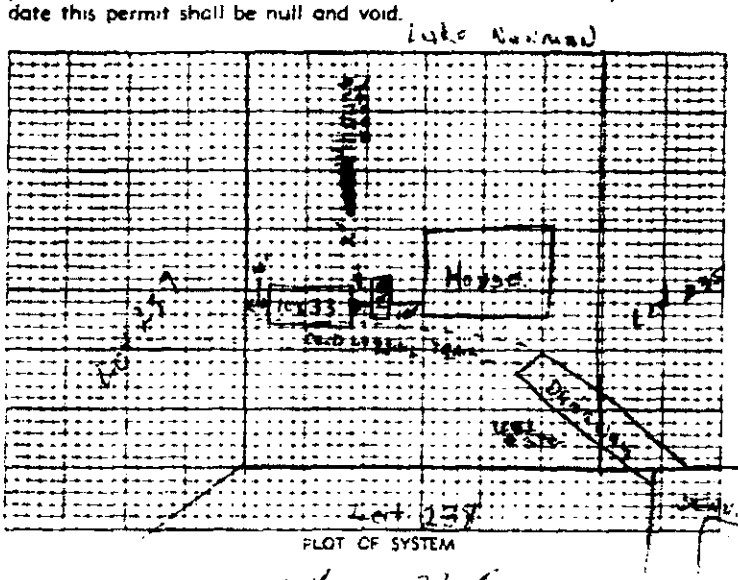
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____, dated 12-2-70 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 2-5-70, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 30

Liquid Capacity of Tank 1250 gal

Tank Construction Precast

Absorption and/or Nitrification Lines

Total Line Lenght 400'

Number of Lines 4(16'x3.3') x 2'6"cm

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER William Nolan

LOCATION OF PROPERTY Lake Norman Mock Nick Lot 236

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 unspectable or can be used

Comments Gilbert Septic Tank Service, Taylorsville N.C. Fill with dense fill * 10 stone, Fall from Tank to Dist. Box, Rock at level on Uphill Trench Appx. 2' Depth, 15" min. fill over Entire System

Division or Section Head

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-5-7-1-70

HEALTH DEPARTMENT'S COPY