4624376154 L512 139 Stanwood Dr

Serial No. 2549

C of A (s) No. 3428

Date Issued 9 September 1972

T C No. 001-271-05

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 Rawlings, George R.
(LAST, FIRST, MIDDLE)

Location of Property Off Tuscarora Trail Lot 512, Section 6

Application Number 3428 Permit Number 3428

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 200' Number of Lines 3(7 1/2X 75 X 17")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Ind. well Distance from Water Source 50'

Excavation Inspected 1 Sept. 1972 (DATE) Tank Inspected 5 September 1972 (DATE)

Nitrification Field Inspected 1 September 1972 (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, X 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: This certificate of approval is being issued as a supplement to permit 2489 and is issued as an approval of the 200' of nitrification line added to the original septic tank and nitrification system.

J. L. McMillan
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 3 21 72

ICAR (S) Application No 3428

T C. No 001-271-05

Map Date

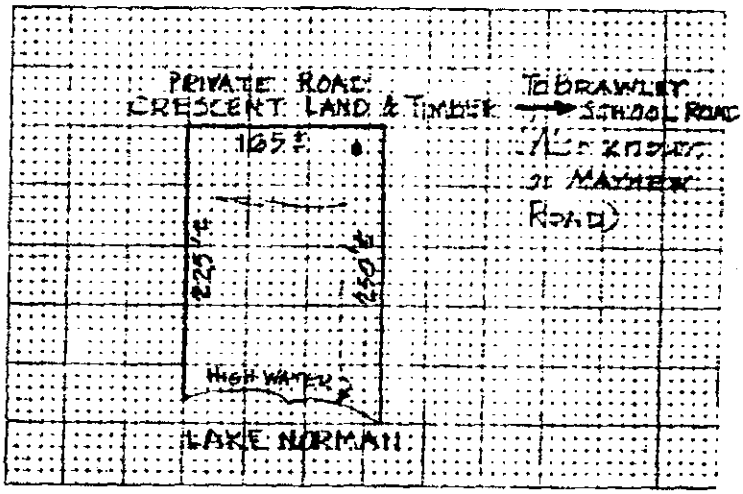
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 3

5) Business Use - Max 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 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 Rawlins (LAST) George (FIRST) E. (MIDDLE)

14) ADDRESS OF OWNER 101 Windswept Lane, Charlotte

15) PHONE NO Home 366-7[illegible] Office 376-6422

16) LOCATION OF SYSTEM Lake Norman (STREET OR COUNTY ROAD)

17) SUBDIVISION Crescent Land & Timber Lot No. 512 Block No. 6

Map Book No 001 Page No. 27 (Between Lots 056 & 050)

18) DEED REFERENCE — DEED BOOK ___ 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 [illegible]

OWNER [signature]

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY