Date Received 12 Nov 79 SEE INSTRUCTIONS ON BACK ICAR (S) Application No 16316

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T C No. 041-222-13

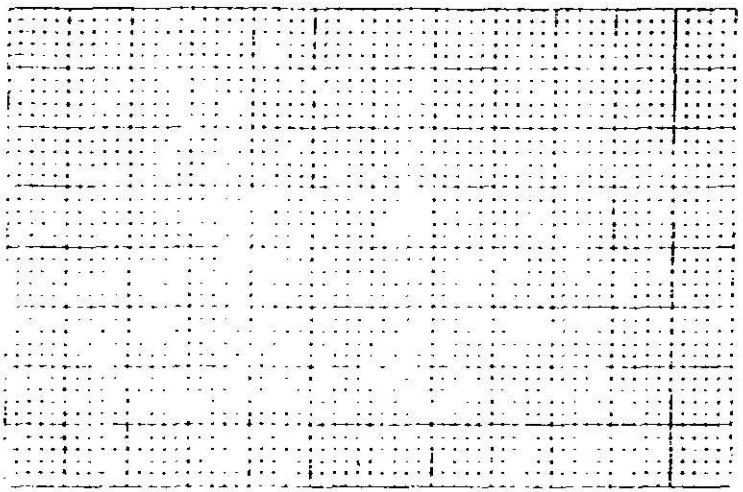
Map Date 3-24-52

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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 Mobile Home ___ Yes ___ No
Residence X Yes ___ No
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 X
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. LH 308777-NC

13) NAME OF OWNER Norwood Reid and wife Alberta D. Reid
(LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 4327 Hamilton Circle - Charlotte, N.C.

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM 4327 Hamilton Circle
(STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. 041-222-13 Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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.

11-9-79
DATE OF APPLICATION

* Norwood Reid
* Alberta D. Reid
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Serial 3380

ICAR(S) Permit No. 1636

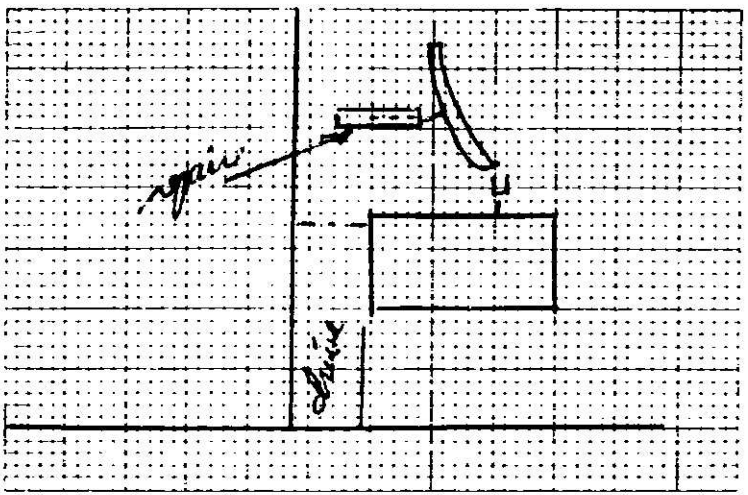
Date Issued 12 Nov 1979

T C No 041-222-13

Map Date 3-24-72

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 waste water 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 9 Nov 1979 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 1 Dec 79, after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate _____

Liquid Capacity of Tank repair

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Length 100 Lf

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER Reid, Norwood

LOCATION OF PROPERTY 4327 Hamilton Circle

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or 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.

in bed 6'x7'x36" stone

_____ John A Johnson

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 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

Environmental Health Department's Copy

Date Issued 11-16-79 Serial 3234

C of A 1st No 16316

T 041-222-13

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 Reid (LAST) Norwood (FIRST) (MIDDLE)

Location of Property 4337 Hamilton Circle

Application Number 16316 Permit Number 16316

Inspection Data:

Liquid Capacity of Tank N.A Tank Material N.A

Total Length of Drain Tile 100'+ Number of Lines 2

Depth of Filter Material 36" Cover Depth 18"

Water Supply Source Well Distance from Water Source 50'+

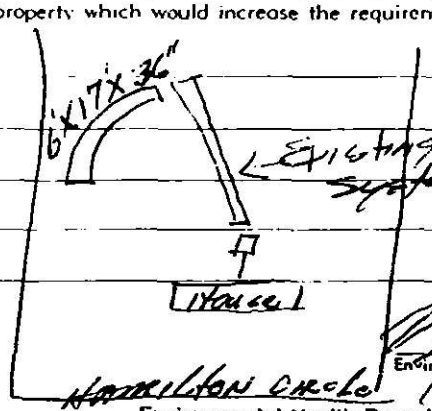
Excavation Inspected 11-16-79 (DATE) Tank Inspected N.A. (DATE)

Nitrification Field Inspected 11-16-79 (DATE)

Washing Machine Line Inspected, If Applicable N.A (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 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



Marshall Edwards
Environmentalist

EHD-5-75

Environmental Health Department's Copy