Date Received 3-16-73

APT No. 5753

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Tisdale (LAST) Lucius (FIRST) Edward (MIDDLE)

2) ADDRESS OF OWNER Rt 7 Box 5?? E, Charlotte ZIP _____

3) PHONE NO. Home 596-2641 Office _____

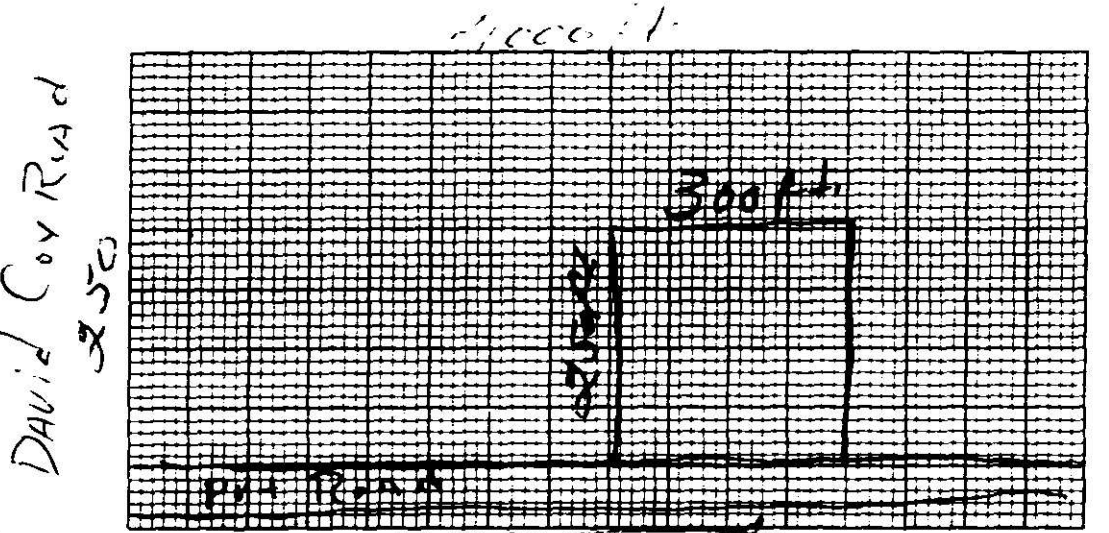
4) LOCATION OF PROPERTY David Cox Road (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

Edgar E. Tisdale Jr
OWNER

FORM NO. 5-1-11-1-70

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3 20 73

ICAR(S) Application No 5753

T C No 027-212-05

Map Date 31 May 72

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

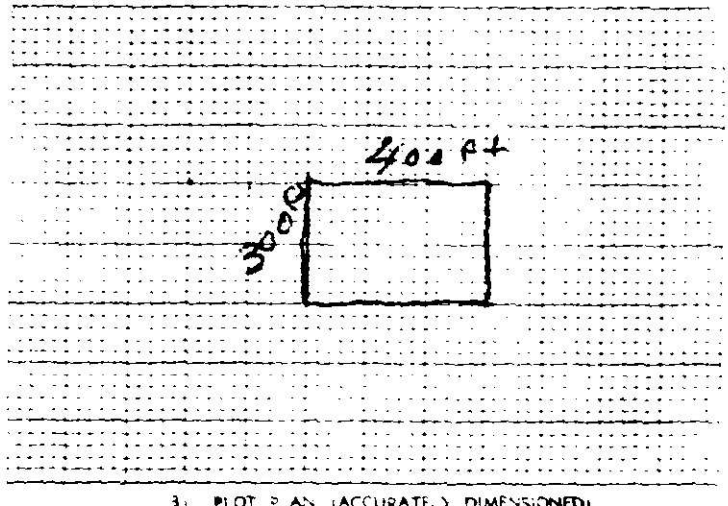
Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described herein (or hereby applies to the Mecklenburg County Health Department for a permit to

_ Install or Construct 2 ✓ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge

Will Have 3
2 Now!

1) Number of Bedrooms
2) Business Units Yes / No
3) Employees
4) Washing Machine ✓ Yes / No
5) Garbage Disposal Yes ✓ No
6) Dishwasher Yes ✓ No
7) Water Supply
A) Individual Well ✓
B) Governmental System
C) Community System
Well Serving
D) Governmental
8) Sewage System
House located within 200 feet of public sewer Yes / ✓ No
House located within 200 feet of public sewer Yes ✓ No
9) FHA Case No.
10) VA Case No.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER TANNER (LAST) Eugene (FIRST) Edward (MIDDLE) JR.

14) ADDRESS OF OWNER Rt. 7 Box 501E David Cox Rd Meck

15) PHONE NO. Home 596-6757 Office 596-2041

16) LOCATION OF SYSTEM Same. Dav.d Cox Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

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.

March 20 1973
DATE OF APPLICATION

Eugene E. Tanner Jr.
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Serial No. 3625 ICAR(S) Permit No. 5253

Date Issued 9 May 73 T. C. No. 027-212-05

Map Date 31 May 72

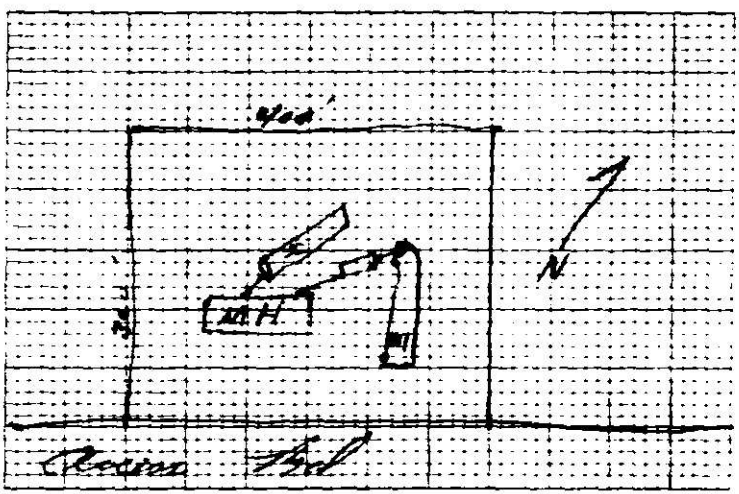
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 on application 5753, dated 2 May 73, 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 9 Jan 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate _____

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght 300' & 100' L.A.A.

Number of Lines 4 (10' x 25' x 1½")

Distance from House 25'

Distance from Property Line 100'+

Distance from Well 100'+

NAME OF OWNER Penny, Eugene Edward, Jr.

LOCATION OF PROPERTY 4485 Idlewild Cove 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: Tennis Court (Cont.)

_____ _____

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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 22 May 73 Serial No. C of A (s) No 5753

T. C No 027-212-03

Map Date 31 May 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Turner (LAST) Eugene (FIRST) Edward (MIDDLE)

Location of Property off Sand Coy Rd

Application Number 5753 Permit Number 5753

Inspection Date: Byrd

Liquid Capacity of Tank _____ Tank Material 1

Total Length of Drain Tile 3cc'+1cc'WW Number of Lines 4 @ 100' X 75' 810''

Depth of Filter Material 17'' Cover Depth 16''

Water Supply Source Dug Well Distance from Water Source 100'

Excavation Inspected 22 May 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 22 May 73 (DATE)

Washing Machine Line Inspected, If Applicable 22 May 73 (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: Farmville Oaks (Tank)

M. D. Lisby
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 3 16 23

ICAR (S) Application No [redacted]

T C No

Map Date

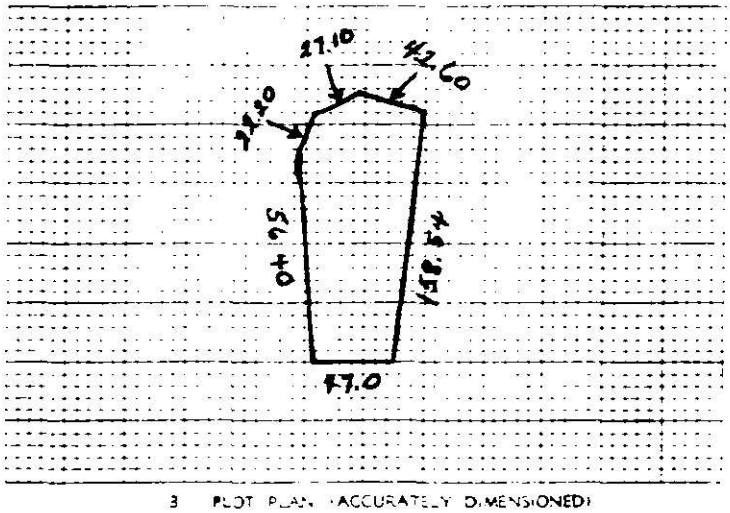
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or parcel described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1 [ ] Install a Septic Tank System 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 4

5 Business (Yes/No)
Employees

6 Washing Machine ✓ Yes No

7 Garbage Disposal Yes ✓ No

8 Dishwasher ✓ Yes No

9 Water Supply
A Individual Well
B Government System
C Community System
Well
Government
Sewage System
House located within 200 feet of public sewer Yes No
House located within 200 feet of community sewer Yes ✓ No

10 FHA Case No.

11 VA Case No.

13) NAME OF OWNER JOHNSON (LAST) ASHLEY (FIRST) ALLAN (MIDDLE)

14) ADDRESS OF OWNER 324 ROBINSON AVE, MATTHEWS, N.C.

15) PHONE NO Home 821-7565 Office 525-8510

16) LOCATION OF SYSTEM (STREET OR COUNTY ROAD)

17) SUBDIVISION ISLAND FOREST Lot No. 14 Block No.

Map Book No. 12 Page No. 339 AND 341

18) DEED REFERENCE — DEED BOOK 3127 AT PAGE 152

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

20) PTR NUMBER (See Instructions)

The undersigned person hereto agrees that he has read the foregoing application and that the contents of same are true and 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

3/8/23
DATE OF APPLICATION

OWNER

FORM NO. [illegible]

HEALTH DEPARTMENT'S COPY