SEE INSTRUCTIONS ON BACK

W Date Received 12-30-72 ICAR(S) Application No 5400

T C No

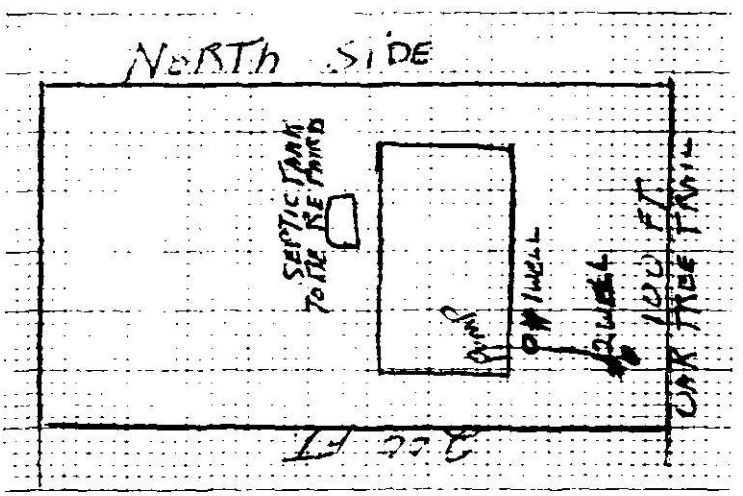
Map Date

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 [illegible] hereinafter referred to applies to the Mecklenburg County Health Department [illegible]

[illegible] X [illegible] Repair an individual [illegible] for effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

4

[illegible] X
[illegible] X
[illegible] X
X
[illegible] X
[illegible] X No
[illegible]

13 NAME OF OWNER BAKER (LAST) JAMES (FIRST) H. (MIDDLE)

14 ADDRESS OF OWNER 3425 OAK TREE TR. MATTHEWS N.C. 28105

15 PHONE NO Home 5370835 Office 5362925

16 LOCATION OF SYSTEM 3425 OAK TREE TRAIL (STREET OR COUNTY ROAD) MATTHEWS NC

17 SUBDIVISION OLDE CREEK Lot No. 10 Block No C

Map Book No 14 Page No 181

18 DEED REFERENCE — DEED BOOK 1173 AT PAGE 065

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.

12-31-72
DATE OF APPLICATION

James H Baker
OWNER

FORM NO [illegible]

I James H Baker hereby authorize Mr. Wayne Huntley to repair the septic tank system as directed by the Mecklenburg County Health Department.

HEALTH DEPARTMENT'S COPY

Serial No. 3056

ICAR(S) Permit No. 5400

Date Issued 1-23-73

T. C. No.

Map Date

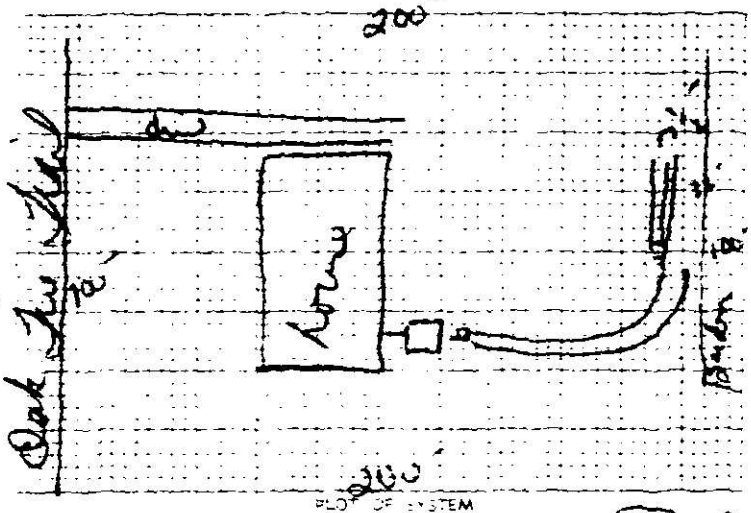
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ACT[illegible]ON AND/OR REPAIR PERMIT

(Individual Septic Tank Syst[illegible]m with Subsur[illegible] Absorption, Effluent Discharge)

Permi[illegible] Construct[illegible] Repair the indivi dual septic tank waste-[illegible] discharge as located herein at the de-[illegible] granted, based upon the information supplied in application 5400 dated 12-30-72 [illegible] and of no effect if the information provided in the application [illegible] A work shall be completed on or before 2-23-73, after which date this permit and [illegible] void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption field or [illegible] lines

Total Line Length 100'

Number of Lines 3

Distance from House 10'+

Distance from [illegible] 10'+

Distance from Well 100'

NAME OF OWNER James H. Baker

LOCATION OF PROPERTY 3425 Oak Tree Trail (10 x 60 Mobile Home)

The system and [illegible] meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health [illegible] are in effect on the date of the granting of this permit. A certificate of ap[illegible] must be given by the Health Director before any system can be covered up or otherwise rendered uninspectable. [illegible] be used.

Comments Uncover tank + distribution box - check to see that all pipes are clear -

add 100' of line in 7½' x 33' x 10" stone

Thomas R. Ward

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 1-31-73

Serial No. 2969

C of A (s) No. 5400

T. C No 193-05-06

Map Date 7-17-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Baker, James H
(LAST, FIRST, MIDDLE)

Location of Property 3425 Oak Tree Trail (10-Old Creek)

Application Number 5400 Permit Number 5400

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 3

Depth of Filter Material 17" Cover Depth 22"

Water Supply Source Common Distance from Water Source —

Excavation Inspected 1-31-73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 1-31-73 (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, ____ 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: Repair to System by Benton

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10-7-74

ICAR'S Application No. 5400

T C No.

Map Date

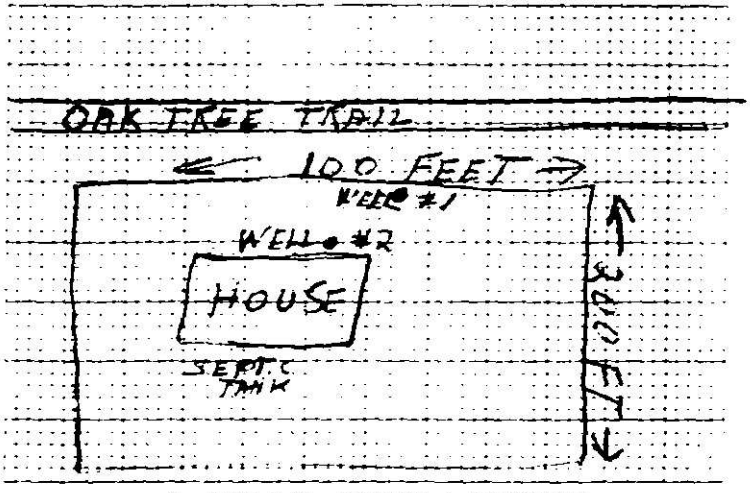
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or their agent hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

Install a Septic Tank System Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

4 No. Bedrooms 4

5 Estimated Water Use Per Day Employee

6 Washing Machine X No

7 Garbage Disposal X No

8 Dishwasher X No

9 Automatic Ice Maker X

10 Swimming Pool No

11 Water Supply Public

12 Sewage Disposal Public

13 NAME OF OWNER BAKER (LAST) JAMES (FIRST) HEATH (MIDDLE)

14 ADDRESS OF OWNER 3425 OAK TREE TRAIL MATTHEWS N.C.

15 PHONE NO Home 537-0835 Office 5364095

16 LOCATION OF SYSTEM OAK TREE TRAIL (STREET OR COUNTY ROAD)

17 SUBDIVISION OLDE CREEK Lot No 10 Block No C

Map Book No 14 Page No 181

18 DEED REFERENCE — DEED BOOK 2806 AT PAGE 126

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.

10-1-74
DATE OF APPLICATION

James Heath Baker
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 10/4/71

Serial No. 7812

ICAR (S) - Permit No. 5490

T C No 193-165-06

Map Date 9/3/71

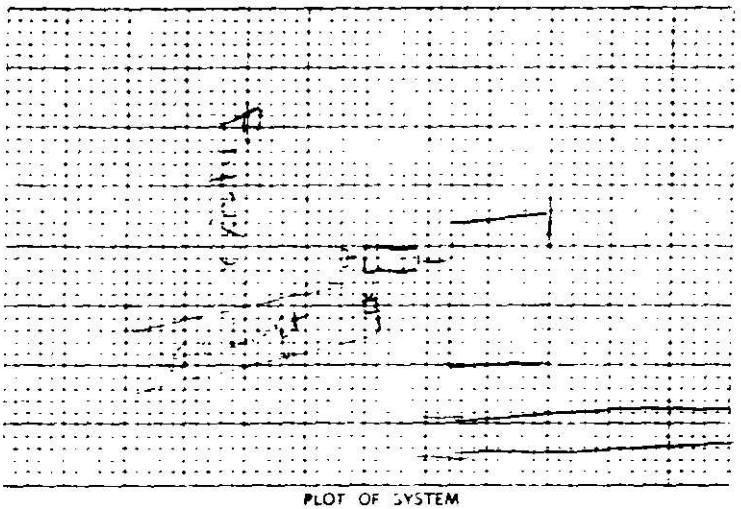
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 _____ 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 10/7/71 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank [illegible]

Tank Construction [illegible]

Absorption and/or Nitrification Lines

Total Line Length [illegible]

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well [illegible]

NAME OF OWNER J H [illegible]

LOCATION OF PROPERTY [illegible]

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 [illegible]

Division or Section Head [signature]

Environmentalist [signature]

If this permit is for the installation or construction of a new system, it must be signed by the division or 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 E-5-8-1-72

[illegible] DEPARTMENT'S COPY

Serial No. 538

C of A (s) No.

Date Issued

T C No

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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Location of Property

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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 X 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 as 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

Environmentalist

FORM NO E-6-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5/12

ICAR (S) Application No. 5400

T. C. No. 193-065 JC

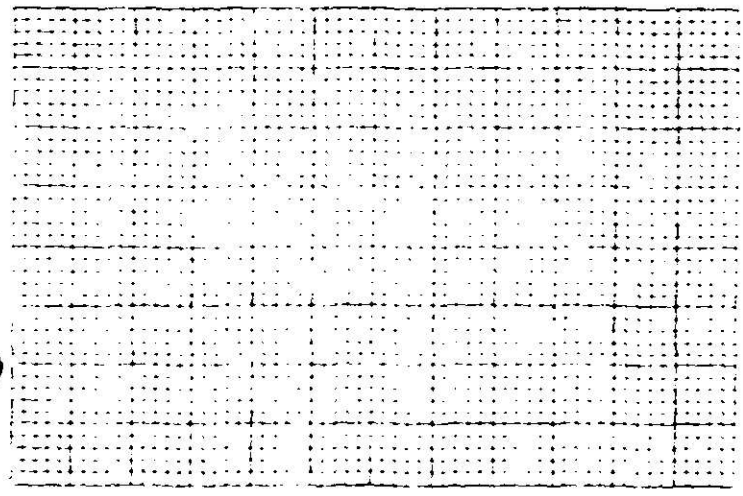
Map Date 7.17.72

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)

Mobile Home ___Yes___ No
Residence ✓ Yes ___ No
4 No. of Bedrooms 4
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 2
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 BAKER (LAST) JAMES (FIRST) HEATH (MIDDLE)

14) ADDRESS OF OWNER 3425 OAK TREE TRAIL

15) PHONE NO. Home 5370835 Office 536 4095

16) LOCATION OF SYSTEM OFF MARGETE WALLACE RD. (STREET OR COUNTY ROAD)

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

Map Book No. ___ 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.

MAY 10, 1972
DATE OF APPLICATION

James H. Baker
OWNER

EHB-5-76

Environmental Health Department's Copy

Date Issued 6-16-77

Serial No. 0866

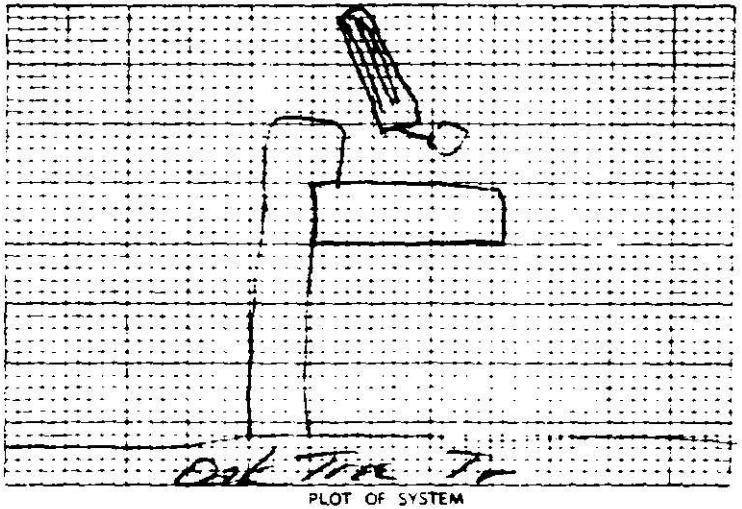
ICAR (S) Permit No. 5400

T. C No. R3-065-06

Map Date

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, X 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 5400 dated 5-11-77 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 7-16-77 after which date this permit shall be null and void



PLOT OF SYSTEM

Permeability Rate

Liquid Capacity of Tank 1000

Tank Construction

Absorption and or Purification Lines

Total Line Length 200'

Number of Lines 4

Distance from House 10'

Distance from Property Line 20'

Distance from Well 100'

NAME OF OWNER James H. Baker

LOCATION OF PROPERTY 3425 Oak Tree Dr.

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 gurantee 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 10'x50'x17"

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 6-17-77 Serial No. 0796 C of A (s) No. 5400

T C. No. 193-065-06

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 Baker (LAST) James (FIRST) X (MIDDLE)

Location of Property 3425 Oak Tree Dr.

Application Number 5400 Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material PC

Total Length of Drain Tile 200' Number of Lines 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 6 (DATE)

Washing Machine Line Inspected, If Applicable 6-17-77 (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 Repair made to washer line rather than septic line
Kenneth Godwin

EHD-5-76

Environmental Health Department's Copy