SEE INSTRUCTIONS ON BACK

Date Received 4-13-73

ICAR(S) Application No 6021

T C No

Map Date

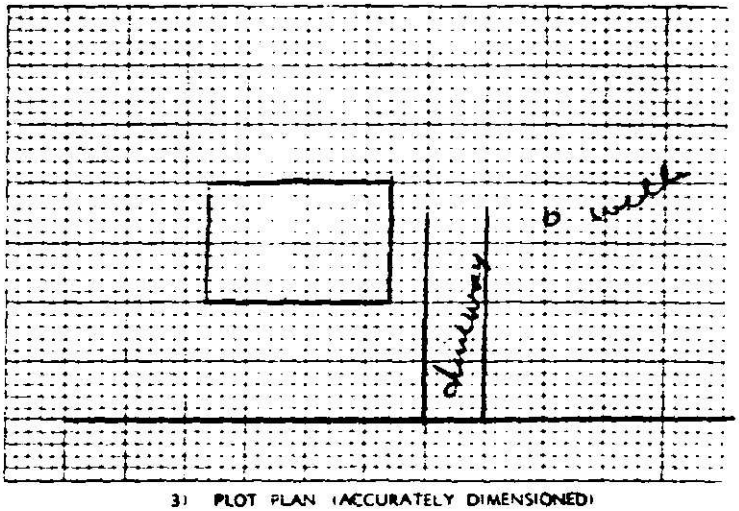
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

1) ___ Install or Construct 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 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) Government (City) Water
C) Community (Group) Water
Well
D) Government (City) Water

10) Sewage System
Septic tank(s) with subsurface soil absorption
Septic tank(s) with [illegible]
Community sewer Yes No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER Turner (LAST) Bill (FIRST) Ray (MIDDLE)

14) ADDRESS OF OWNER 3116 Olde Creek Trail - Matthews, N.C.

15) PHONE NO Home 537-0933 Office

16) LOCATION OF SYSTEM 3116 Olde Creek Trail (STREET OR COUNTY ROAD)

17) SUBDIVISION Olde Creek 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.

April 12, 1973
DATE OF APPLICATION

B C Turner
OWNER

FORM NO E-4-8-1-72 I B C Turner hereby authorize Mr. Wayne Huntley to repair the septic tank HEALTH DEPARTMENT'S COPY system as directed by [illegible] County Health Department.

Date Issued 4-26-73 Serial No. 3585 ICAR(S) Permit No. 6021

T. C No. _____

Map Date _____

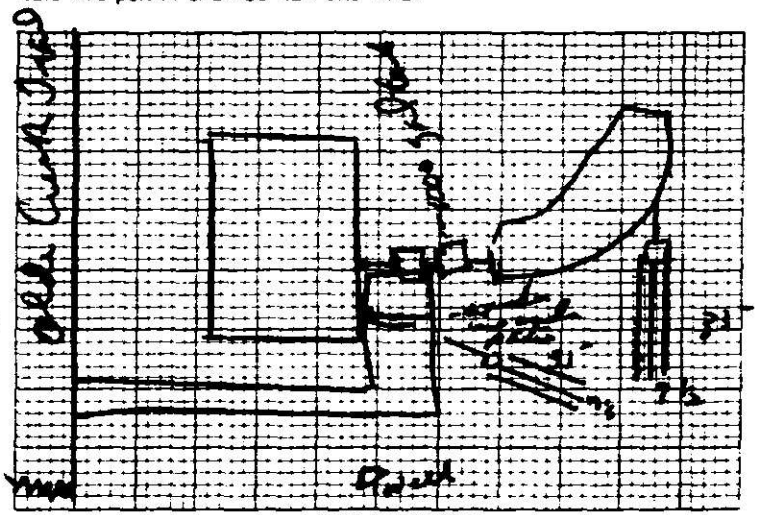
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6021 dated 4-13-73 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 5-15-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank 1000

Tank Construction Concrete

Absorption and/or Nitrification Lines.

Total Line Lenght 100'

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well N/A

NAME OF OWNER Bill Ray Turner

LOCATION OF PROPERTY 3116 Old Creek Trail

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: 1000 gal. tank to be added in serie to present tank
100' repair (3½"x33'x13") repair to S.T.
Contractor 100' repair (3½"x33'x13") repair to washing machine

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-S-4-1-71

HEALTH DEPARTMENT'S COPY

Serial 4183

Date Issued 11-5-73

C of A (s) No. 6021

T. C. No 193-066-15 16

Map Date 9-5-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Turner, Bill Ray (LAST, FIRST, MIDDLE)

Location of Property 3116 Olde Creek Trail

Application Number 6021 Permit Number 6021

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material asbestos

Total Length of Drain Tile 100' / 150' Number of Lines 3

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 75'

Excavation Inspected 11-5-73 (DATE) Tank Inspected 11-5-73 (DATE)

Nitrification Field Inspected 11-5-73 (DATE)

Washing Machine Line Inspected, If Applicable 11-5-73 (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: 100' repair trench system + add'l 1000 gal tank.
150' - new drain line
Repair by Ralph Farmer

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY