B

SEE INSTRUCTIONS ON BACK

Date Received 8-7-73

ICAR (S) Application No 6807

T C No

Map Date

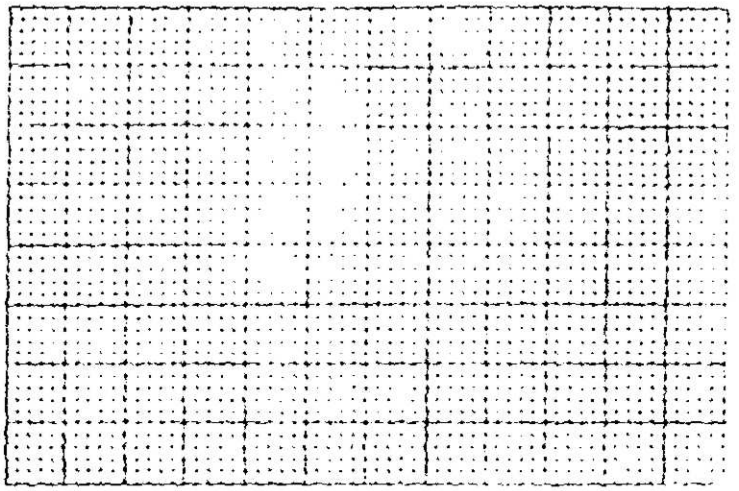
MECK COUNTY HEALTH DEPT.
RECEIVED
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
ENVIRONMENTAL HEALTH DIVISION, 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 OR INSTAL NEW SYSTEM IF NECESSARY

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 2

5) Business Use Max No Employees

6) Washing Machine ✓ Yes

7) Garbage Disposal Yes ✓ No

8) Dishwasher Yes ✓ No

9) Water supply
A) Public Water Yes ✓
B) Government Well
C) Community Well
1) Well
2) Spring

Sewage System
Has a septic tank system been approved for use on this property? Yes ✓ No
Has a sewage disposal system been approved for use on this property?
Community sewer Yes No

11) FHA Case No N/A

12) VA Case No N/A

13) NAME OF OWNER Colvard (LAST) Glenn (FIRST) Jenkins (MIDDLE)

14) ADDRESS OF OWNER 2639 Sharon Rd. Charlottesville, N.C.

15) PHONE NO Home 804/296-3847 Office 804/296-5556 Ext 46

16) LOCATION OF SYSTEM RT 9 Charlotte, N.C. (STREET OR COUNTY ROAD) Off Hunterville Mt Holly Rd. Riverview Acres

17) SUBDIVISION Riverview Acres Lot No 243 Block No C

Map Book No 8 Page No 321 + 323

18) DEED REFERENCE -- DEED BOOK 2193 + 2280 AT PAGE 534 405

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

20) PTR NUMBER (See Instructions) system in when house purchased July 1960

The undersigned person hereby agrees that he has read the foregoing application and that the statements 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.

8-1-73
DATE OF APPLICATION

Glenn Jenkins Colvard
OWNER

FORM NO E-4-B-1-72

HEALTH DEPARTMENT'S COPY

12

SEE INSTRUCTIONS ON BACK

Date Received 8-7-73

MECK COUNTY HEALTH DEPT.
RECEIVED
AUG 7 1973
ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No 6807

T C No

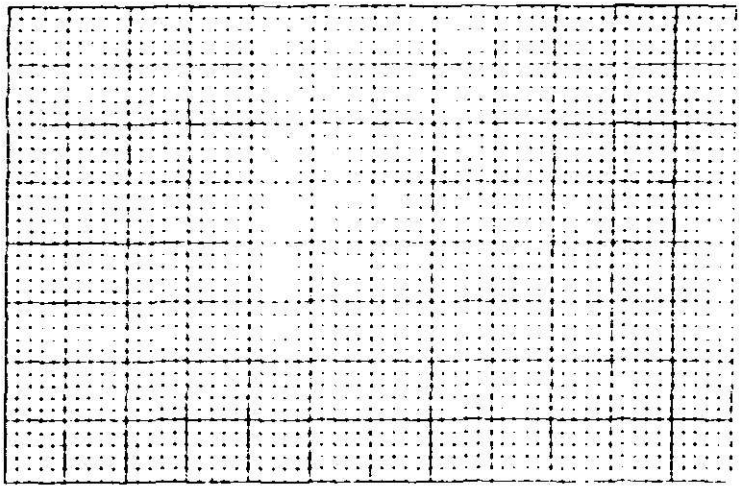
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
ENVIRONMENTAL HEALTH DIVISION 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 OR INSTAL NEW SYSTEM IF NECESSARY

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 Bedroom 2

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 System

C) Community System

1) Well Owned

2) Government

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 N/A

12) VA Case No N/A

13) NAME OF OWNER Colvard (LAST) Glenn (FIRST) Jenkins (MIDDLE)

14) ADDRESS OF OWNER 2639 Barrack Rd. / Charlottesville, Va.

15) PHONE NO Home 804/296-3847 Office 804/296-5556 Ext 41

16) LOCATION OF SYSTEM RT 9 Charlotte N.C. (STREET OR COUNTY ROAD) off Hunterville Mt Holly Road. Rivervien Drive

17) SUBDIVISION Rivervien Acres Lot No 2+3 Block No C

Map Book No 8 Page No. 321 + 323

18) DEED REFERENCE — DEED BOOK 2193 + 2280 ? 539 AT PAGE 405

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

20) PTR NUMBER (See Instructions)

system in when house purchased July 1960

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.

8-1-73
DATE OF APPLICATION

Glenn Jenkins Colvard
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 24 Aug 73

Serial No. 4206

ICAR (S) Permit No. 6807

T. C. No. 023-093-01

Map Date 27 Aug 73

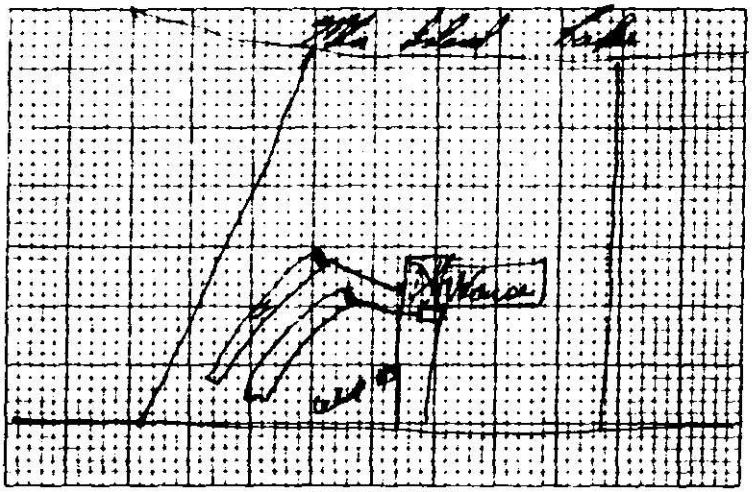
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 6807, dated 2 Aug 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 25 Aug 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' + 150' WM 3 (5' X 75' X 17")

Number of Lines 4 (4a' X 25' X 17")

Distance from House 25'

Distance from Property Line 25'

Distance from Well 50'

NAME OF OWNER Edward + Glenn Jenkins

LOCATION OF PROPERTY Riverview Acres (Lots 243) Block C

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: G. Faitel - (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

Serial 3941

C of A (s) No. 6802

Date Issued 21 Sept 73

T. C. No. 023-683-01

Map Date 22 Apr 22

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Edwards, Glenn Lamar
LAST FIRST MIDDLE

Location of Property Riverpark Acres

Application Number 6802 Permit Number 6802

Inspection Date:

Liquid Capacity of Tank _____ Tank Material PE

Total Length of Drain Tile 300'+150'WM Number of Lines 2 (3 @ 75'x 17") 4 (30'x 25'x 18")

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Individual Well Distance from Water Source 50'

Excavation Inspected 21 Sept 73 DATE Tank Inspected NA DATE

Nitrification Field Inspected 21 Sept 73 DATE

Washing Machine Line Inspected, If Applicable 21 Sept 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, c 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: 2 Digital (Cont.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY