SEE INSTRUCTIONS ON BACK

Date Received 10-8-13

ICAR(S) Application No 7085

T C No 11-262-12

Map Date 4-27-78

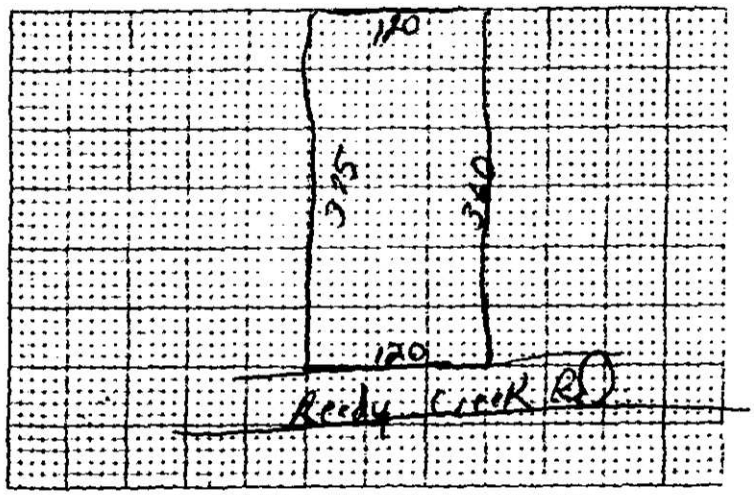
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 ✓
B) Government System ___
C) Community System ___
1) Well source ___
2) Government 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 Hagler (LAST) Ernest (FIRST) Wilson (MIDDLE)

14) ADDRESS OF OWNER Route #12 Box 307-H Reedy Creek Rd, Charlotte

15) PHONE NO. Home 537-4632 Office 374-2862

16) LOCATION OF SYSTEM Route 12 Reedy Creek, Charlotte, N.C. (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.

DATE OF APPLICATION ___

Ernest W. Hagler
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 11 Oct 1973

Serial No. 4245

ICAR(S) Permit No. 7085

T. C. No. 111-062-12

Map Date 4-22-73

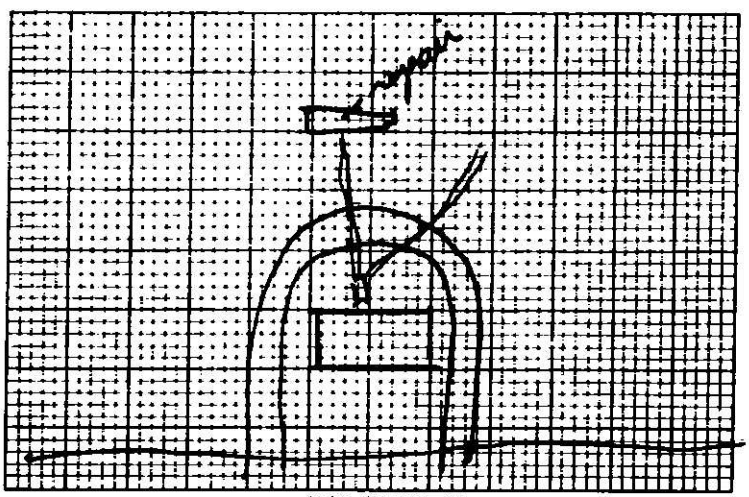
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___, dated 10-8-73 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 ___, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ✓

Liquid Capacity of Tank 1000 gal

Tank Construction concrete

Absorption and/or Nitrification Lines: Bryan

Total Line Lenght 100 ft

Number of Lines 7 (10 x 25 x 17½)

Distance from House 50'

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Hagler, Ernest Wilson

LOCATION OF PROPERTY Beaty Creek, Charlotte, N.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: ✓ ✓

John R Adkisson
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 11 Oct 1973 Serial 4024

C of A (s) No. 7085

T. C. No. 111-062-12

Map Date 4-22-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Hagler (LAST) Ernest (FIRST) Wilson (MIDDLE)

Location of Property Reedy Creek Rd., Charlotte, N.C.

Application Number 7085 Permit Number —

Repair ~~Application~~ Date:

Liquid Capacity of Tank 1000 gal Tank Material concrete

Total Length of Drain Tile 100 Lfft Number of Lines 4 (10 x 25 x 17)

Depth of Filter Material 17" Cover Depth 24" - 18"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 10-11-73 (DATE) Tank Inspected 10-10-73 (DATE)

Nitrification Field Inspected 10-11-73 (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: _____

John R Robinson

Environmentalist

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

HEALTH DEPARTMENT'S COPY