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Date Received 8-13-73

MECK COUNTY HEALTH DEPT.
RECEIVED
AUG 13 1973

ICAR(S) Application No 6832

T C No

Map Date

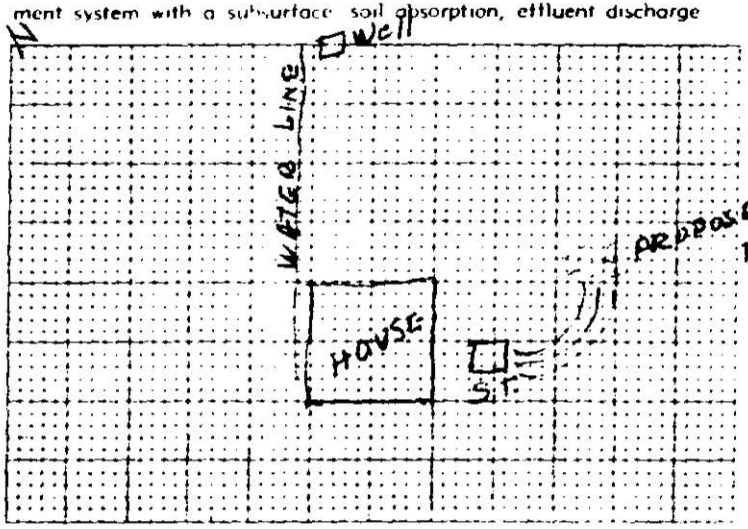
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 X No

7 Garbage Disp Yes X No

8 Dishwasher Yes X No

9 Water Supply

A Individual Well X

B Government

C Community

1 Well

2 Government

Sewage System

House [illegible] feet of public sewer Yes X No

House [illegible] feet of community sewer Yes X No

11 FHA Case No

12 VA Case No

13) NAME OF OWNER ASHTON (LAST) JOHN (FIRST) SAMUEL (MIDDLE)

14) ADDRESS OF OWNER Route 2, Box 1127-V Arrowood Road

15) PHONE NO Home 523-1391 Office

16) LOCATION OF SYSTEM off Arrowood Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Old Arrowood Dairy 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) Don't know.

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

8-9-73
DATE OF APPLICATION

John S. Ashton
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 9/15/73 Serial No. 4077 ICAR(S) Permit No. 6832

T. C. No. _____

Map Date _____

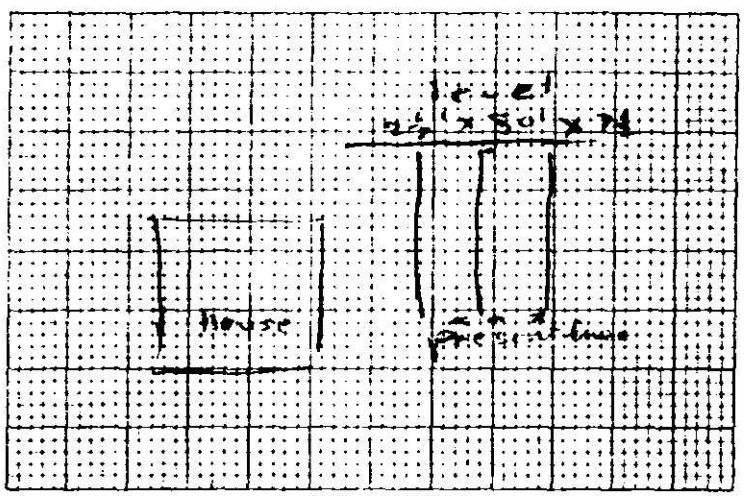
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 8-13 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 REPAIR

Liquid Capacity of Tank 1000 gal

Tank Construction concrete

Absorption and/or Nitrification Lines: *

Total Line Lenght 100

Number of Lines 1 (2½' x 50' x 3)

Distance from House 30'+

Distance from Property Line 20'+

Distance from Well 50'+

NAME OF OWNER JOHN SAMUEL ASHTON

LOCATION OF PROPERTY ARROWOOD RD.

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: * Soil Condition determines depth

T. F. [illegible]
Division or Section Head

[signature]
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 9/11/73 Serial 3917

C of A (s) No. 6832

T. C. No. 203-0202

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 ASHTON JOHN SAMUEL (LAST, FIRST, MIDDLE)

Location of Property ARROWOOD RD

Application Number 6832 Permit Number 6832

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material

Total Length of Drain Tile 100 eq. Number of Lines 1

Depth of Filter Material 2-3 Cover Depth 2½

Water Supply Source IND WELL Distance from Water Source 50

Excavation Inspected 9/11/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 9/11/73 (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, 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(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 Letter - Two lines connected @ ends ABOVE EXISTING LINE

L P Bridgeman
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY