SEE INSTRUCTIONS ON BACK

Date Received 1-19-71

ICAR(S) Application No. 1078

T. C. No. 053-154-04

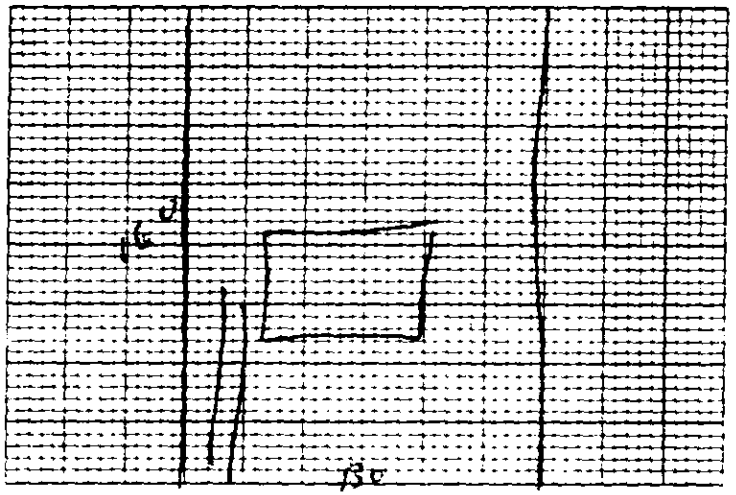
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

14) ADDRESS OF OWNER _____

15) PHONE NO Home _____ Office _____ Ext. _____

16) LOCATION OF SYSTEM 9024 Longview Dr (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3966 AT PAGE 297

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

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.

Jan 13 1971
DATE OF APPLICATION

Gary N Lytle
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued 1/19/71

Serial Nº 351

ICAR(S) Permit No. 1078

T. C. No. 053-154-14

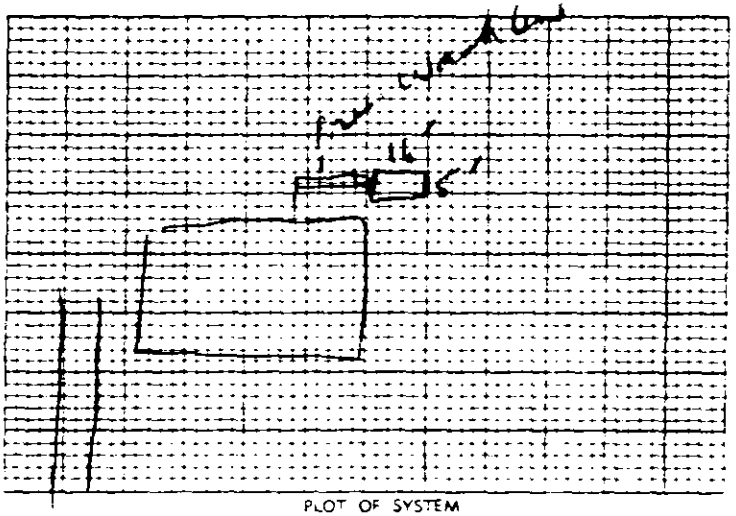
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ dated 1/19/71 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 2/22/71, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate N/A

Liquid Capacity of Tank N/A

Tank Construction N/A

Absorption and/or Nitrification Lines

Total Line Lenght 100'

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Jerry A Stephens

LOCATION OF PROPERTY 9026 Longview Drive

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 100' — 5 x 16 x 4 #10 stone

To be attached to old wash line with three.

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-5-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No. 333

Date Issued JAN. 29, 1971 C of A (s) No. 1078

T. C. No. 053-454-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Stephens (LAST) Jerry (FIRST) D. (MIDDLE)

Location of Property 9026 Longview Drive

Application Number 1078 Permit Number 1078

Inspection Data:

Liquid Capacity of Tank N/A Tank Material N/A

Total Length of Drain Tile 100' Number of Lines 1

Depth of Filter Material 4' Cover Depth 15"

Water Supply Source Comm. Wat. Distance from Water Source 100'+

Excavation Inspected 1/26/71 (DATE) Tank Inspected N/A (DATE)

Nitrification Field Inspected 1/29/71 (DATE)

Washing Machine Line Inspected, If Applicable 1/29/71 (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: 2½-X32'-X4' - repair to washer line. Installed by Robert Bryan

Thomas R. Ward

Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued Jan 24, 1971

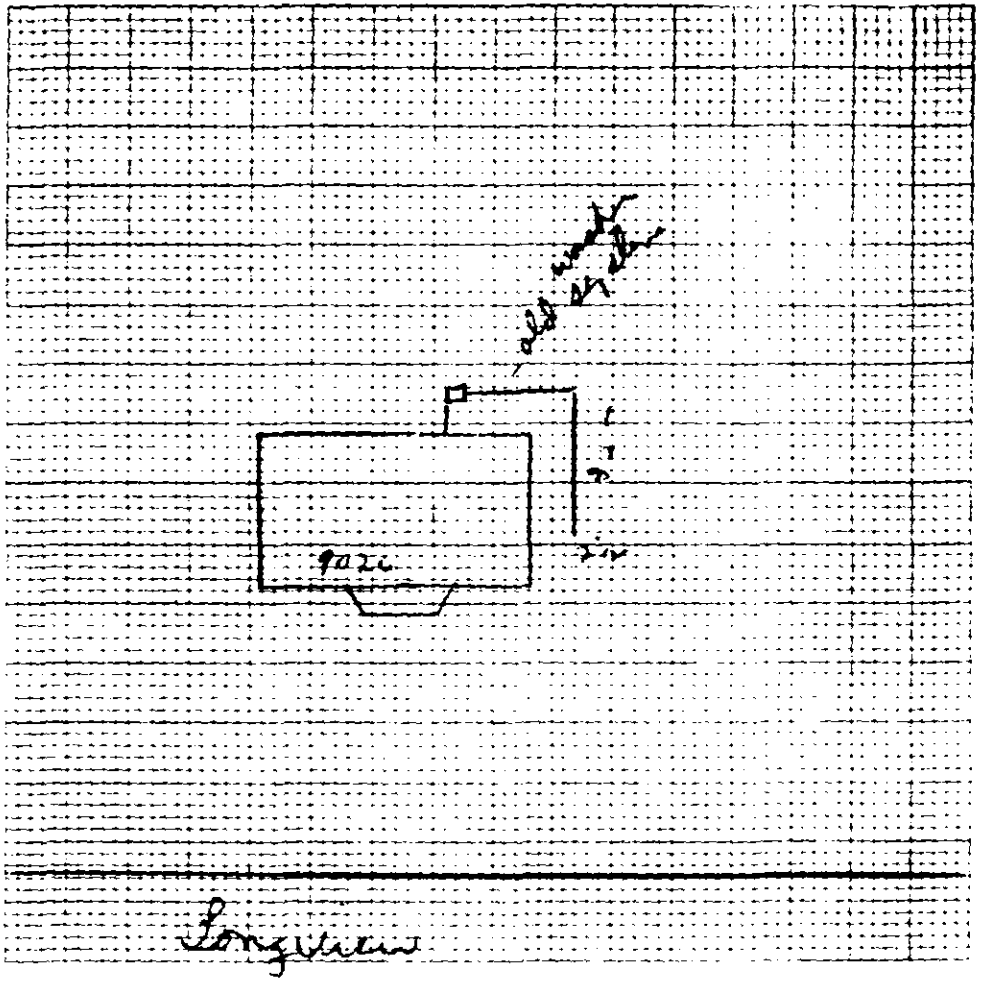
C of A (s) No. 1078

T C No 053-134-001

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Thomas P. White

Environmentalist

FORM NO. E-7-7-1-70

HEALTH DEPARTMENT'S COPY

Date Received 1-19-71

ICAR(S) Application No. 1 0 1

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.

SEE ATTACHED PLOT PLAN

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) 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 Milliones (LAST) Peter (FIRST) Thomas (MIDDLE)

14) ADDRESS OF OWNER 140 Sherrill Rd

15) PHONE NO Home 525-1970 Office 376-1547

16) LOCATION OF SYSTEM 5417 HIGH RIDGE RD (STREET OR COUNTY ROAD)

17) SUBDIVISION Providence Plantation Lot No 8 Block No 4

Map Book No 13 Page No. 257

18) DEED REFERENCE — DEED BOOK 3170 AT PAGE 515

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES _____ NO DATE RUN SEPT 1970

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.

JAN 19 1971
DATE OF APPLICATION

Peter T. Milliones
OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

County 8/26/70

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Hal Rd.
Subdivision Providence Plantation
Lot No. & Block No. Lot # 2 Block # 4
FHA Case No.

Owner Pete Williams
Builder Bill Coates
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate	32	Min./In.	Date 8/27/70
2nd. Perc. Rate		Min./In.	Date
3rd. Perc. Rate		Min./In.	Date
4th. Perc. Rate		Min./In.	Date

Lowest Rate Above = Average Perc. Rate 32

No. Bedrooms 5 Baths 3½

	Yes	No		Yes	No
Washing Machine		✓	Disposal		✓
Separate			Separate		

Dishwasher No

Tank Capacity 1500 Gallons
Nitrification Line 750 Lin. Ft. Sq. Ft.
Will 1000

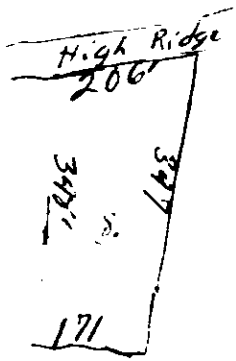
BUSINESS OR INDUSTRIAL BUILDINGS

W. C.	Urinals	Lavoratories
Showers	Sinks	Other

Check:
Approved ✓
Disapproved
Conditional Agreement Card Signed

Wm. C. Little
Sanitarian - Engineer

EH: #85
9/1968


High Ridge
206'
397'
397'
171'