Date Received 4/21/75 Apt. No. (S) Application No. (M) [illegible]

T. C. No. 287-1650

Map Date 4.21.75

[illegible] COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH DIVISION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Valentine (LAST) Richard (FIRST) James (MIDDLE)

ADDRESS OF OWNER 317 Chadwick Dr. Matthews ZIP 28105

PHONE NO. Home 537-[illegible] Office 332-5911

LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

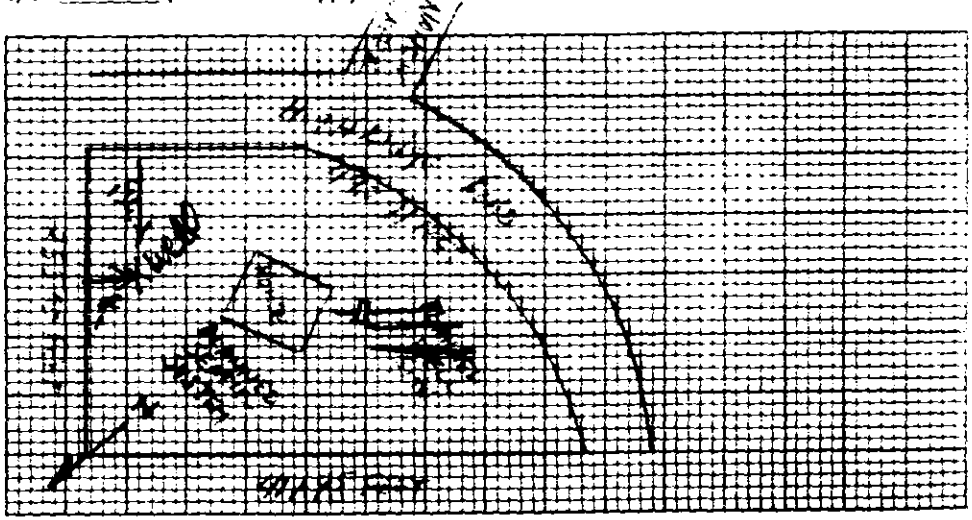
SUBDIVISION [illegible] LOT NO. 6 BLOCK NO. 5

MAP BOOK NO. 6 PAGE NO. [illegible] FHA LOAN

DEED REFERENCE: DEED BOOK [illegible] PAGE NO. 185 VA LOAN

WELL CONTRACTOR [illegible] LICENSE NO. 540

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of X individual, _____ semi public, or _____ public water supply.



ACCURATELY DIAGRAM & DIMENSION LOT

4/21/75
DATE OF APPLICATION

Richard J. Valentine
OWNER

Application approved and permit hereby granted

Permit No: 9187

ENVIRONMENTALIST

FORM NO. E-20-5-1-73

HEALTH DEPARTMENT'S COPY

Date Received SEPT. 4 2175

APT No 9187

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER VALENTINE (LAST) RICHARD (FIRST) JAMES (MIDDLE)

2) ADDRESS OF OWNER [illegible] ZIP [illegible]

3) PHONE NO Home [illegible] Office [illegible]

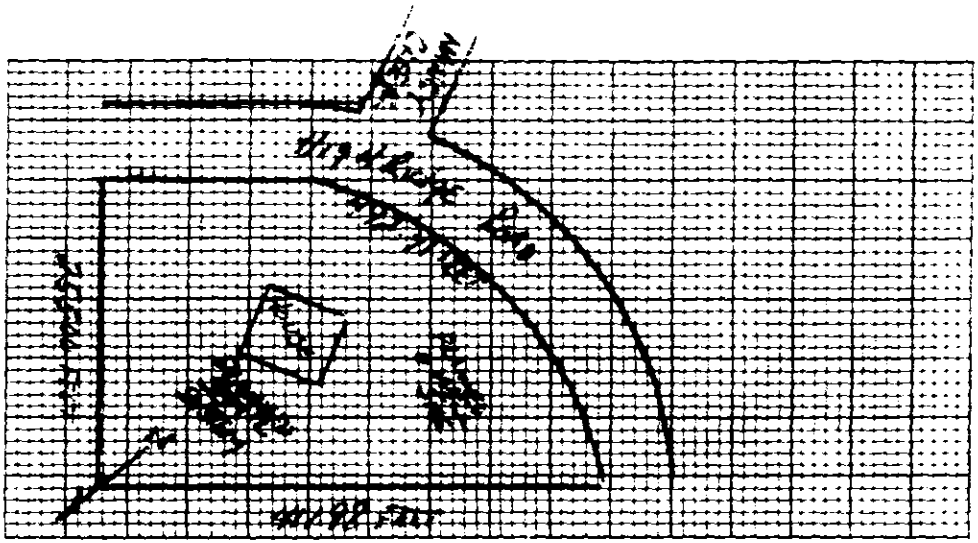
4) LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

5) SUBDIVISION [illegible] LOT NO [illegible] BLOCK NO [illegible]

MAP BOOK NO [illegible] PAGE NO [illegible]

6) DEED REFERENCE DEED BOOK [illegible] PAGE NO [illegible]

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Richard J Valentine
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No 5118

PTR No 9187

Date Issued April 21, 1975

T C No 227-105-06

Map Date 2-21-75

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

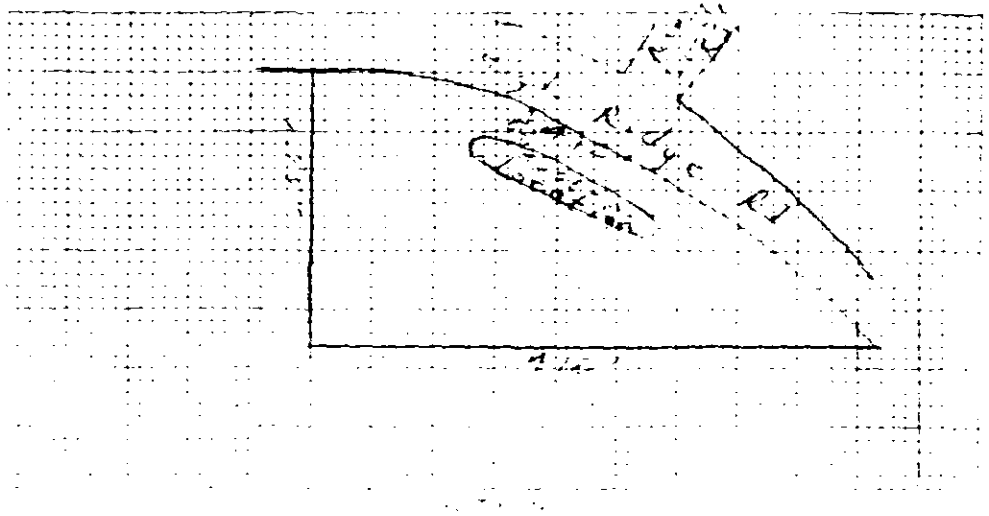
PERCOLATION TEST REPORT

NAME OF OWNER Valentine (LAST) Richard (FIRST) James (MIDDLE)

ADDRESS OF OWNER 219 Chadmore Drive, Matthews, N. C. ZIP 28105

LOCATION OF PROPERTY High Plains Road

SUBDIVISION Providence Plantation LOT NO 5 BLOCK NO 3C



This [illegible] the Mecklenburg [illegible] in that portion [illegible] the [illegible] indicated [illegible] plan.

#60Min./In. [illegible] for the [illegible] subsurface effluent discharge subject to the following terms and conditions:

1. A permit [illegible] Mecklenburg County [illegible] Department [illegible] system or the [illegible]
2. The [illegible] determined by the Health Department [illegible] and type of building [illegible] structed thereon.
3. [illegible] test was run [illegible] performed on the [illegible] suitable for the [illegible]

This approval is granted subject to the [illegible] North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and [illegible] at any time in the future prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules and regulations been in effect on the issue date.

*Results determined by soil analysis

L. Everette Caldwell
Soil Scientist

Sam C. Ruth
Director, Environmental Health Division or Authorized Section Head

FORM NO E-2-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 4/2/75

ICAR(S) Application No. 9187

T C No

Map Date

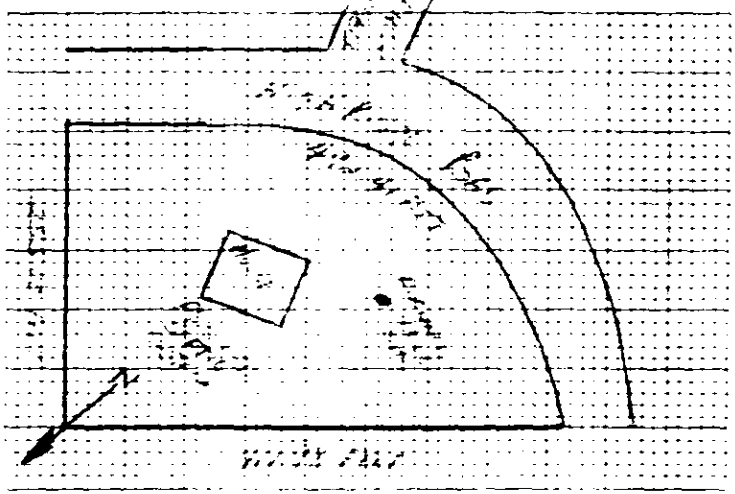
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The [illegible] hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

[illegible] Construct [illegible] Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



[illegible] NOT NECESSARILY DIMENSIONED

4 No. of Bedrooms 4

5 Business Use — Max No. Employees

6 Washing Machine X Yes No

7 Garbage Disposal X Yes No

8 Dishwasher X Yes No

9 Water Supply
A Individual Well X
B Governmental System
C Community System
1 Well source
2 Governmental source

10 Sewage System
[illegible] is within 200 feet of public sewer Yes / No
House plumbing within 200 feet of [illegible]
Community sewer Yes No

11 FHA Case No.

12 VA Case No.

13 NAME OF OWNER [illegible] LAST [illegible] FIRST [illegible] MIDDLE

14 ADDRESS OF OWNER [illegible]

15 PHONE NO. [illegible] Office [illegible]

16 LOCATION OF SYSTEM [illegible] STREET OR COUNTY ROAD

17 SUBDIVISION [illegible] Lot No 6 Block No 3

Map Book No [illegible] Page No. [illegible]

18 DEED REFERENCE — DEED BOOK [illegible] AT PAGE [illegible]

19 HAS A PERCOLATION TEST BEEN RUN? YES [illegible] NO DATE RUN [illegible]

20 PTR NUMBER (see instructions) [illegible]

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 [illegible]

Richard J. Christ
OWNER

FORM NO. E 8 A 1 [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued April 21, 1975

Serial No. 4821

IMPROVEMENTS PERMIT

LA No 9187

T C No 227-105-06

Map Date 2-21-75

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE SOIL ABSORPTION EFFLUENT DISCHARGE

NAME OF OWNER Valentine (LAST) Richard (FIRST) James (MIDDLE)

ADDRESS OF OWNER 219 Chadmore Drive, Matthews, N. C. ZIP 28105

LOCATION OF LOT High Ridge Rd. (STREET OR COUNTY ROAD)

SUBDIVISION Providence Plantation LOT NO 6 BLOCK NO 3 C

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface soil absorption effluent discharge based on the percolation test results which yielded a percolation rate of 60Min./In. and an on-site inspection of the said lot and upon the information supplied in the Application for an Installation, Construction, Alteration and/or Repair Permit number 9187. This approval is subject to the following terms and conditions

1. That the nitrification field be installed constructed altered and or repaired in the same soil where the percolation test was run
2. That an Installation, Construction, Alteration and or Repair Permit be issued and in full force and effect when the system is installed, constructed altred and or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the Application for an Installation, Construction, Alteration, and/or Repair Permit is not correct or is untrue or that the septic tank system is not being installed, constructed altered and or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

Environmentalist

Director Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued

Serial No.

ICAR(S) Permit No.

T C No

Map Date

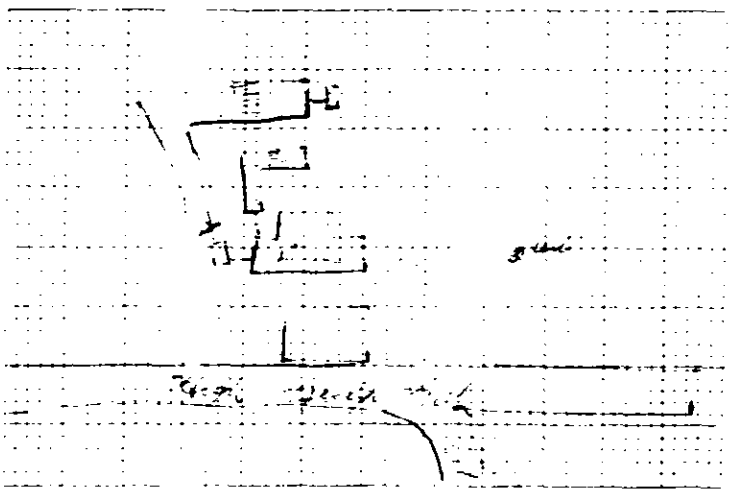
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 dated and this permit shall be void and of no effect if the information provided in the application is found to be erroneous. All work shall be completed on or before after which date this permit shall be null and void.



PLOT OF SYSTEM

Property Line

Liquid Capacity of Tank

Tank Construction

Absorption Area Provided in Square Feet

Total Line Length

Number of Trenches

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

This 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

Date of Septic Tank

Environmentalist

It is required that the installation or construction of a new system must be signed by the division or a Mecklenburg County Environmental Health Director to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

E-5-9-1 72

Serial No.

C of A (s) No

Date Issued

T C No

Map Date

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner _____ LAST _____ FIRST _____ MIDDLE

Location of Property _____

Application Number _____ Permit Number _____

Inspection Date:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ DATE Tank Inspected _____ DATE

Sketch on Field Inspected _____ DATE

Warning Marking Line Inspected (If Applicable _____ DATE

This is to certify that the Septic Tank System as described on the application and sketch of layout filed in this office has been constructed in accordance with the permit issued on this day by the Mecklenburg County Health Department and is hereby approved for issuance of the permit. This approval of this Certificate of Approval is given with the knowledge that the system as constructed will relieve and prevent nuisance arising from the failure of the system from any cause resulting from the location of the system on the property. This Certificate of Approval is issued subject to those restrictions and conditions which may be listed in addition to those listed below under comments. This Certificate of Approval will be void if the 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 _____

_____

_____

_____

_____

_____

Environmentalist

FORM NO E-6-9-1-72