SEE INSTRUCTIONS ( )

Date Received 7-22-71

ICAR(S) Application No. 2131

T. C. No. _____

Map Date _____

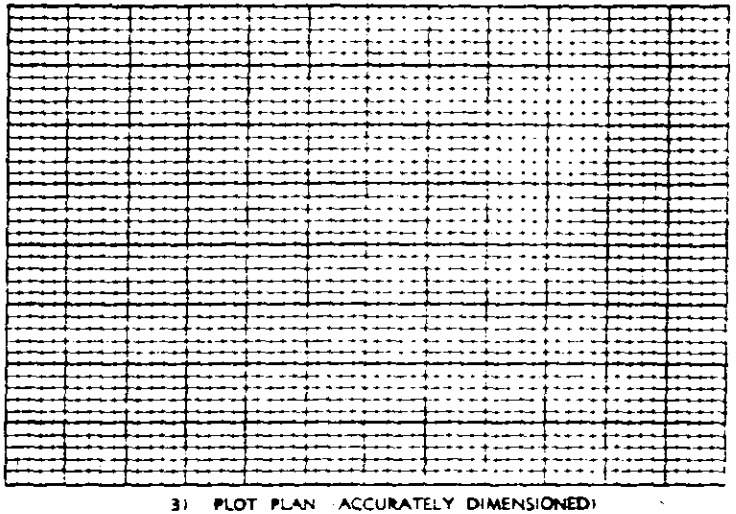
MECKLENBURG COUNTY HEALTH DEPARTMENT

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.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms _____

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 Rogers (LAST) William (FIRST) Hayes (MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO Home [illegible] Office 704-588-9946

16) LOCATION OF SYSTEM [illegible] (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 [illegible]

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.

7-22-71
DATE OF APPLICATION

William Hayes
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 2023

ICAR'S Permit No. 2131

Date Issued 5-22-72

T. C. No 149-291-01-I

Map Date

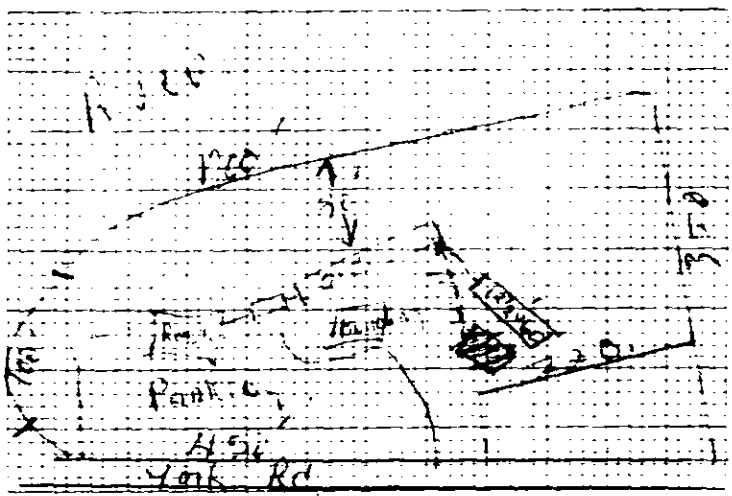
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2131 dated 11-22-71 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 5-22-72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Type of Installation

Absorption and/or Distribution Lines

Total Line Length 300'

Number of Lines 5 @ 12½' x 6"

Distance from House 300'

Distance from Property Line 30' (+-)

Distance from Well 300' +-

NAME OF OWNER [illegible] Ingram

LOCATION OF PROPERTY [illegible]

This permit is subject to the conditions and requirements as set forth in the Regulations of the Mecklenburg County Board of Health governing the disposal of sewage and the granting of permits. A certificate of completion will be issued by the Health Department upon satisfactory completion of the system as constructed.

Comments:

Date

Environmental Health Supervisor

This permit must be signed by the supervisor of the new system in order to be valid. Only the signature of the Environmental Health Supervisor is required where an existing system is being altered or repaired.

FORM 10 B 6-71

Date Issued 3-21-72

Serial No. 1746

C of A (s) No. 2134

T C. No 189 2910-I

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 Jarrett William F.
(LAST, FIRST, MIDDLE)

Location of Property Yorkmont Rd.

Application Number 191 Permit Number 2223

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 300' Number of Lines 5 (12 x 60')

Depth of Filter Material 12" Cover Depth 3'

Water Supply Source Well Distance from Water Source 200'(+-)

Excavation Inspected 3-27-72 (DATE) Tank Inspected 3-27-72 (DATE)

Nitrification Field Inspected 3-27-72 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 as well as 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: Type I

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received Sept 17, 1977

ICAR(S) Application No. 2131

T C. No. 199-29-4-E

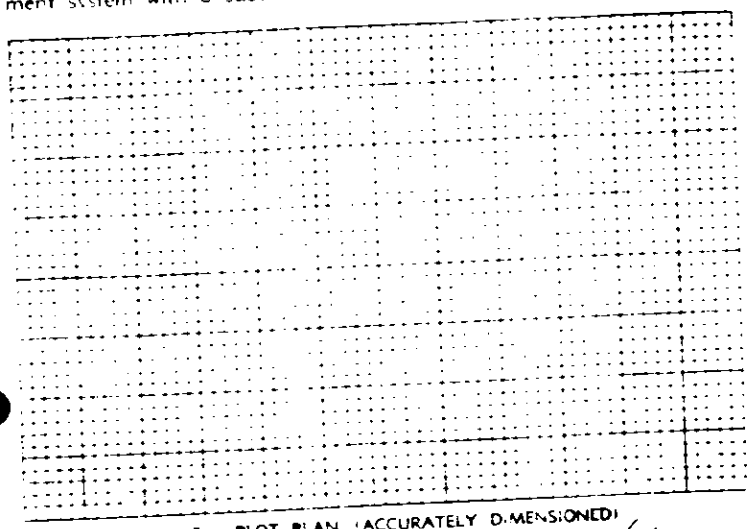
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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 Mobile Home ___ Yes ___ No
Residence ___ Yes ___ No
4 No of Bedrooms ___
5 Business Use Max No ___
Employees ___
6 Washing Machine 1 Yes ___ No
7 Garbage Disposal ___ Yes ___ No
8 Dishwasher ✓ Yes ___ No
9 Water supply
A Individual well ✓
B Governmental System ___
C Community System
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 EHA Case No ___
12 EA Case No ___

13) NAME OF OWNER Cynes (LAST) George K. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER RT #1 Box [illegible] Pineville N.C.

15) PHONE NO Home 542-5[illegible] Office 588-2274

16) LOCATION OF SYSTEM [illegible] (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 SOIL INVESTIGATION BEEN RUN YES NO DATE RUN

20) PTR NUMBER See instruction 19a

The undersigned applicant hereby agrees that he has read the foregoing application and that the contents of same are true. He understands that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

George K. Cynes
OWNER

DATE OF APPLICATION

Environmental Health Department's Copy

EHD-5-76

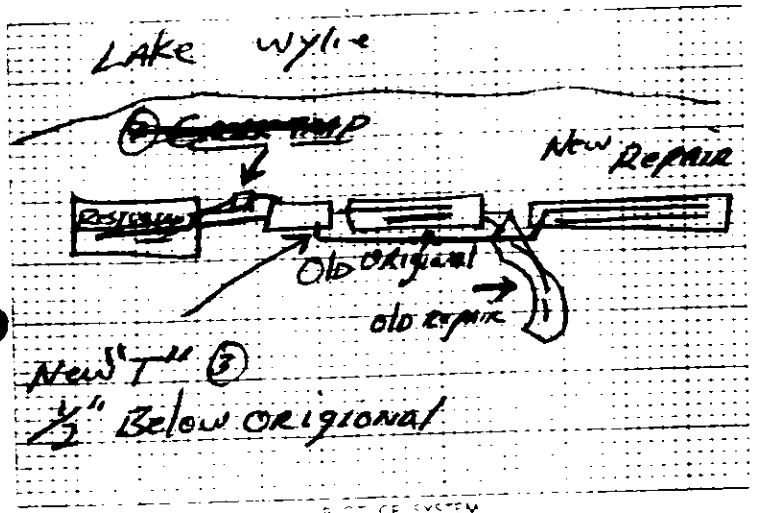
Date Issued 22 Sept 77 Serial No. 1084 ICAR(S) Permit No. 2131

T C No 199-29-01-I

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to [illegible] Install or Construct ✓ Alter or Repair the individual septic tank wastewater treatment [illegible] with subsurface soil absorption effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application 2131, dated 12 Sept. 77 and this permit is void and of no effect if the information provided in the application is [illegible] from that submitted. All work shall be completed on or before 22 Oct. 77 after which date this permit shall be null and void.



PLOT OF SYSTEM

Repair

Absorption Area (Square Feet or Linear Feet of Trench or Nitrification Line) Total Trench Length 160'

Number of Trenches 2

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 100'+

NAME OF OWNER William F Joyner.

LOCATION OF PROPERTY Buster Boyd Bridge - York Rd.

[illegible] set forth [illegible] Regulations of the Mecklenburg [illegible] governing [illegible] permit. A certificate for [illegible] system [illegible] covered by [illegible]

The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person [illegible] now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

① TANK PUMPED
6 x 80 x 17" Stone (2 Lines)

Keep 50' from Lake High Water

Environmentalist Stephen J. Wood

Division [illegible]

* If this permit is for the repair of [illegible] a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health **Department's Copy**

1

Date Issued 26 Sept. 77 **Serial No. 1042** C of A (s) No. 2131

T C No 199-291-01-5

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF COMPLETION
CERTIFICATE OF APPROVAL

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

Name of Owner Joyner (LAST) William (FIRST) E (MIDDLE)

Location of Property Buster Boyd Bridge - York Rd.

Application Number 2131 Permit Number 2131

Inspection Data:

Liquid Capacity of Tank Repair Tank Material ____

Total Length of Drain Tile 160' Number of Lines 2

Depth of Filter Material 18" Cover Depth 30"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 26 Sept 77 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 26 Sept 77 (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 Health Department 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, installing 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 and limitations in addition to those listed below under comments. This Certificate of Approval is based upon the information contained in the application and is void if any additions are made to the property which would increase the requirements for such system.

Comments: McKee Job, New T.

Environmentalist

EHD-5-76

Environmental Health Department's Copy