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SEE INSTRUCTIONS ON BACK

Date Received 11-23-73

ICAR(S) Application No 7264

T C No

Map Date

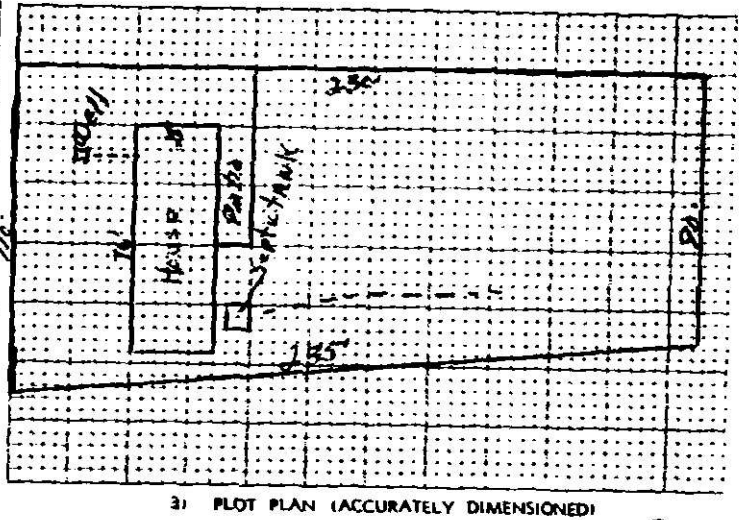
MECK COUNTY HEALTH DEPT.
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ENVIRONMENTAL HEALTH

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
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 3

5) Business Use Max No Employees

6) Washing Machine X Yes No

7) Garbage Disposal Yes X 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
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No

11) FHA Case No 351-05 3112-203

12) VA Case No

13) NAME OF OWNER Searle (LAST) Reynolds (FIRST) L. Jr (MIDDLE)

14) ADDRESS OF OWNER 2206 Kimway dr. Matthews NC

15) PHONE NO. Home 847 9273 Office 523 1121 Ex 40

16) LOCATION OF SYSTEM 2209 Kimway dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Kimbrell Acres Lot No. 28 Block No. 3

Map Book No. 10 Page No. 257

18) DEED REFERENCE — DEED BOOK 10 AT PAGE 257

19) HAS A PERCOLATION TEST BEEN RUN? X 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.

11-19-73
DATE OF APPLICATION

Reynolds L Searle Jr
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12-3-75

Serial No. 4674

ICAR(S) Permit No. 7264

T. C. No.

Map Date

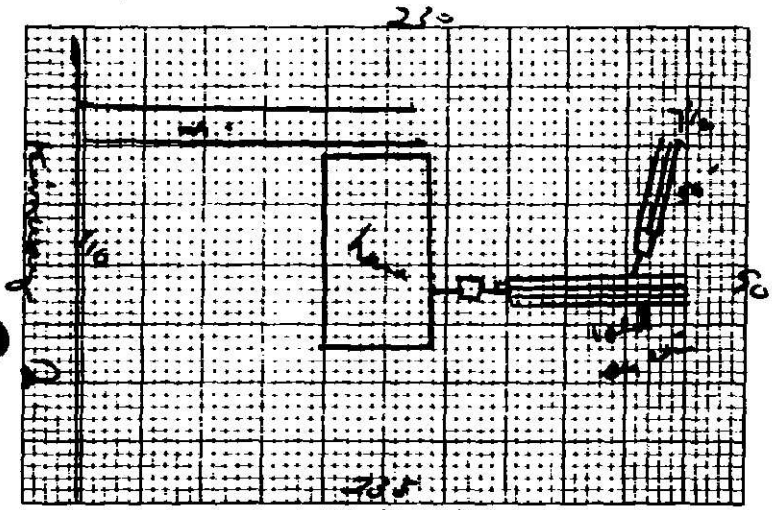
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 7264, dated 11-23-73 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 1-3-74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Lenght 100'

Number of Lines 5

Distance from House 10'

Distance from Property Line 6'

Distance from Well 100'

NAME OF OWNER Reynolds L. Searle Jr.

LOCATION OF PROPERTY 2208 Kimway Dr., Matthews 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: 7½ X 33 X 17" after repair
Oaks Septic Tank

Division or Section Head

Thomas R. Ward
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 7 Dec 73 **Serial 4272**

C of A (s) No. 7264

T. C. No. 215-113-49

Map Date 23 Feb 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Searle JR. (LAST) Reynolds (FIRST) L. (MIDDLE)

Location of Property 2208 Runway Dr.

Application Number 7264 Permit Number 7264

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 150 Ft Number of Lines (A) 10'x25'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 7 Dec 73 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 7 Dec 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: _____

C. M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY