Date Received 12/26/73

ICAR (S) Application No 7386

T C No 061-20155

Map Date

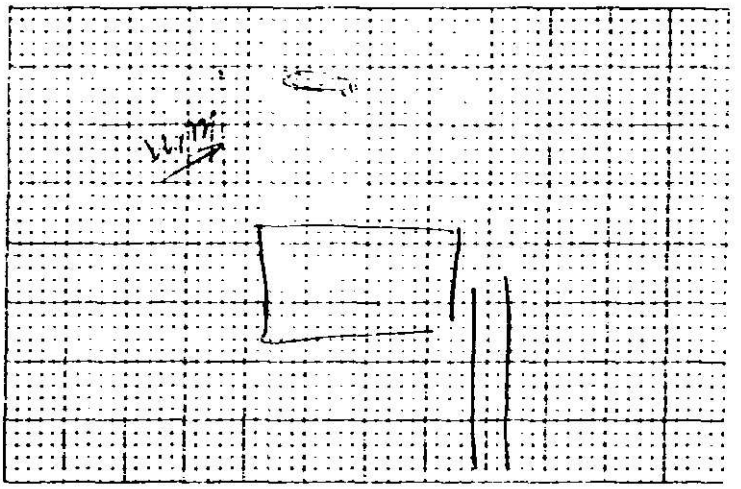
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

7) Garbage Disposal yes X No

8) Dishwasher yes X No

9) Water Supply:
A Individual Well
B Government
C Community System
1 Well
2 Government
Septic System
House ___ feet from property line
Nearest Public Sewer yes ___ No
House ___ feet from nearest public sewer
Community Sewer Yes ___ No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER HACKER (LAST) VIRGIL (FIRST) K (MIDDLE)

14) ADDRESS OF OWNER 5007 WITHROW RD.

15) PHONE NO Home ___ Office 392-0196

16) LOCATION OF SYSTEM AS ABOVE (STREET OR COUNTY ROAD) 5007 WITHROW RD.

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 ___

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.

12/26/73
DATE OF APPLICATION

Virgil Hacker
OWNER

CSV No E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 4/9/74 Serial No. 5011 ICAR(S) Permit No. 7386

T C No 061-201-05

Map Date

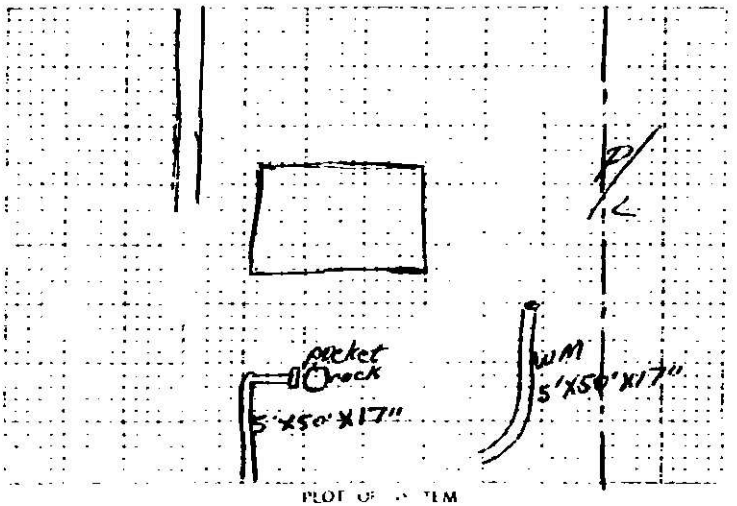
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 7386, dated 12/26/73 and this permit shall be void and of no effect if the information provided on the application is found to be erroneous. All work shall be completed on or before 4-25-74 after which date this permit shall be null and void.



PLOT OF SYSTEM

Application Rate REPAIR

Liquid Capacity of Tank 4"

Tank Construction 1"

Absorption and/or Nitrification Lines

Total Line Length 100 L.F.

Number of Lines 2 (5'X50'X17")

Distance from House 50' I

Distance from Property Line 10' min

Distance from Well 10' min

NAME OF OWNER VIRGIL K. HACKER

LOCATION OF PROPERTY 5007 WITHROW RD.

The above applicant shall comply with all 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 POCKET ROCK ABOVE EXISTING DRAIN

Date Septic Tank Installed JA/LBB

Environmentalist L F Bridgeman

If this permit is for the installation or construction of a new system, it must be signed by the division or a designated Environmental Health Director in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

Form E-5-9-1-72

Reverse Side Has Conditions

SEE INSTRUCTIONS ON BACK

Date Received 7-15-71

ICAR(S) Application No 7386

T C No 060-201-05

Map Date

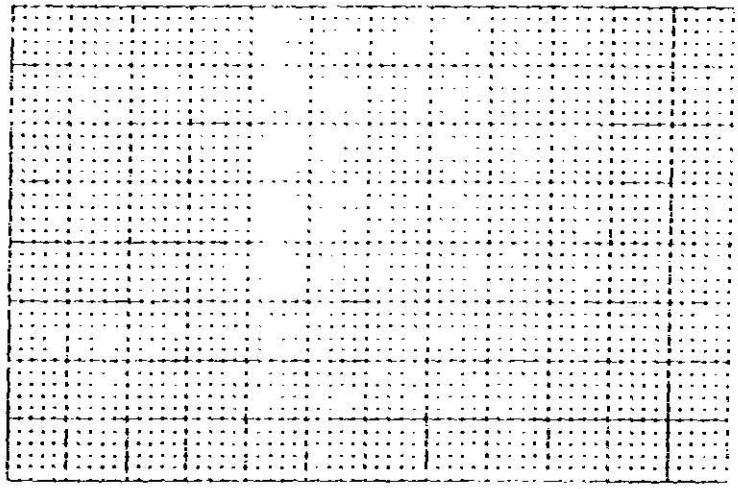
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) Existing Use: Main Dwg. / Addition / Garage / Other

6) Water: Municipal ✓ / Well

7) Garbage Disp. Yes / X No

8) Dishwasher Yes / X No

9) Water supply: Municipal ✓ / Well / Spring / Other

10) Community sewer Yes / No

11) FHA Case No.

12) VA Case No.

13) NAME OF OWNER FERGUSON (LAST) CHARLIE (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 5001 WITHROW RD

15) PHONE NO Home 394-4736 Office

16) LOCATION OF SYSTEM 5007 WITHROW RD (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 _____

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.

DATE OF APPLICATION _____

OWNER Charlie W Ferguson

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 7-16-74 SEE INSTRUCTIONS ON BACK ICAR(S) Application No 1306 8232

T C No

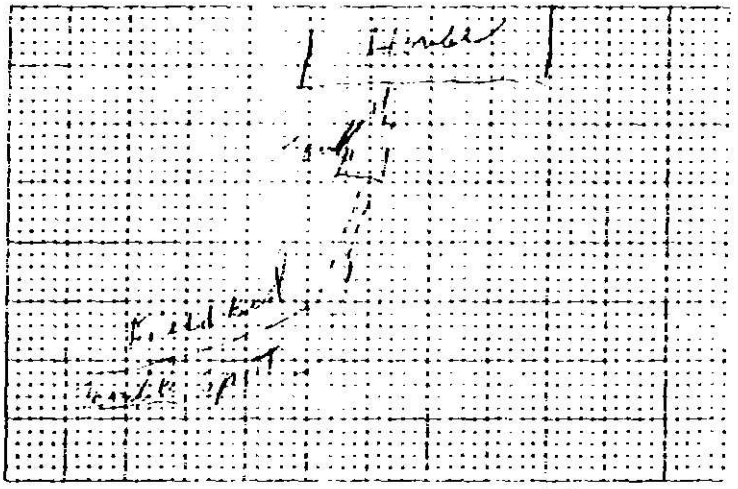
Map Date

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 2

(5) Existing Water Supply

(6) Working Machine(s) No

(7) Garbage Disposal (8) 2 No

(9) Dishwasher (10) ✓ No

(11) Water Supply

A. Individual Well

B. Community System

C. Municipal System

Well ✓

(12) Is property served by Public Water? Yes ✓ No

(13) FHA Case No.

(14) VA Case No.

(15) NAME OF OWNER Mr. Mrs. Miss William L. Ferguson
LAST FIRST MIDDLE

(16) ADDRESS OF OWNER 5001 Tuckaseegee Rd

(17) PHONE NO Home 394 4736 Office

(18) LOCATION OF SYSTEM
STREET OR COUNTY ROAD

(19) SUBDIVISION Lot No Block No

Map Book No Page No.

(20) DEED REFERENCE — DEED BOOK AT PAGE

(21) HAS A PERCOLATION TEST BEEN RUN? YES NO DATE RUN

(22) 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.

DATE OF APPLICATION

OWNER William L Ferguson

(REV. 10) E-4-9-1-72

HEALTH DEPARTMENT'S COPY

DUPLICATE

Date Issued 7/15/74 Serial No. 5494 ICARIS Permit No. 7386

T C No 61-201-05

Map Date

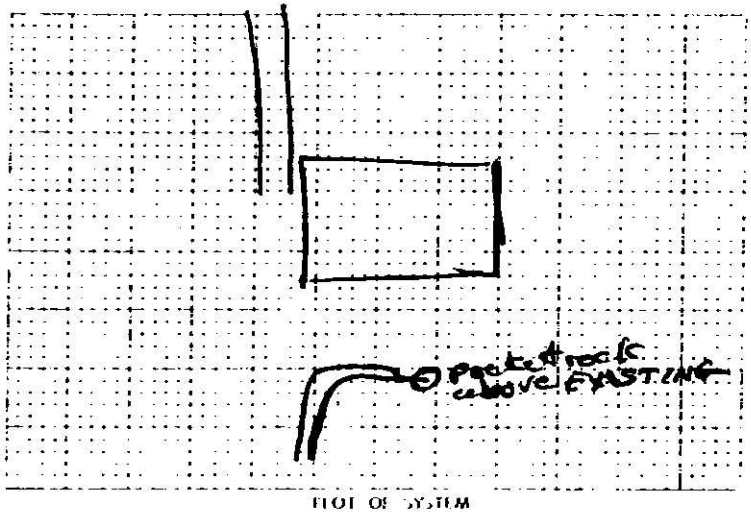
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X Alter or Repair the individual septic tank waste water 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 7386, dated 7/15/74 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 7/25/74, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1000

Tank Construction

Absorption area/or Nitrification Area

Total Line Length 100ft

Number of Lines 2 (5' x 50' x 17")

Distance from Tank 50'±

Distance from Property Line 10'

Distance from Well CITY

NAME OF OWNER FERGUSON CHARLIE W.

LOCATION OF PROPERTY 5007 WITHROW 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 THIS SUPERSEDES PERMIT ISSUED VIRGIL K. HACKER

District Sanitarian Head RPB

Environmentalist

If this permit is for the installation or construction of a new system it must be signed by the division or a representative 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 E-5-9-1-72

Date Issued 7/18/74 **Serial No.** 5075 C of A (s) No. 7386

T C No

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 FERGUSON (LAST) CHARLIE (FIRST) W. (MIDDLE)

Location of Property SEC 7 WITHROW RD

Application Number 7386 Permit Number 7386

Inspection Date:

Liquid Capacity of Tank RE Tank Material A/R

Total Length of Drain Tile 100 FT Number of Lines 2

Depth of Filter Material 17" Cover Depth 40"

Water Supply Source C 174 Distance from Water Source -

Excavation Inspected 7-18-74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 7-18-74 (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 at 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, using or occupying 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 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 CLARK ST SUC

SOIL ATTAINS PROP

Environmentalist

FORM NO E-6-9-1-72

Mecklenburg County Health Department, 5 Copies