Date Received 8/8/77 Apt. No. (

MECK COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
RECEIVED
AUG 5 1977

Application No. (W) 5705

T. C. No. 033-081-02

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER BAILEY (LAST) JAMES (FIRST) HARDY (MIDDLE)

ADDRESS OF OWNER 4201 A HENDREES DR. ZIP

PHONE NO Home 597-9965 Office

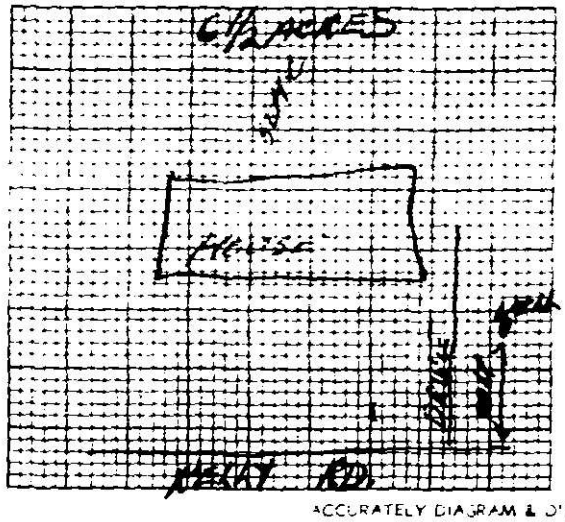
LOCATION OF PROPERTY KELLY RD - STATE RD - 2037
STREET OR COUNTY ROAD

WELL CONTRACTOR BEN HARRIS WELL DRG. LICENSE NO. 462

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

DATE OF APPLICATION

OWNER James H Bailey



ACCURATELY DIAGRAM & DIMENSION LOT

Application approved and permit hereby granted

Permit No:

ENVIRONMENTALIST A M Reynolds

EHD-5-76

Environmental Health Department's Copy

K

SEE INSTRUCTIONS ON BACK

Date Received 3-6-73

ICAR (S) Application No. 5705

T C No. _____

Map Date _____

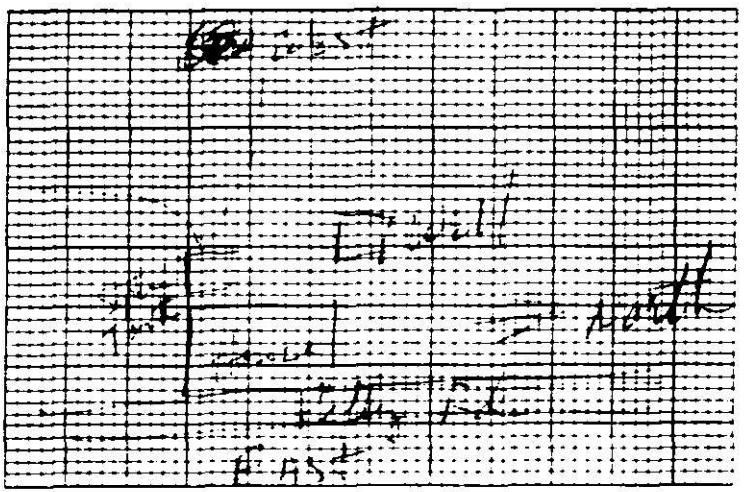
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) 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 4

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ____ No

7) Garbage Disposal ____ Yes ____ No

8) Dishwasher ____ 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 _____

12) VA Case No _____

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

14) ADDRESS OF OWNER [illegible]

15) PHONE NO. Home [illegible] Office [illegible]

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 _____

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.

3-5-73
DATE OF APPLICATION

[illegible]
OWNER

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

HEALTH DEPARTMENT'S COPY

Serial No. 3295

ICAR(S) Permit No. 5295

Date Issued 15 May 73

T C No 093-E81-02

Map Date 11 Jan 71

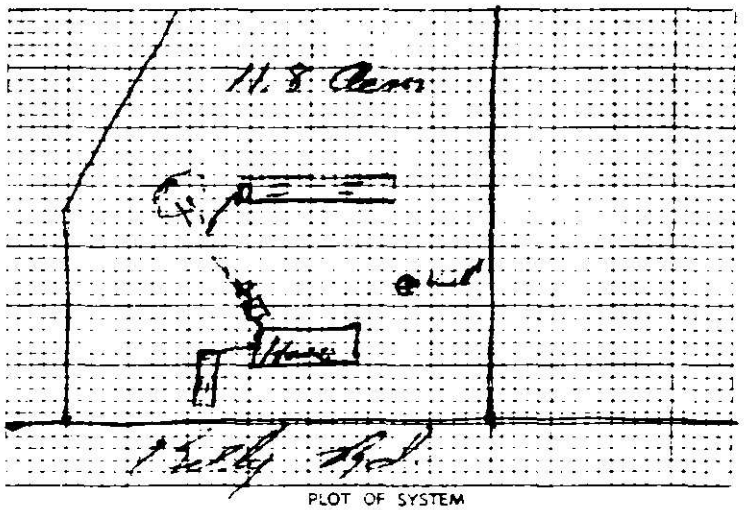
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5295, dated 6 May 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 15 Oct 73 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 Length 100' + 100' (2 (5' x 50' x 12"))

Number of Lines 2 (5' x 50' x 12")

Distance from House 25'

Distance from Property Line 100'

Distance from Well 50'

NAME OF OWNER James Edward Raymond

LOCATION OF PROPERTY Kelly Road

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 J. Stevens (Cont.)

Existing trench drain is to be capped from Clean-out Casting

Division or Section Head

W. H. Kelly
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 [illegible]

[illegible] DEPARTMENTS COPY

Date Issued 26 Mar 73 **Serial No.** 3095 C of A (s) No. 5705

T. C No C33 081.02

Map Date 11 Jan 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Adams, Edward Raymond
LAST FIRST MIDDLE

Location of Property Billy Rd

Application Number 5705 Permit Number 5705

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Plastic

Total Length of Drain Tile 100' + 100' Number of Lines 2 (3 @ 50' x 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Drilled Well Distance from Water Source 50'

Excavation Inspected 23 Mar 73 DATE Tank Inspected _____ DATE

Nitrification Field Inspected 23 Mar 73 DATE

Washing Machine Line Inspected, If Applicable 26 Mar-73 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, ~~e~~ 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: J. Stone (Contr.)

Environmentalist

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

HEALTH DEPARTMENT'S COPY