Date Received 7-5-73

MECK COUNTY HEALTH DEPT.
RECEIVED
JUL 05 1973
ENVIRONMENTAL HEALTH DIVISION

APT No 6582

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER WATT (LAST) James (FIRST) Edward (MIDDLE)

2) ADDRESS OF OWNER Rte 4 Box 425 ZIP 28208

3) PHONE NO. Home 3929093 Office

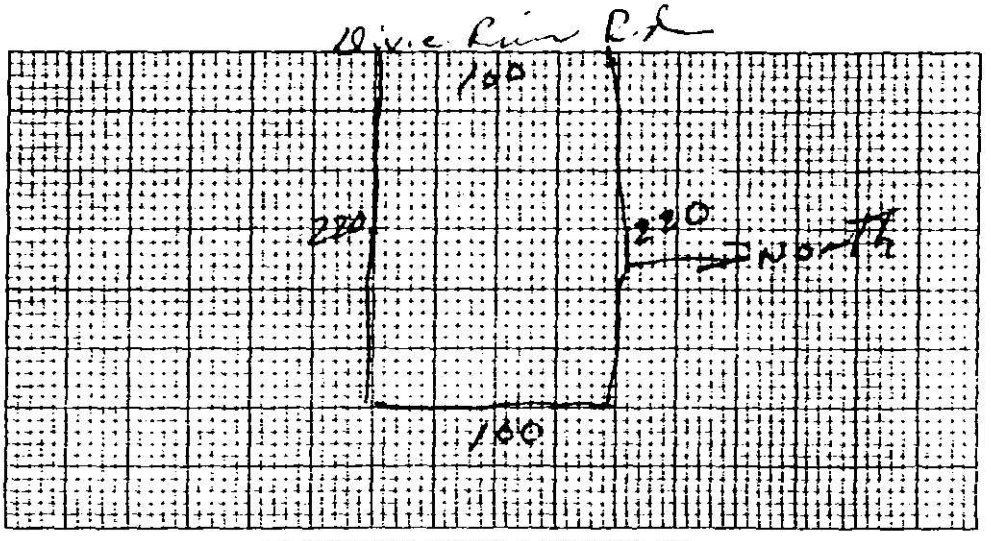
4) LOCATION OF PROPERTY Dixie River RD (STREET OR COUNTY ROAD)

5) SUBDIVISION LOT NO BLOCK NO.

MAP BOOK NO 1169 PAGE NO. 529

6) DEED REFERENCE DEED BOOK 1169 PAGE NO 529

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

James Edward Watt
OWNER

FORM NO E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 7-5-73

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ENVIRONMENTAL HEALTH DIVISION

ICAR(S) Application No 6582

T C No

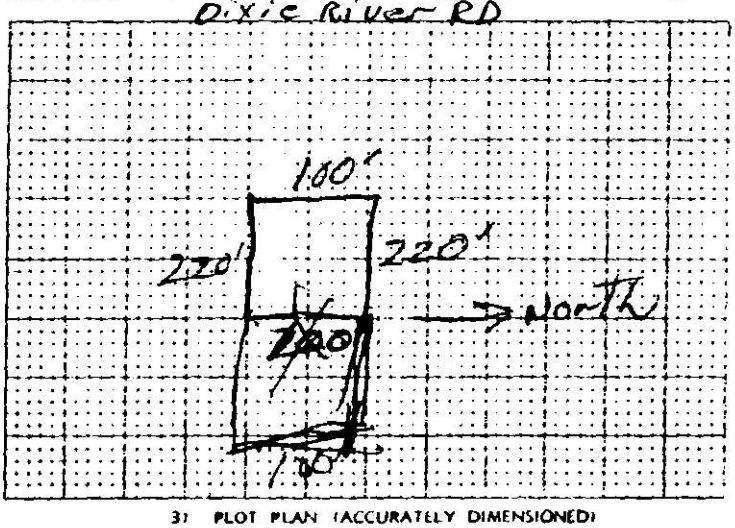
Map Date

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



4) No of Bedrooms 2
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) Government System
C) Community System
1 Well Serves
2 Government System
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

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER WATT (LAST) James (FIRST) Edward (MIDDLE)

14) ADDRESS OF OWNER Rte 4, Box 425

15) PHONE NO Home 3929093 Office

16) LOCATION OF SYSTEM Dixie River RD (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No ____ Block No ____

Map Book No ____ Page No. ____

18) DEED REFERENCE — DEED BOOK 1169 AT PAGE 529

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 James Edward Watt

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7/6/73 Serial No. 3999 ICAR(S) Permit No. 6582

T. C. No.

Map Date

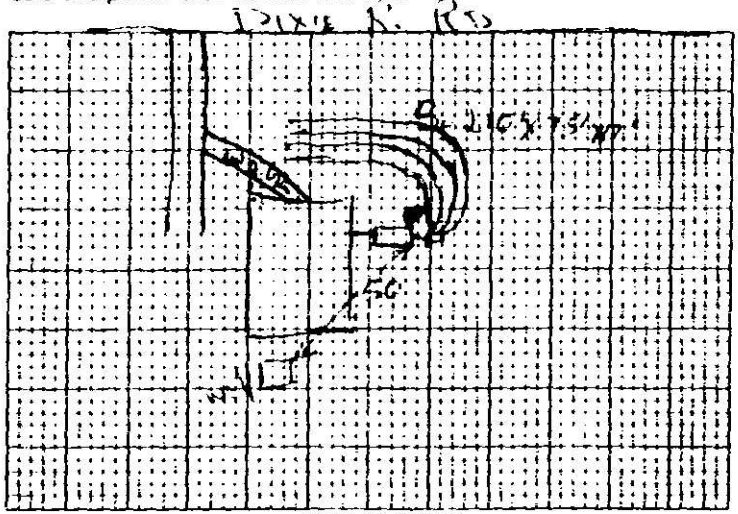
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 6582, dated 7/5/73 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 1/3/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate CC

Liquid Capacity of Tank 1000

Tank Construction PC

Absorption and/or Nitrification Lines

Total Line Lenght 300

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER James Ernest Watt

LOCATION OF PROPERTY [illegible]

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: [illegible]

Division or Section Head*

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 S-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7/11/23

Serial No. 3587

C of A (s) No. 6582

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 WYATT (LAST) JAMES (FIRST) EDWARD (MIDDLE)

Location of Property DIXIE RIVER RD.

Application Number 6582 Permit Number 6582

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material PC

Total Length of Drain Tile 300 Number of Lines 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Jamacia Distance from Water Source 50'±

Excavation Inspected 7/11/23 (DATE) Tank Inspected 7/11/23 (DATE)

Nitrification Field Inspected 7/11/23 (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: L WHANEY

R. P. Buchanan

Environmentalist

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

HEALTH DEPARTMENT'S COPY