Date Received 5-1-74

RECEIVED 1974

ICA(S) Application No 4555

T C No

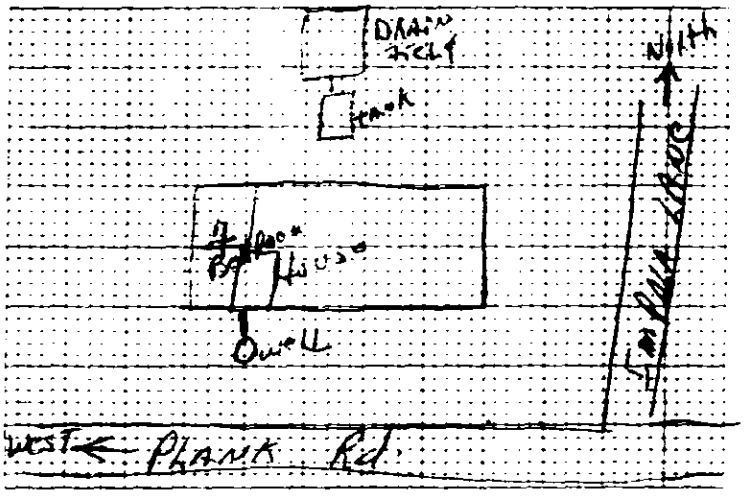
Map Date

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 4

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 Supply ✓
B Community
C Community
Well
2 Community

Sewage System
Public Sewer Available Yes ✓ No
Public Sewer Available Yes ✓ No
Community System Yes ✓ No

11 FHA Case No

12 VA Case No

13) NAME OF OWNER BARNES (LAST) Gerald (FIRST) O'dean (MIDDLE)

14) ADDRESS OF OWNER 6616 Plank Rd. Char. NC. 28216

15) PHONE NO Home 392-2434 Office 399-1372

16) LOCATION OF SYSTEM Corner Lot 6616 Plank Rd. + Impala Drive (STREET OR COUNTY ROAD)

17) SUBDIVISION Byrum Property Lot No 9 Block No

Map Book No 155C Page No. 485

18) DEED REFERENCE — DEED BOOK 2967 AT PAGE 634

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.

4-29-74
DATE OF APPLICATION

Gerald O. Barnes
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4167

LA No. 4555

Date Issued June 7, 1974

T C No 035-178-20

Map Date 4-19-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Barnes (LAST) Gerald (FIRST) O'dean (MIDDLE)

ADDRESS OF OWNER 6616 Plank Road ZIP 28216

LOCATION OF LOT 6616 Plank Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption effluent discharge based on the percolation test results which yielded a percolation rate of *, on an onsite inspection of the said lot, and upon the information supplied in the "Application for an Installation Construction, Alteration, and/or Repair Permit", number 4555. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic tank system is not being installed, constructed, altered and or repaired in accordance with a valid Installation Construction Alteration, and/or Repair Permit

*May use present system.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-349-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 14 May 74

Serial No. 5222

ICAR(S)-Permit No. 4555

T C No 035-118-20

Map Date 12 April 74

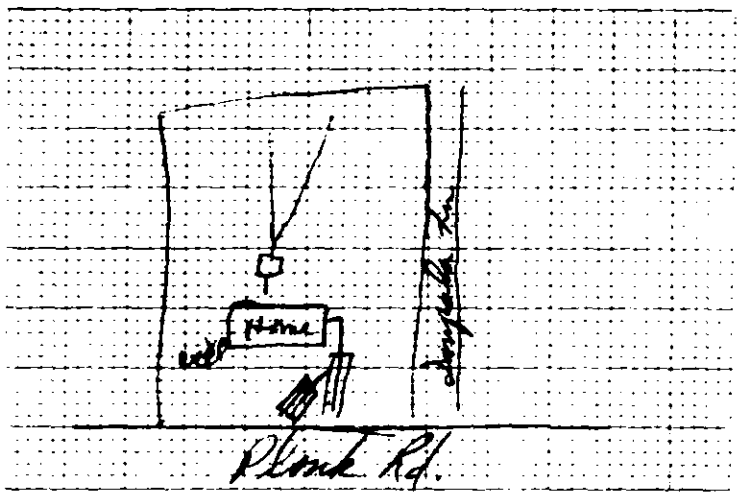
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4555, dated 5-1-74 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 14 June 74, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank Repair

Tank Construction ___

Absorption and/or Nitrification Lines

Total Line Length 100'

Number of Lines 3 (7½ x 33 x 17")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 65'

NAME OF OWNER Barnes, Gerald C.

LOCATION OF PROPERTY 6616 Plonk 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 unaccessable or can be used

Comments ___

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.

REVISED E-5-8-1-72

HEALTH DEPARTMENT'S COPY

V.I. was present sys in

Date Issued 7 June 74 Serial No. 4901

C of A (s) No. 4555

T C No 035-178-20

Map Date 19 Jan 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Barnes, G. D. (LAST, FIRST, MIDDLE)

Location of Property 6616 Plank Rd

Application Number 4555 Permit Number 4555

Inspection Data:

Liquid Capacity of Tank Repair Tank Material

Total Length of Drain Tile 100' Number of Lines 3(2½' x 33½' x 17")

Depth of Filter Material 12" Cover Depth 15"

Water Supply Source well Distance from Water Source 65'

Excavation Inspected 7 June 74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected [redacted] (DATE)

Washing Machine Line Inspected If Applicable 7 June 74 (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 from or hereafter indemnifying and saving 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 and 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 Morrison

Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY

Date Received 9/19/75

ICAR (S) Application No. 4555

T. C. No. 035-17820

Map Date 41974

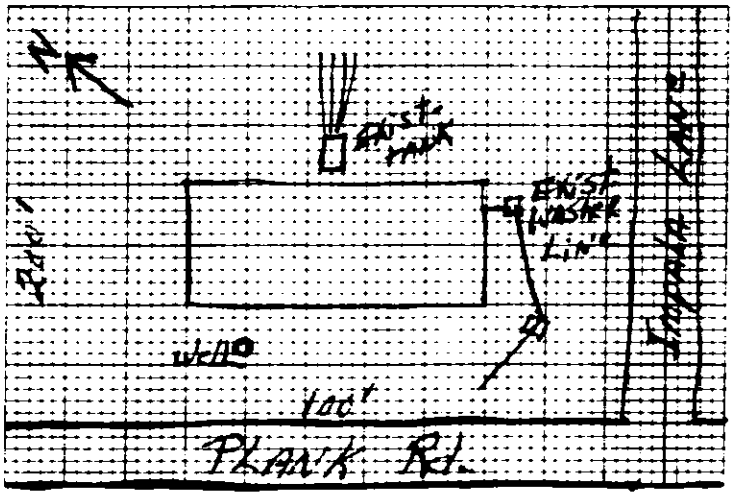
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

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 Barnes (LAST) Gerald (FIRST) O'dean (MIDDLE)

14) ADDRESS OF OWNER 6616 Plank Rd.

15) PHONE NO Home 392-2434 Office 399-1372

16) LOCATION OF SYSTEM 6616 Plank Rd. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 9 Block No ___

Map Book No 158C Page No. 485

18) DEED REFERENCE — DEED BOOK 1555 AT PAGE 197

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.

9-16-75
DATE OF APPLICATION

Gerald O. Barnes
OWNER

FORM NO E-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 10-2-75 Serial No. 6891 ICAR(S) Permit No. 4555

T C. No. 035-178-10

Map Date 4-19-74

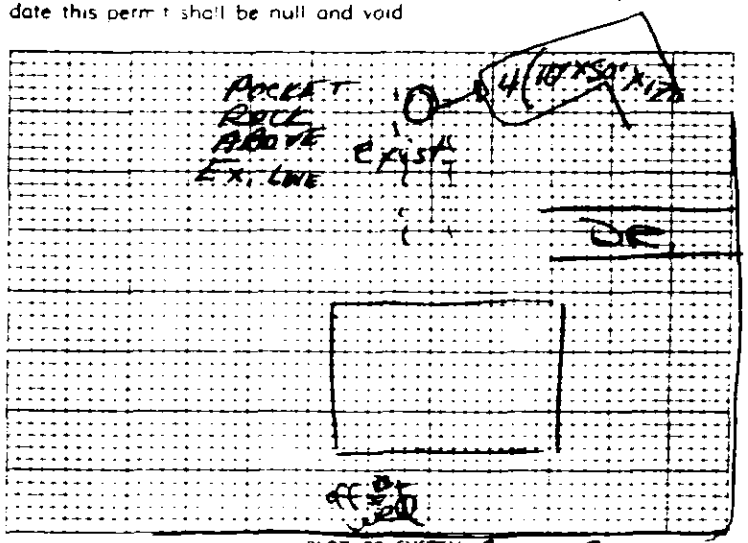
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4555 dated 9/17/75 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 10/15/75, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank REPAIR

Tank Construction "

Absorption and/or Nitrification Lines

Total Line Length 200 l/ft

Number of Lines 4(10'X50'X17')

Distance from House 40' est.

Distance from Property Line 10' +

Distance from Well 50' + est

NAME OF OWNER GERALD O. BARNES

LOCATION OF PROPERTY 6616 PLANK 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 J. STEWART

Division or Section Head JP/JPB

Environmentalist L P Bridgeman

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued [illegible]

Serial No. 6811

C of A (s) No. [illegible]

T. C. No. [illegible]

Map Date [illegible]

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] (LAST) [illegible] (FIRST) [illegible] (MIDDLE)

Location of Property [illegible]

Application Number [illegible] Permit Number [illegible]

Inspection Date: [illegible]

Liquid Capacity of Tank [illegible] Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines [illegible]

Depth of Filter Material [illegible] Cover Depth [illegible]

Water Supply Source [illegible] Distance from Water Source [illegible]

Excavation Inspected [illegible] (DATE) Tank Inspected [illegible] (DATE)

Nitrification Field Inspected [illegible] (DATE)

Washing Machine Line Inspected, If Applicable [illegible] (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been [illegible] installed or constructed, [illegible] altered in relation 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 and 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 [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Environmentalist

FORM NO. E-6-9-1-72

HEALTH DEPARTMENT'S COPY