SEE INSTRUCTIONS ON BACK

Date Received 6-5-73

ICAR(S) Application No. 6421

T C No. 27-111-037

Map Date 3-24-72

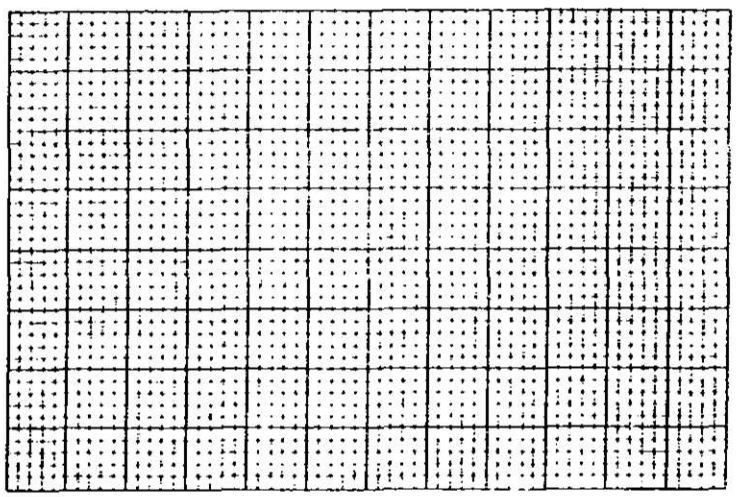
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 CHEEK (LAST) GERALD (FIRST) WALLACE (MIDDLE)

14) ADDRESS OF OWNER 736 ASHLEY DR.

15) PHONE NO. Home 537-7467 Office 333-6105

16) LOCATION OF SYSTEM LAKE WYLIE - SHUG HARPER RD - (STREET OR COUNTY ROAD)

17) SUBDIVISION W. GILL WYLIE TRACT Lot No. 29 Block No. COMPARTMENT 3

Map Book No. ___ FORMERLY Page No. R.L. MCGEE

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 some 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.

6/4/73
DATE OF APPLICATION

G W Cheek / LPB
OWNER

FORM NO D-4-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued June 5, 1973

Serial No. 3005

LA No. 6421

T. C. No. 217-111-03 T

Map Date 3-24-72

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 Cheek (LAST) Gerald (FIRST) Wallace (MIDDLE)

ADDRESS OF OWNER 730 Ascot Drive ZIP

LOCATION OF LOT Snug Harbor Road (STREET OR COUNTY ROAD)

SUBDIVISION Lake Wylie LOT NO. 29 BLOCK NO. Compartment #43

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 on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6421. 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.

* Permit to add line for new bedroom issued and work is underway.

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 6/1/73

Serial No. 3788

ICAR(S) Permit No. 6421

T. C. No.

Map Date

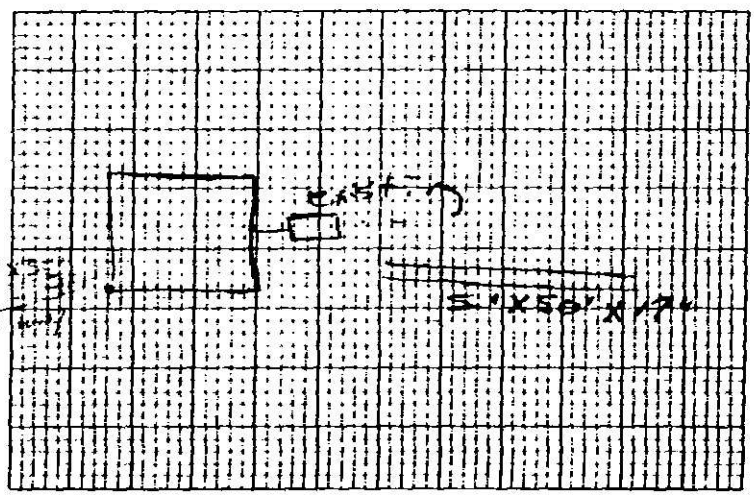
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6421, dated 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 6/8/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank "

Tank Construction "

Absorption and/or Nitrification Lines:

Total Line Lenght 100

Number of Lines 2

Distance from House 20'

Distance from Property Line 10'+

Distance from Well 100'+

NAME OF OWNER GERALD W. CHEEK

LOCATION OF PROPERTY S-3 OFF LEE RD SAINT HARBOR 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: Brewer Bros. 6-8-73

RLM / KAB

Division or Section Head

L. P. Brigman

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 6/6/73 **Serial No.** 3362 C of A (s) No. 6421

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 CREEK (LAST) ZENO (FIRST) W (MIDDLE)

Location of Property Davis Hallowell Rd (Dixie River Rd 2 SR)

Application Number 6421 Permit Number 6421

Inspection Data:

Liquid Capacity of Tank BRIDON Tank Material ?

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 17" Cover Depth 3'

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 6/6/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 6/6/73 (DATE)

Washing Machine Line Inspected, If Applicable 6/6/73 (DATE) BED 9' X 30' X 17"

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 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: Brewer Bros.

MADE TO SATISFY REQ. FOR BDDN BEDROOM

Environmentalist

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 9/21/77

ICAR (S) Application No 6421

T. C. No 217-111-03T

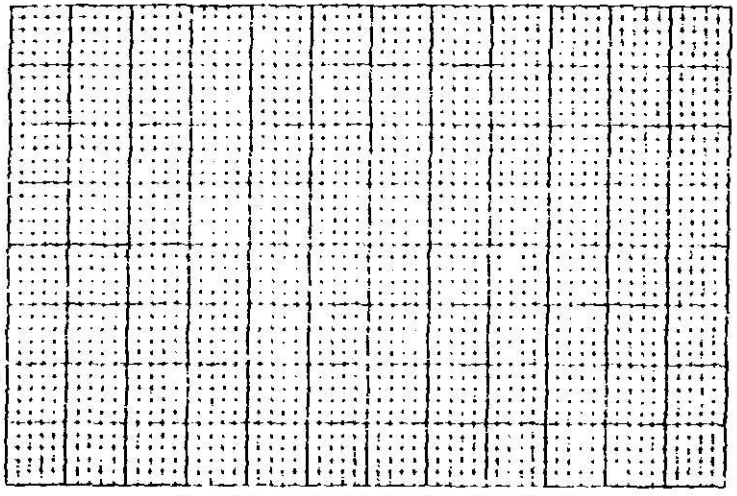
Map Date 3-24-72

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health for a permit to: bath, bedroom & greenhouse

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)

Mobile Home ___Yes ___No
Residence (Addition) ✓ Yes ___No

4) No of Bedrooms 1 Added

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 CHEEK (LAST) GERALD (FIRST) W (MIDDLE)

14) ADDRESS OF OWNER Rt 1 Box 107C - PINEVILLE NC (GILEAD CHURCH RD)

15) PHONE NO Home 588-1692 Office 374-1182

16) LOCATION OF SYSTEM OFF GILEAD CHURCH RD - LAKE WYLIE (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. 29 Block No. Compartment 13 LAKE WYLIE TRACT

Map Book No ___ Page No. ___

18) DEED REFERENCE -- DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION BEEN RUN? ✓ YES ___ NO DATE RUN July 77

20) PTR NUMBER (See Instructions) 6421

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.

9/14/77
DATE OF APPLICATION

OWNER

EHD-5-76

Environmental Health Department's Copy

Serial No. 1193

LA No. 6421

Date Issued September 21, 1977

T. C. No. 217-11-03T

Map Date 3-24-72

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

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

NAME OF OWNER Cheek (LAST) Gerald (FIRST) W. (MIDDLE)

ADDRESS OF OWNER Route 1, Box 107C, Pineville, NC ZIP 28134

LOCATION OF LOT Snug Harbor Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO 29 BLOCK NO. Section 43

MAP BOOK NO. _____ PAGE NO. _____

The above specified lot is approved by the Mecklenburg County Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6421. 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 soil investigation 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

* Adding one bedroom & Bath - use existing system.

Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy