7

SEE INSTRUCTIONS ON BACK

Date Received 4-19-73

ICAR/S Application No 6062

T C No

Map Date

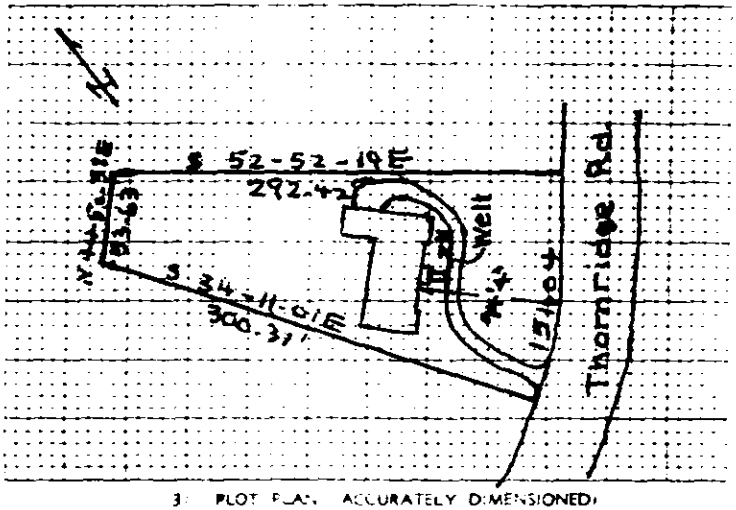
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or part 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 Bedr[illegible] 4
5. Busine[illegible] Yes No
Employee
6. Washing M[illegible] Yes ✓ No
7. Garbage D[illegible] Yes ✓ No
8. Dishwasher Yes ✓ No
9. Water Supply
A. Individual ✓
B. Governmental
C. Community
Well
2. Governmental
Sewage System
Public Yes ✓ No
Private
Community Yes ✓ No
11. FHA Case No
12. VA Case No

13. NAME OF OWNER Wilson, James Clement & Wife
LAST FIRST MIDDLE

14. ADDRESS OF OWNER 2420 Thornridge Rd

15. PHONE NO Home 366-2566 Office 588-1620

16. LOCATION OF SYSTEM Same
STREET OR COUNTY ROAD

17. SUBDIVISION Wilton Wood Lot No 8 Block No A

Map Book No 2863 Page No. 578

18. DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19. HAS A PERCOLATION TEST BEEN RUN? YES ✓ NO DATE RUN 1968

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 4/16/73

OWNER James C. Wilson

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7-13-73

Serial No. 4021

ICAR(S) Permit No. 6062

T C No.

Map Date

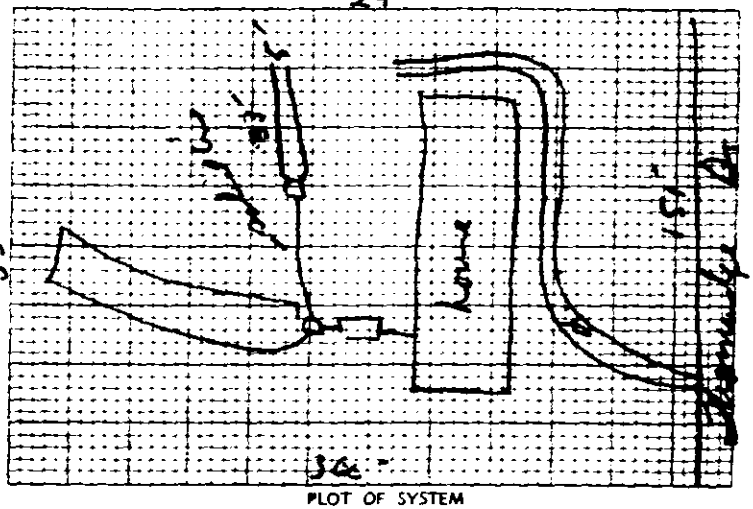
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 6062, dated 4-19-73 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 8-13-73, 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 Lenght 220'

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 50'

NAME OF OWNER James Clomant Wilson

LOCATION OF PROPERTY 8420 Thornridge 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: additional line to take overflow from septic tank in wet weather - 5'x33½' stone Slagle + Winchester

Division or Section Head

Thomas R. Ward
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 9-6-73

Serial 4331

C of A (s) No. 6062

T. C. No. 211-131-10

Map Date 8-14-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Wilson (LAST) James (FIRST) Clonard (MIDDLE)

Location of Property 2420 Thornridge Rd.

Application Number 6062 Permit Number 6062

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile _____ Number of Lines _____

Depth of Filter Material _____ Cover Depth _____

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected _____ (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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: Staples Wooded

Thomas R. Ward

Environmentalist

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

HEALTH DEPARTMENT'S COPY