SEE INSTRUCTIONS ( )

Date Received 3 1 72

ICAR (S) Application No. 3481

T. C. No.

Map Date

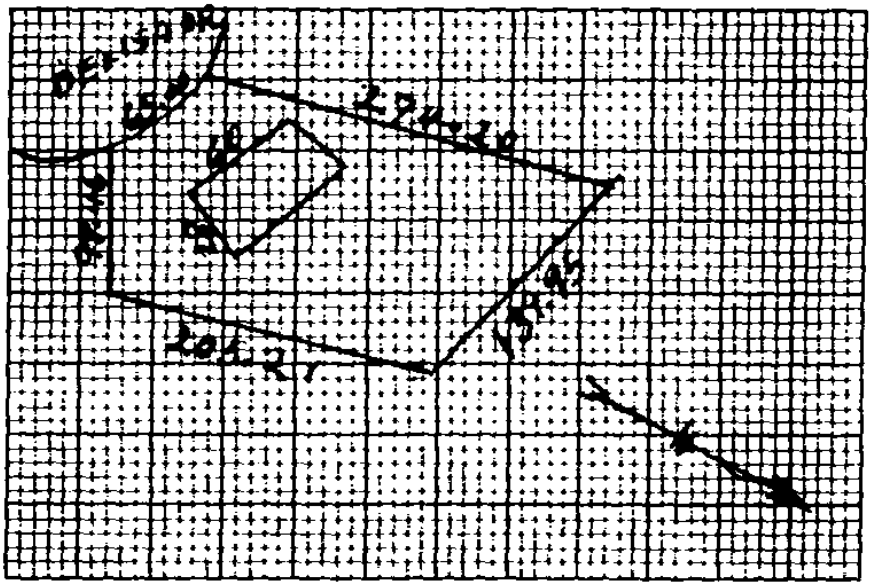
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Business Use — Max No Employees

6) Washing Machine ✓ Yes ___ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher VV 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 GILBERT (LAST) YATES (FIRST) WEBB (MIDDLE)

14) ADDRESS OF OWNER 2110 LITTLE ROCK RD.

15) PHONE NO. Home 399-0079 Office SAME

16) LOCATION OF SYSTEM 7009 DELISA DRIVE (STREET OR COUNTY ROAD)

17) SUBDIVISION EDENWOOD Lot No. 9 Block No.

Map Book No. 14 Page No. 107

18) DEED REFERENCE — DEED BOOK 860 AT PAGE 114

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ___ NO DATE RUN 1967

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 Yates W. Gilbert

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

HEALTH DEPARTMENT'S COPY

ART. 5481

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Deifen Dr.
Subdivision Edgewood
Lot & Block No. 123
FHA Case No. _____

Owner Rob Lane
Builder _____
No. Perc. Holes 6

6 Hole Average

1st. Perc. Rate 48 Min./In. Date Aug-16-1965
2nd Perc. Rate _____ Min./In. Date _____
3rd. Perc. Rate _____ Min./In. Date _____
4th. Perc. Rate _____ Min./In. Date _____

Lowest Rate Above = Average Perc. Rate 48.

No. Bedrooms three (3) Baths two (2)
Washing Machine ✓ Yes _____ No Disposal _____ Yes ✓ No

Separate ✓ Yes _____ No Separate _____ Yes X No

Tank Capacity 1000 Gallons
Nitrification Line 300+100 Lin. Ft. 1000 Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. _____ Urinals _____ Lavatories _____
Showers _____ Sinks _____ Other _____
No. of Employees _____

Check:
Approved ✓
Disapproved _____
Conditional _____ Agreement Card Signed _____

George Stephens
Sanitarian - Engineer

Date Issued March 28, 1972 **Serial No. 1472**

LA No. 3481

T. C. No. 055-305-10

Map Date 9/1/70

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 Gilbert (LAST) Yates (FIRST) Webb (MIDDLE)

ADDRESS OF OWNER 2110 Little Rock Road ZIP

LOCATION OF LOT 7004 Delisa Drive (STREET OR COUNTY ROAD)

SUBDIVISION Edenwood LOT NO 9 BLOCK NO.

MAP BOOK NO. 14 PAGE NO 107

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 48 min/in 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 3481. 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, altered, 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

Roger W. Stelz
Environmentalist

John Dubin
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9/15/72

Serial No. 2909

ICAR (S) Permit No 3481

T C No 055-305-10

Map Date

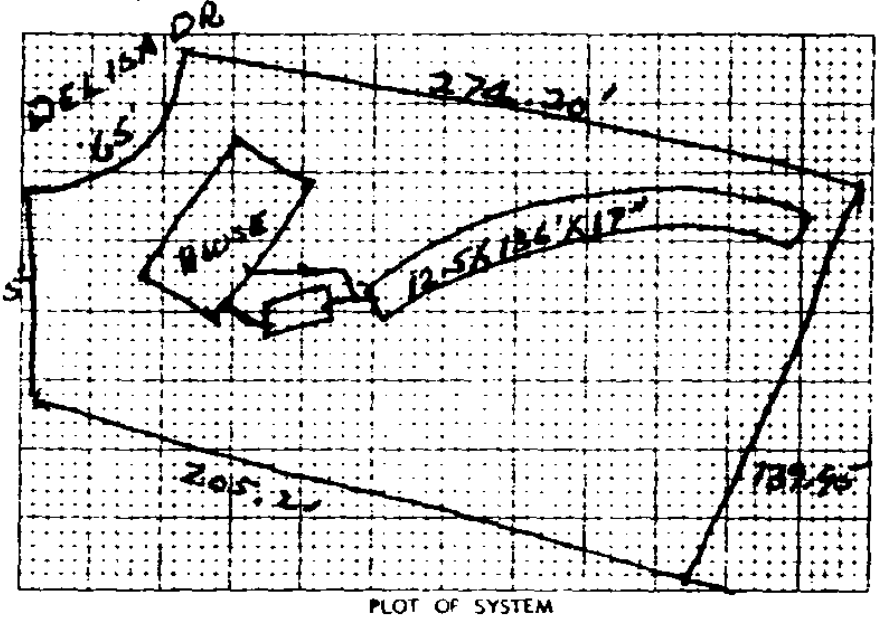
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3481, dated 3/27/72 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 9/26/72 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 48

Liquid Capacity of Tank 1500

Tank Construction PRE-CONCRETE

Absorption and/or Nitrification Lines

Total Line Lenght 680'

Number of Lines 5 [12.5'X136'X17"]

Distance from House 10'

Distance from Property Line 10

Distance from Well ———

NAME OF OWNER YATES W. GILBERT

LOCATION OF PROPERTY 7004 DELISA DR

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 Water line run to distribution box

soil very rocky

Division or Section Head

Environmentalist John Gibbons /T.W. BIVENS

* 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 : 71

HEALTH DEPARTMENT'S COPY

Date Issued 9/22/72 **Serial No.** 2617 C of A (s) No _____

T C. No 055-305-10

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 GILBERT (LAST) YATES (FIRST) W. (MIDDLE)

Location of Property 7004 DELISA DR.

Application Number _____ Permit Number 2909

Inspection Data:

Liquid Capacity of Tank 3481 Tank Material P CONCRETE

Total Length of Drain Tile 680' Number of Lines 5 [126' X 12.5' X 17"]

Depth of Filter Material 17" AV. Cover Depth 24"

Water Supply Source COM Distance from Water Source _____

Excavation Inspected 9/20/72 (DATE) Tank Inspected 9/22/72 (DATE)

Nitrification Field Inspected 9/20/72 (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: SOIL VERY ROCKY

John Gibson

Environmentalist

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

HEALTH DEPARTMENT'S COPY