SEE INSTRUCTIONS ON BACK

Date Received 10-18-73

ICAR (S) Application No 7130

T. C. No

Map Date

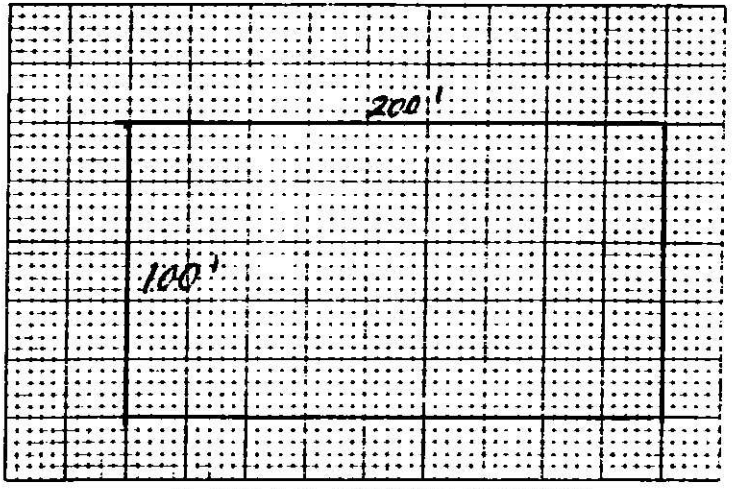
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 Stafford (LAST) David (FIRST) William (MIDDLE)

14) ADDRESS OF OWNER 3208 Olde Creek Trail - Matthews N.C.

15) PHONE NO. Home 536-9205 Office 525-7911

16) LOCATION OF SYSTEM 055 of Margretti Wallace Rd 3208 Olde Creek Trail
STREET OR COUNTY ROAD

17) SUBDIVISION Olde Creek Lot No. Block No.

Map Book No. Page No.

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 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.

10-16-73
DATE OF APPLICATION

David W Stafford
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4585

ICAR (S) Permit No. 7130

Date Issued 10-30-73

T. C. No. 93 - 868 - 11

Map Date 9-5-73

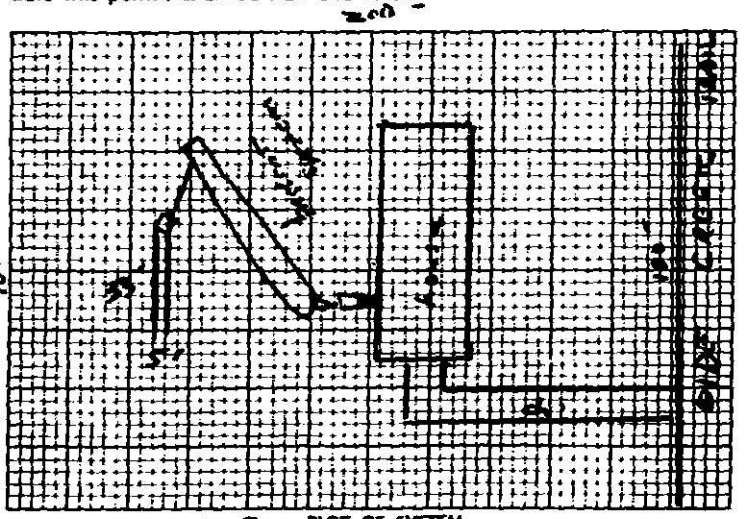
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7130 dated 10-18-73 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 11-30-73, after which date this permit shall be null and void.



Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines:

Total Line Lenght 200'

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER David William Stafford

LOCATION OF PROPERTY 3208 Olde Creek Trail

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: 5'x33'x4' ston repair to system

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 10-31-23

Serial 4158

C of A (s) No. 7130

T. C. No. 193-066-11

Map Date 9-5-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Stafford (LAST) David (FIRST) William (MIDDLE)

Location of Property 3208 Olde Creek Trail

Application Number 7130 Permit Number 7130

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200' Number of Lines 2

Depth of Filter Material 4' Cover Depth 15"

Water Supply Source Common Water Distance from Water Source —

Excavation Inspected 10-31-23 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 10-31-23 (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: Repair by Ralph Stevens

Thomas R. Wood

Environmentalist

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

HEALTH DEPARTMENT'S COPY