Date Received 3-6-73

ICAR(S) Application No 5708

T C No 055-211-16

Map Date 1-22-73

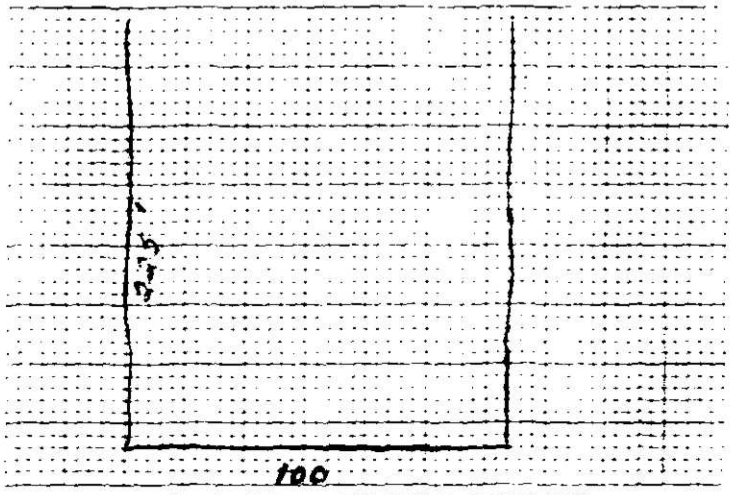
MECKLENBURG COUNTY HEALTH DEPARTMENT

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

___ Install or Construct 2 X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3 PLOT PLAN ACCURATELY DIMENSIONED

3

Water Supply: Yes ___ No

Garbage Disposal: Yes ___ No

Dishwasher: Yes ___ No

Water Supply:

A Public or Community System ___

B Governmental System ___

C Community System ___

Sewage System

Yes ___ No

13) NAME OF OWNER Crawford (LAST) William (FIRST) Joseph (MIDDLE)

14) ADDRESS OF OWNER Rt 5, Box 939-B

15) PHONE NO Home 399-5809 Office 392-3216

16) LOCATION OF SYSTEM W. Idwood Dr. (STREET OR COUNTY ROAD)

17) SUBDIVISION Wildwood Lot No 4 Block No C

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 2565 AT PAGE 493

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.

DATE OF APPLICATION

Mrs. Mary R. Crawford
OWNER

FORM NO. EH-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 11 April 1973 Serial No. 0530 ICAR(S) Permit No. 5208

T. C. No 055-211-16

Map Date 1-22-73

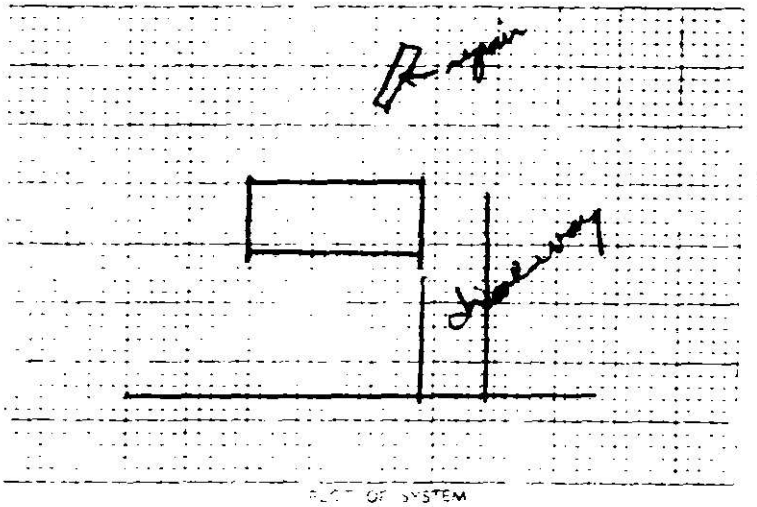
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 5208, dated 3-6-73. If the information provided in the application is not true, this permit shall be void and of no effect. All work shall be completed on or before 5-1-73 after which date this permit shall be void and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank ___

Tank Construction ___

Repair Data

Absorption and/or Nitrification Lines

Total Line Length 100 ft

Number of Lines 2(5'x1'x4')

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Crawford, William Joseph

LOCATION OF PROPERTY Wildwood Drive Lot 4c

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 wash line repair in bed 5'x1'x4' #10 washed stone

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.

FORM NO. E 5-4 5/71

APPLICANT'S COPY

Date Issued 11 April 73 Serial No. 3172

C of A (s) No. 5708

T C No. 055-211-16

Map Date 1-22-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Crawford (LAST) William (FIRST) Joseph (MIDDLE)

Location of Property Fieldwood Drive Lot 4C

Application Number 5708 Permit Number 5708

Repair

Inspection Date:

Liquid Capacity of Tank ——— Tank Material ———

Total Length of Drain Tile ——— Number of Lines Two

Depth of Filter Material 4' Cover Depth 36"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 4-11-73 (DATE) Tank Inspected ——— (DATE)

Nitrification Field Inspected 4-11-73 (DATE)

Washing Machine Line Inspected, If Applicable 4-11-73 (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 ———

John R. Hobson

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Received 10/16/75

ICAR (S) Application No. 5768

T C No. 055-21 16

Map Date 22 73

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

Playroom — Bath + Bedroom

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 ____ 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 Crawford William Joseph
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 1[illegible] Rea Rd Charlotte

15) PHONE NO. Home 366-[illegible] Office 392-3246

16) LOCATION OF SYSTEM [illegible] Dr. (off Eastwood Rd.)
STREET OR COUNTY ROAD

17) SUBDIVISION [illegible] Lot No 4 Block No. C

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK [illegible] AT PAGE 473

19) HAS A PERCOLATION TEST BEEN RUN? ____ YES ____ NO DATE RUN _____

20) PTR NUMBER (See Instructions) 5[illegible]

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-[illegible]-75
DATE OF APPLICATION

William J. Crawford
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 10/23/75

Serial No. 5391

IMPROVEMENTS PERMIT

LA No. 5708

T C No 055-211-16

Map Date 1-22-73

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 Crawford (LAST) William (FIRST) Joseph (MIDDLE)

ADDRESS OF OWNER Route 14, Box 297, Charlotte ZIP _____

LOCATION OF LOT Wildwood Drive (STREET OR COUNTY ROAD)

SUBDIVISION Wildwood LOT NO 4 BLOCK NO C

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 5708. 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

*May use existing system

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 15 June 1977

ICAR (S) Application No. 3760 [illegible]

T. C. No. 055-211-16

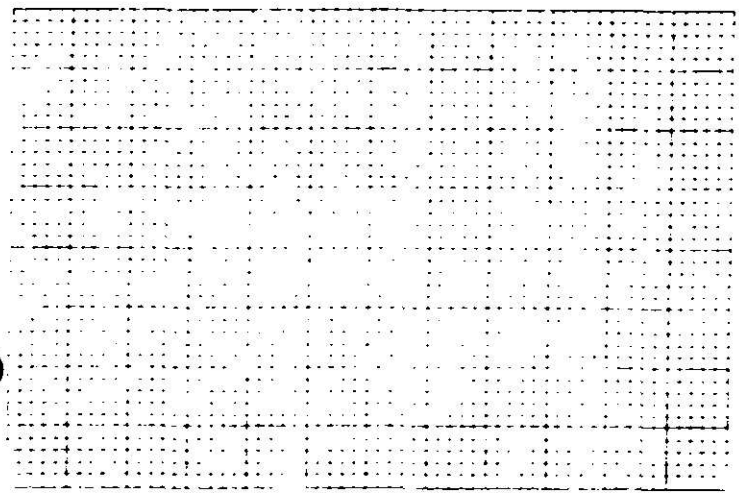
Map Date 10-3-77

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

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 Yes ___ No ___
4) No. of Bedrooms 4
5) Establishment 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
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) EHA Case No. ___
12) LA Case No. ___

13) NAME OF OWNER Crawford (LAST) William (FIRST) J. (Joseph) (MIDDLE)

14) ADDRESS OF OWNER Rt 14 Box 297 Wildwood Dr.

15) PHONE NO Home 399-8809 Office 392-3216

16) LOCATION OF SYSTEM Wildwood Dr off Sam Wilson Rd (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. ___ Page No. ___

18) DEED REFERENCE — DEED BOOK ___ AT PAGE ___

19) HAS A SOIL INVESTIGATION 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.

15 June 1977
DATE OF APPLICATION

William J Crawford
OWNER

EHD-5-76

Environmental Health Department's Copy

5708

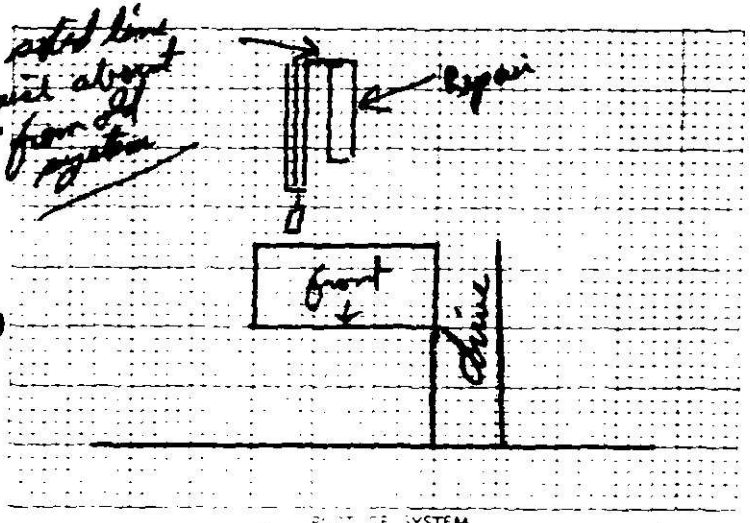
Date Issued 15 June 1977 Serial No. 0819 ICAR(S) Permit No. 12696

T C No 055-211-16

Map Date 10-9-27

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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 _____ dated 15 June 1977 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 July 1977 after which date this permit shall be null and void.



PLOT OF SYSTEM

Repair

Permeability, Rate

Liquid Capacity of Tank

Type of Effluent Line

Absorption Area Computation Line

Total Length 100 lf/ft

Number of Lines 3

Distance from Tank 10' ±

Distance from Property Lines 10' ±

Distance to Water Supply 50' ±

NAME OF OWNER Crawford Hom d.

LOCATION OF PROPERTY Wildwood Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any laibility resulting from the failure of the system to operate properly.**

Comments in bed

7½ x 33 x 17" - 4 ft between old system + repair

Disposition of Application

John R Johnson
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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy

Date Issued 21 June 1977 Serial No. 0818

C of A (s) No. 12696

T C No 055-811-16

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner Crawford Wm Jr. (LAST FIRST MIDDLE)

Location of Property Wildwood Dr.

Application Number _____ Permit Number 12696

Repair Inspection Date:

Liquid Capacity of Tank _____ Tank Material /

Total Length of Drain Tile 100 Number of Lines 3

Depth of Filter Material 17" Cover Depth 15"+

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected / (DATE) Tank Inspected / (DATE)

Nitrification Field Inspected 6-21-77 (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 Health Commission 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 /

John R. Atkinson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

2

Date Received 3-7-13

ICAR(S) Application No. 5709

T. C. No 243-092-07

Map Date 12-2-13

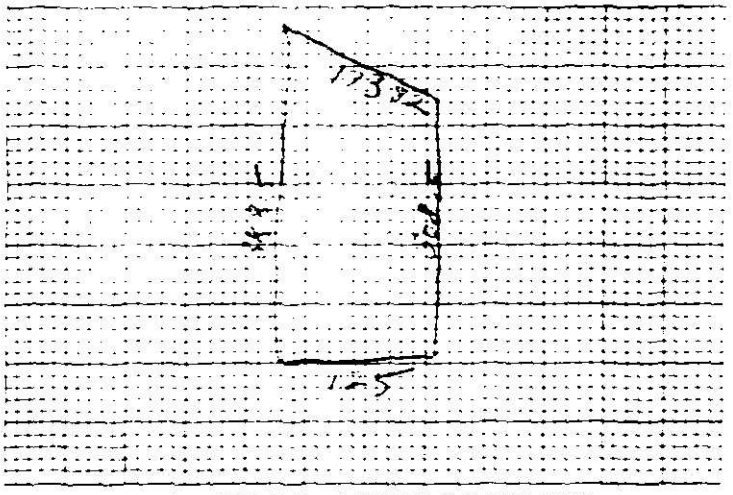
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. X Alter or Repair an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms 2

5) Water Supply: Map No. / Parcel No. / Employee

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 Campe (LAST) G (FIRST) P. (MIDDLE)

14) ADDRESS OF OWNER 2634 Beechnut RD.

15) PHONE NO Home 375-1652 Office ___

16) LOCATION OF SYSTEM Henderson Cox RD (STREET OR COUNTY ROAD) County Rd 2418 Co

17) SUBDIVISION ___ 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.

DATE OF APPLICATION ___

OWNER S. P. Campe

FORM NO E-4-4-(-7)

HEALTH DEPARTMENT'S COPY