SEE INSTRUCTIONS ON BACK

Date Received 6-6-73

ICAR(S) Application No 6433

T C No

Map Date

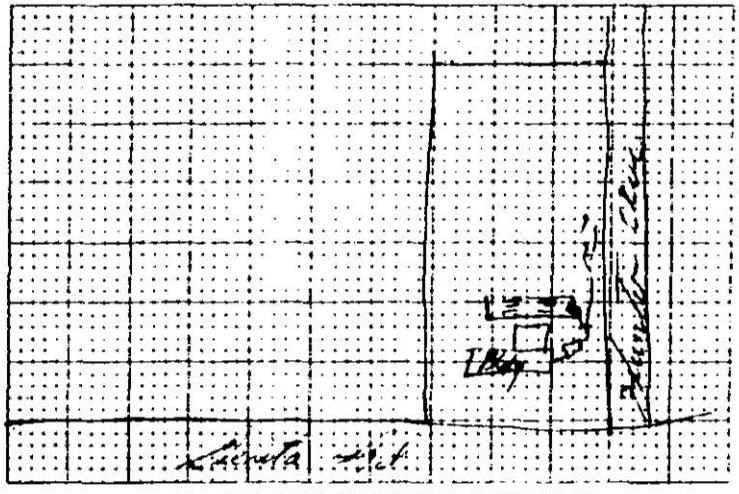
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 Office ___

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 System ___
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 Mullis (LAST) Willis (FIRST) Tyer (MIDDLE)

14) ADDRESS OF OWNER 1937 Wilkinson Blvd Charlotte

15) PHONE NO Home 377-3360 Office ___

16) LOCATION OF SYSTEM 6360 Statesville Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Kenneth 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 W. E. Mullis By J. J. Mullis

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6 June 73

Serial No. 3781

ICAR(S) Permit No. 6433

T. C. No. 042-043-16

Map Date 29-Apr-1

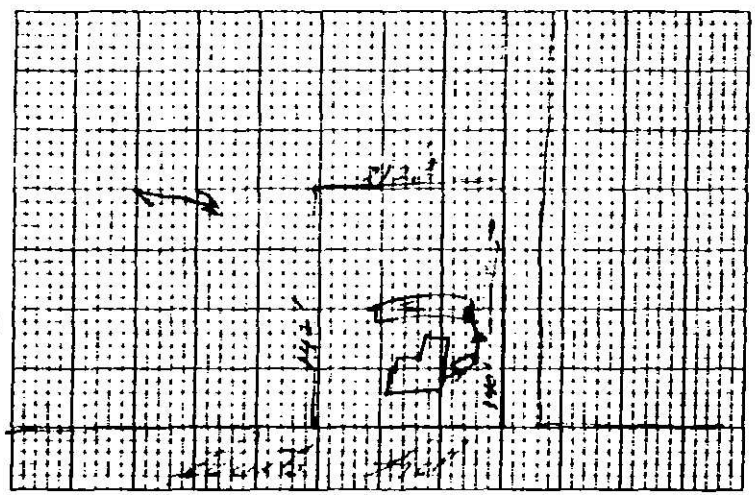
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6433, dated 6 June 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 6 Jun 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 200'

Number of Lines 3 @ 33'x34'

Distance from House 10'

Distance from Property Line 20'

Distance from Well Community

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible]

Division or Section Head _____

Environmentalist [signature]

* 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 7 June 73

Serial No. 3412

C of A (s) No. C433

T. C. No. C417-C430 GG

Map Date 27-4921

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner [illegible] Willie C. [illegible]
LAST FIRST MIDDLE

Location of Property 6200 block Beatties Ford Rd

Application Number C433 Permit Number C433

Inspection Date:

Liquid Capacity of Tank ____ Tank Material Plastic

Total Length of Drain Tile 200 Number of Lines 3 (9½' x 33' x 34")

Depth of Filter Material 34" Cover Depth 18"

Water Supply Source Community Distance from Water Source —

Excavation Inspected 8 June 73 DATE Tank Inspected ____ DATE

Nitrification Field Inspected 8 June 73 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: Joining Stewart (Tract)

[illegible]
Environmentalist

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

HEALTH DEPARTMENT'S COPY

WELL RECORD Well Permit No. Griffin

MAIL COMPLETED FORM TO: WELL WATER SUPPLIES

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION, 1200 BLYTHE BOULEVARD, CHARLOTTE, N. C. 28203

Drilling Contractor LASSITER WELL DRILLING CO.

1. Location of property Hargett Rd.
2. Name of owner Charles McCown Robinson
   Address 2409 Hargett Rd., Matthews, N. C. 28105
3. Does this well replace an existing well? _____
4. Topography (circle one): draw, slope, hilltop, valley, flat
5. Use of well res. Date completed 5-27-77
6. Rig type or method air Total depth 85
7. Casing:

	Depth		Inside Diam.	Wall thick. or Wt./ft.	Type
From	0	to 33 ft.	6 in.	13pd ..	Galv.

8. Grout:

	Depth		Material	Method
From	0	to 20 ft.	cement	poured

9. Liner, if used: Depth _____ Diameter _____
   No. holes drilled and abandoned _____
10. Water zones (depth and gpm) _____
11. Static water level: 10 ft. above / below top of casing
    which is _____ ft. above land surface. Elev. _____
    Date _____
12. Yield (gpm) 6 Method of testing air
13. Pumping water level: _____ ft. after _____ hrs.
    at _____ gpm.
14. Water quality clear Temperature (°F) _____
15. Well sterilization method HTH
16. Permanent pump: _____ Type _____ Make _____
    Installed – Date _____ By _____
    Capacity _____ gpm. Hp _____ TDH _____
    Intake depth _____ Airline depth _____
17. Remarks: _____

I do hereby certify that this well record is true and exact.

VL/bps
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	To	Formation
0	33	Red dirt, pit gravel
33	85	Mixed [illegible] rock

MECKLENBURG COUNTY HEALTH DEPARTMENT
RECEIVED
JUL 5 1977
ENVIRONMENTAL HEALTH

FORM NO. E-22-5-1-73