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SEE INSTRUCTIONS ON BACK

Date Received 6-11-73

ICAM'S Application No 6380

T C No 123-241-06

Map Date 12-12-70

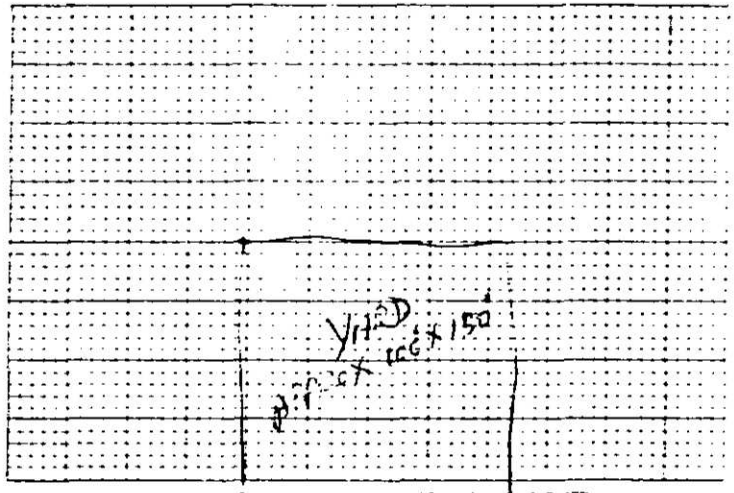
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 parts 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 2

5) Building Sewer Min. ¾ Emp. Sewer

6) Water Supply Well (SEE ATTACHED)

7) Garbage Disposal Yes ___ No ✓

8) Dishwasher Yes ___ No ✓

9) Water Supply
A Individual Well ✓
B Community System ___
C Community Well ___
1 Well ___
2 Community System ___

10) Sewage System
Private Individual Septic Tank ___
Public Community System ___ No ✓
Mobile Unit Park ___
Community Sewer Yes ___ No ✓

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Wilson C. Baughman & Richard H. Price, Ethel (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 6800 Endhaven Lane Matthews NC

15) PHONE NO Home 364-8264 Office 375-5715

16) LOCATION OF SYSTEM 6798 Endhaven Lane Matthews NC (City Rd #3641) (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2441 AT PAGE 71

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

20) PTR NUMBER (See Instructions) 6380

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 6-11-73

OWNER W C R Baughman

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 4514

Date Issued 3-7-25

ICAR(S) Permit No. 6330

T. C. No. 223-241-46

Map Date 12-11-24

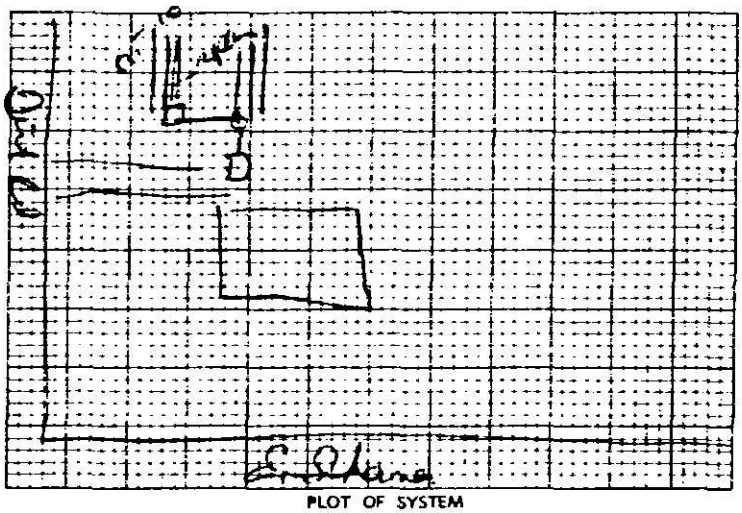
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6330, dated 6-11-73 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 9-7-25, 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 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER William R. Baughman

LOCATION OF PROPERTY 6900 Enchanted Pass

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: Re-Repair [redacted] 10'x50' (1)

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

Serial 4079

C of A (s) No. 6326

Date Issued 8-7-73

T. C. No. 223-241-06

Map Date 12-13-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Baughman, William R.
LAST FIRST MIDDLE

Location of Property 6800 Sulkhan Lane

Application Number 6350 Permit Number 6380

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 200' Number of Lines 4

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source Well Distance from Water Source 100'

Excavation Inspected 8-7-73 DATE Tank Inspected 8-7-73 DATE

Nitrification Field Inspected 8-7-73 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: Repair by Brent Cook Co.

Thomas R. Ward
Environmentalist

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

HEALTH DEPARTMENT'S COPY