Date Received 7/1/75

RECEIVED
JUL 1 1975

Application No. [redacted]
T. C. No.
Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Burns (LAST) Joe (FIRST) Millard (MIDDLE)

ADDRESS OF OWNER 6621 Elmwood Circle ZIP 28214

PHONE NO. Home 394-2651 Office 527-4216

LOCATION OF PROPERTY 6621 Elmwood Circle (STREET OR COUNTY ROAD)

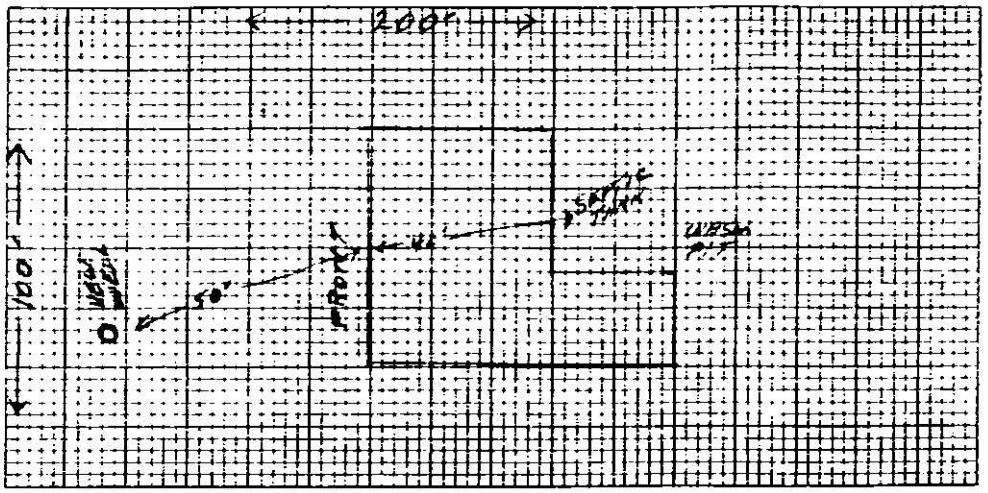
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR Stewart Pump + Tank Co LICENSE NO. _____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of _____ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: _____

ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3/5/79

ICAR(S) Application No 15250

T C. No. 059-161-08

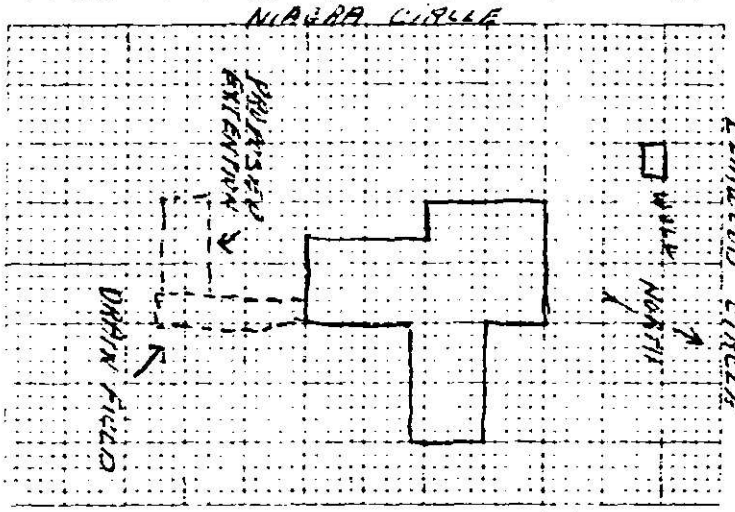
Map Date 5/30/79

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: EXTEND DRAINFIELD

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
Rec Room ✓ Yes ___ No
4 No of Bedrooms 3
5 Full-time Occ - Max No Employees ___
6 Washing Machine ✓ Yes ___ No
7 Garbage Disposal ___ Yes ✓ No
8 Dishwasher ✓ Yes ___ No
9 Water Supply
A Individual Supply ✓
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 EHA Case No ___
12 VA Case No ___

13) NAME OF OWNER BURNS (LAST) JOE (FIRST) M. WARD (MIDDLE)

14) ADDRESS OF OWNER 6627 ELMWOOD CIRCLE

15) PHONE NO Home 374-2651 Office ___

16) LOCATION OF SYSTEM ELMWOOD CIRCLE (STREET OR COUNTY ROAD)

17) SUBDIVISION TOWN PARK Lot No. 30 Block No. 66E

Map Book No 7 Page No. 179

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.

3/15/79
DATE OF APPLICATION

Joe M. Burns
OWNER

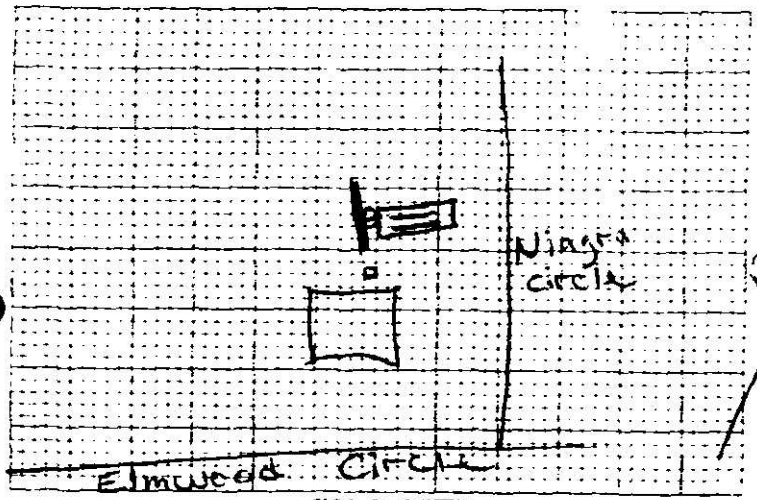
EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 3-15-79 **Serial No. 2479** ICAR'S1 Permit No 15250
T C No 059-161-08
Map Date 5-30-79

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 15250, dated 3-15-79 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 3-20-79, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate
Liquid Capacity of Tank
Tank Construction
Absorption and/or Nitrification Line
REPAIR
Trench Length 100'
Number of Lines 2
Distance from House 10'
Distance from Property Line 10'
Distance from Well >50'

NAME OF OWNER Burns, Joe Millard

LOCATION OF PROPERTY 6027 Elmwood Circle

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are 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 liability resulting from the failure of the system to operate properly.**

Comments

Division or Section Head

Michael A. Sexton
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 3-15-79 Serial No. 2350 C of A (s) No. 15250

T C. No. 059-161-08

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 Burns (LAST), Joe (FIRST) Millard (MIDDLE)

Location of Property 6027 Elmwood Circle

Application Number 15250 Permit Number 15250

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 100' Number of Lines 2

Depth of Filter Material 34" Cover Depth 34"

Water Supply Source well Distance from Water Source >50'

Excavation Inspected — (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 3-15-79 (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

Michael A. Sexton
Environmentalist

EHD-5-76

Environmental Health Department's Copy