Date Received 2-21-73

APT No. 5622

T C No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER VEA (LAST) JERRY (FIRST) W. (MIDDLE)

2) ADDRESS OF OWNER 221 BROOKLAWN DR. CHARLOTTE ZIP 28214

3) PHONE NO Home 394-0624 Office 379-0634

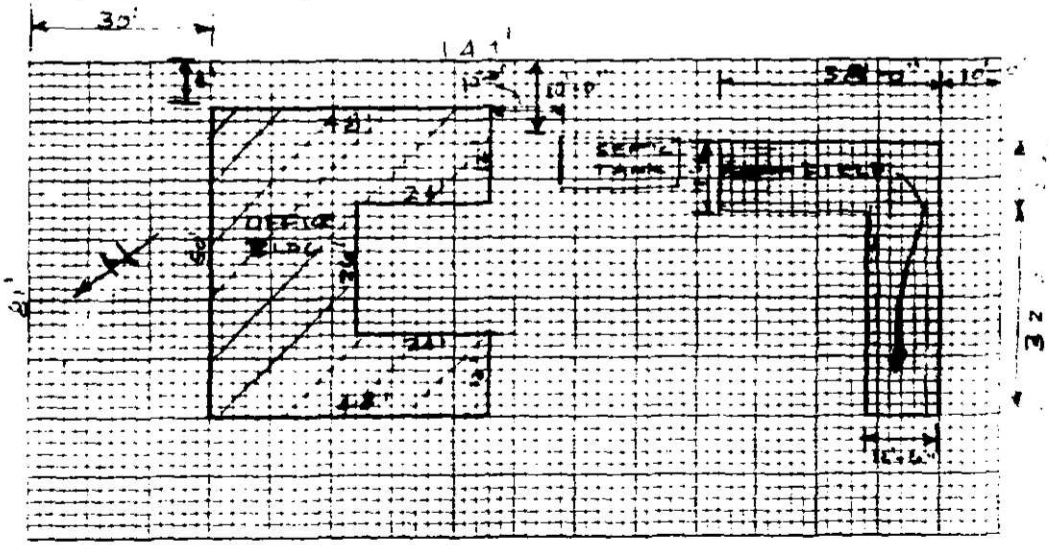
4) LOCATION OF PROPERTY 3301 DALBY AVE. (CITY) (STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO _____

6) DEED REFERENCE DEED BOOK _____ PAGE NO _____

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

OWNER Jerry W. Vea

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

HEALTH DEPARTMENT'S COPY

Date Received 2-21-73

ICAR(S) Application No. 5622

T C No.

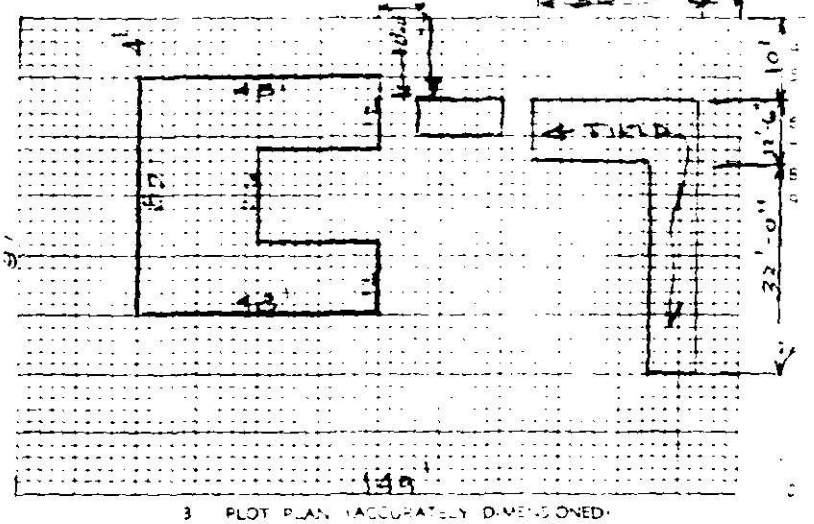
Map Date

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

(X) Install or Construct ( ) Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption effluent discharge on



C
Bedrooms X Main No
Fireplaces Le
Washing Machine Yes X No
Garbage Disposal Yes X No
Dishwasher Yes X No
Water Supply
A Individual Well
B Governmental System X
C Community System
Well Purchase
Governmental
Sewage System
House located within 200 feet
Property sewer Yes
House located within 200 feet
Community sewer Yes X No
FHA Case No
VA Case No

3 PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER NEAL (LAST) JERRY (FIRST) W. (MIDDLE)

14) ADDRESS OF OWNER 22 [illegible] DR. CHARLOTTE

15) PHONE NO Home 399-2634 Office 399-0634

16) LOCATION OF SYSTEM 3301 DARBY AVE (CITY)
STREET OR COUNTY ROAD

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____ (40)

19) HAS A PERCOLATION TEST BEEN RUN? / YES _____ NO DATE RUN 2-20 73

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.

FEB 21, 1973
DATE OF APPLICATION

OWNER Jerry W. Neal

FORM NO. EHA-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 15 March 1977 Serial No. 2428 ICAR(S) Permit No 5622

T C No

Map Date

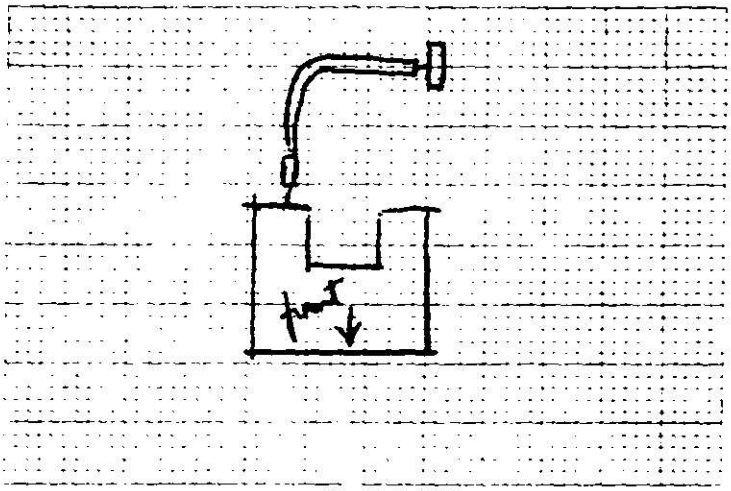
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 and disposal 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 5622, dated 2-21-77 and is void and of no effect if the information provided in the application is not found to be correct. All work shall be completed on or before 15 April 1977 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate < 60

Liquid Capacity of Tank 1000 gal

Tank Construction precast concrete

Absorption and/or Distribution Lines

Total Line Length 300 l/ft

Number of Lines 5 (12½ x 60)

Distance from Well 10'

Distance from Property Line 10'

Distance from Water NA

NAME OF OWNER Neal, Jerry W.

LOCATION OF PROPERTY 3301 Darby Ave

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 aeration pit on end of lines 2½ x 3 x 4'

R. McMillon Jr.
Division or Section Head

John R. Atkinson
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[illegible]

[illegible] PAYMENTS COPY

Date Issued 16 March 1973

Serial No. 3072

C of A (s) No. 5622

T C No. /

Map Date /

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Noah, Jerry W.
(LAST FIRST MIDDLE)

Location of Property 3301 Dabney Ave

Application Number 5622 Permit Number 5622

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material pre cast concrete

Total Length of Drain Tile 300 g/ft Number of Lines 5 (12½X60)

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source City Distance from Water Source NA

Excavation Inspected 3-16-73 (DATE) Tank Inspected 3-16-73 (DATE)

Nitrification Field Inspected 3-16-73 (DATE)

Washing Machine Line Inspected, If Applicable 3-16-73 (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 as well as 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 aeration pit on end of lines 2½' X 7' X 4'

John R. Atkinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY