SEE INSTRUCTIONS ON BACK

Date Received 27 June 78

ICAR (S) Application No 6551

T C No

Map Date

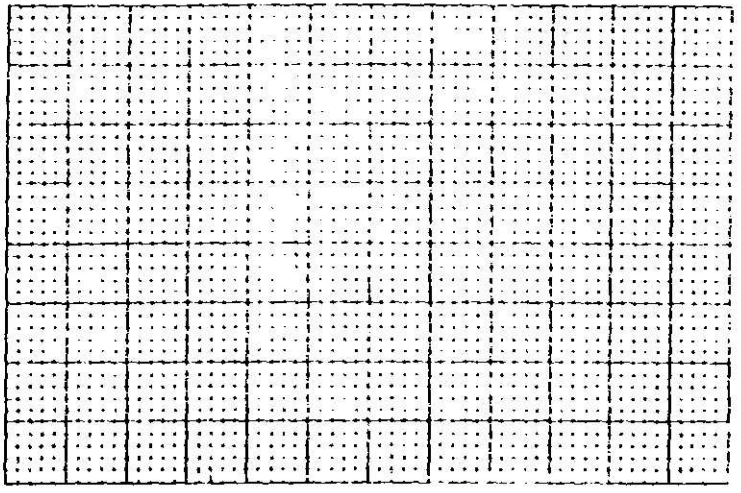
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3

5) Business Use Max No Employees

6) Washing Machine ✓ STP No

7) Garbage Disposal Yes No

8) Dishwasher ✓ Yes No

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

10) Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER BARDEN (LAST) Russell (FIRST) Snowden (MIDDLE)

14) ADDRESS OF OWNER 5317 Nations Ford Rd.

15) PHONE NO Home 2236917 Office 3924392

16) LOCATION OF SYSTEM 5317 Nations Ford 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 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 content 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.

27 June 78
DATE OF APPLICATION

Russell S Barden
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/27/73 Serial No. 3908 ICAR(S) Permit No. 6551

T. C. No.

Map Date

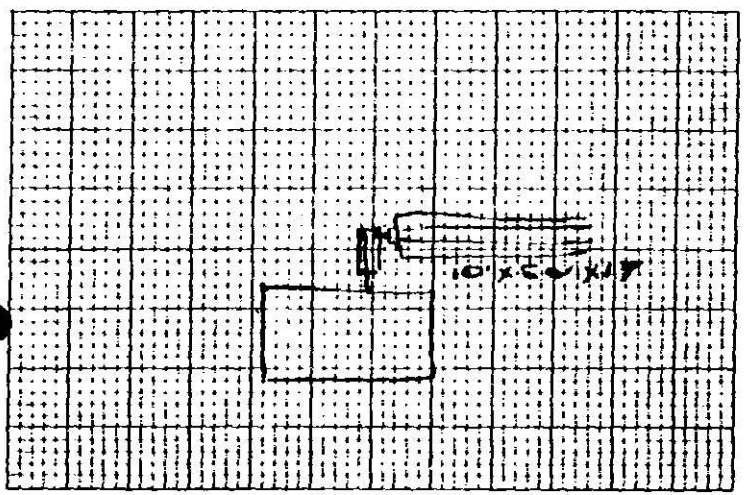
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____, dated _____ 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 Aug 1, 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank 1000

Tank Construction "

Absorption and/or Nitrification Lines:

Total Line Lenght 200

Number of Lines 4

Distance from House 10'

Distance from Property Line 10'+

Distance from Well CITY

NAME OF OWNER RUSSELL BARDEN

LOCATION OF PROPERTY 5317 NATION FORD RD.

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: REPAIRS. ADD NEW "T" ON SIDE OF TANK. ADD DIST. BOX FOR NEW REPAIR

JA/LCB
Division or Section Head

L R Buckner
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

Date Issued 7/21/73 **Serial No.** 3660 C of A (s) No. 6551

T. C. No. 169-054-04

Map Date 4/22/73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner BARDEN (LAST) RUSSELL (FIRST) (MIDDLE)

Location of Property 5317 NATION FORD RD.

Application Number 6551 Permit Number 6551

Inspection Data:

Liquid Capacity of Tank RC PAIR Tank Material

Total Length of Drain Tile 200 Number of Lines 4

Depth of Filter Material 12" Cover Depth 1'

Water Supply Source CITY Distance from Water Source —

Excavation Inspected 7/20/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7/20/73 (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, X 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. BECAUSE REPAIR SYSTEM NEED SHALLOW FOR BEST SOIL. SOIL DOESN'T APPEAR VERY GOOD IN PLACE

Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY