Date Received 2-11-74

MECK COUNTY HEALTH DEPT. RECEIVED 6 1974

CAR(S) Application No. 7475

T. C. No.

Map Date

RECEIVED 1974 ENVIRONMENTAL HEALTH DIVISION

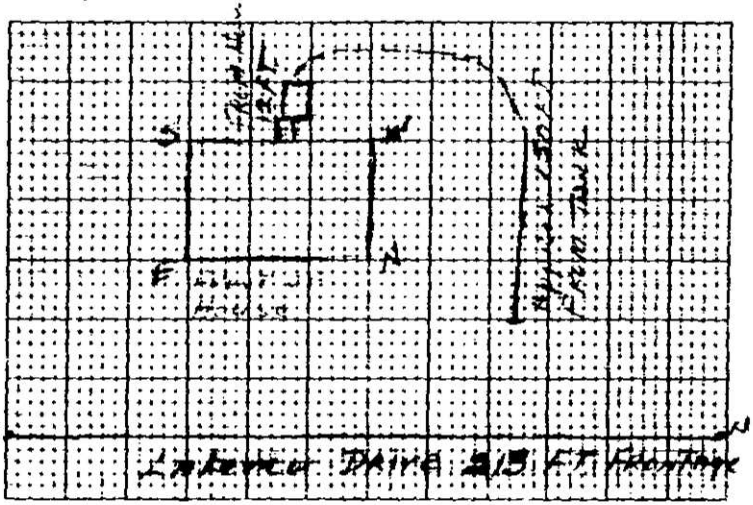
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The undersigned owner of the property 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 4

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 Well ___
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 [redacted] (LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER [redacted]

15) PHONE NO Home [redacted] Office [redacted]

16) LOCATION OF SYSTEM [redacted] (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 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.

2-11-74
DATE OF APPLICATION

[redacted]
OWNER

FORM NO E-4-4-1 71

HEALTH DEPARTMENT'S COPY

Date Issued 3/11/74 Serial No. [illegible] ICAR(S) Permit No. 7475
T C No 221-032-24
Map Date 9-5-73

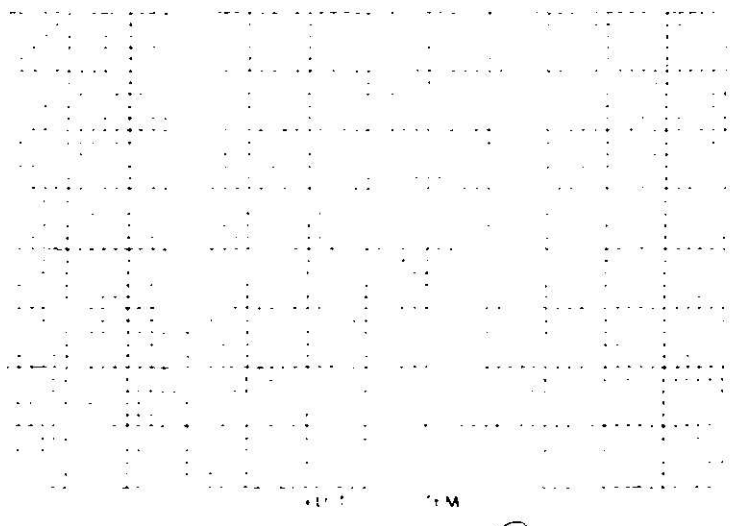
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to [illegible] to Construct X Alter or Repair the individual septic tank waste water treatment system with soil absorption sanitary septic effluent discharge as specified herein at the location described below. This permit is issued upon the representations approved in application no. 74 [illegible]. This permit authorizes only the construction of the sanitary facilities indicated on the plot plan. Any work that is not completed in accordance with this permit within one year from the date of issuance of this permit shall be null and void. 3/18/74 after which time



Proposed Use: REPAIR
Liquid capacity of Tank: 1
Type of Construction: 1
Area of Absorption Trench or Bed: 100
Number of Lines: 2(5'X50'X17"
Distance between Lines: 20'
Distance from Nearest Water Supply: 20'
Depth of Trench or Bed: 1.7

NAME OF OWNER: CLIFTON CREECH

LOCATION OF PROPERTY: 1806 LAKEVIEW DR PINEVILLE

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: R. Fowler

Division Sanitarian: [signature]

Environmentalist: [signature]

If proposed work is for the installation or construction of a new system it must be signed by the division or a [illegible] Environmental Health Director in order for it to be valid. Or the signature of the Environmentalist [illegible] if work on an existing system is being altered or repaired.

E-5-9-1-72

Date Issued 3/12/74 Serial 4528 C of A (s) No. 7475

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 CREECH (LAST) Clifton (FIRST) W. (MIDDLE)

Location of Property 1806 Lakeview Dr. Pineville N.C.

Application Number 7475 Permit Number 7475

Inspection Date: RE PA

Liquid Capacity of Tank Tank Material

Total Length of Drain Tile 100 Number of Lines 2 (5'x50')

Depth of Filter Material 17" Cover Depth 26"

Water Supply Source C. LT Distance from Water Source

Excavation Inspected 3/12/74 (DATE) Tank Inspected (DATE)

Nitrification Field Inspected 3/12/74 (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: GOOD DIL

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 5/10/74 Serial 4796 C of A Isl No 7475

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 CREECH (LAST) CLIFTON (FIRST) M. (MIDDLE)

Location of Property LAKEVIEW DRIVE, PINEVILLE NC

Application Number RE [illegible] Permit Number [illegible]

Inspection Data:

Liquid Capacity of Tank

Tank Material

Total Length of Drain Tile 100'

Number of Lines 2

Depth of Filter Material 17"

Cover Depth 24"-36"

Water Supply Source [illegible]

Distance from Water Source

Excavation Inspected 5/10/74 (DATE)

Tank Inspected — (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 5/10/74 (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

Environmentalist [signature]

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

HEALTH DEPARTMENT'S COPY

T. C. No. 05 11 01

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor Piedmont Well Drilling Inc Reg. No. 3 Well Permit No. 1476

1. Town Cornelius County Mecklenburg
2. Location Old Statesville Rd. 73 near Cornelius Quadrangle No. C-66
   Show a sketch of location on back of form
3. Owner Robert Thompson
   Address Cornelius N.C.
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well House Date Completed 11-1-74
6. Rig type or method Diamond Total Depth 70
7. Casing: Depth From 0 to 50 ft. Diam. 6 in. Type Galvanized
8. Grout: Depth From 0 to 20 ft. Material Cement Method in.
9. Screen: Depth From ____ to ____ ft. Diam. ____ in. Type and Opening
10. Water Zones (depth) ____
11. Static Water Level: 20 ft. above (below) top of casing
    which is ____ ft. above land surface. Elev. ____
    Date ____
12. Yield (gpm) 3 Method of testing Pump
13. Pumping Water Level: ____ ft. after ____ hrs.
    at ____ gpm.
14. Water Quality ____ Temperature (°F) ____
15. Well sterilization method Clorox
16. Permanent Pump: Type ____ Make ____
    Installed — Date ____ By ____
    Capacity ____ (gpm) Hp. ____
    Intake depth ____ Airline depth ____
17. Remarks: ____

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

Walter Stowe
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation
0'	52'	Red Clay + Sand
52'	70'	Hard Blue Granite

Form No. E-22-9-1-72