Date Received 7 June 74

Application No. 6093

T. C. No. 217-121-02 N

Map Date 7-17-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER VINSON (LAST) EDWARD (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 2101 Providence Rd ZIP _____

PHONE NO. Home 366 4796 Office 375-7771

LOCATION OF PROPERTY 18315 Young Blood Road (STREET OR COUNTY ROAD)

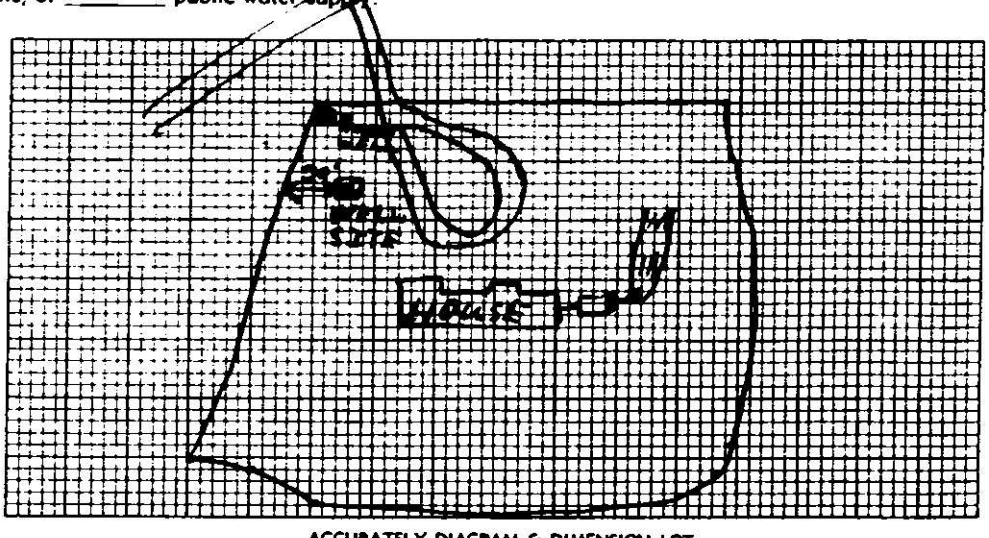
SUBDIVISION Wylie LOT NO. 132 BLOCK NO. 43

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR McCall Bros LICENSE NO. 30

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

June 7-14
DATE OF APPLICATION

E L Vinson
OWNER

Application approved and permit hereby granted

Permit No: 6093

Jerry Burton
ENVIRONMENTALIST

FORM NO. E-28-6-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4-25-73

ICAR(S) Application No 6093

T C No 217-111 [illegible]

Map Date 7/1/72

MECKLENBURG COUNTY HEALTH DEPARTMENT

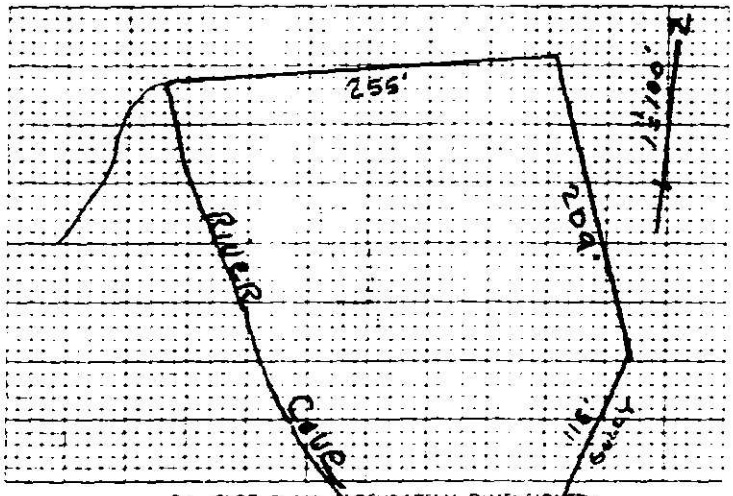
ENVIRONMENTAL HEALTH DIVISION

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 T Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

Adding 1 bedroom & 1 bath



3) PLOT PLAN (ACCURATELY DIMENSIONED)

Rear

Bedroom Here

4 No of Bedrooms ^

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
Well
Spring
Cistern
Other
Sewage System
Individual Septic Tank System
Public Sanitary Sewer Yes No
Privately Owned Sewer No
Other

13) NAME OF OWNER VINSON (LAST) EDWARD (FIRST) L. (MIDDLE)

14) ADDRESS OF OWNER 221 S Church ST

15) PHONE NO Home 364-4796 Office 375-7771

16) LOCATION OF SYSTEM Youngblood Road (STREET OR COUNTY ROAD) Meck County

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.

4-24-73
DATE OF APPLICATION

E L Vinson Jr
OWNER

Form No E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued May 14, 1973 **Serial No.** 2919

LA No. 6093

T. C No. 217-121-02 N

Map Date 7-17-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Vinson (LAST) Edward (FIRST) L. (MIDDLE)

ADDRESS OF OWNER 221 South Church Street ZIP _____

LOCATION OF LOT Youngblood Road (STREET OR COUNTY ROAD)

SUBDIVISION _____ LOT NO _____ BLOCK NO _____

MAP BOOK NO. _____ PAGE NO _____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of * _____, on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 6093. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit (s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

* ~~My~~ May add 1 bedroom to present system.

L. Beth Dickerson
Environmentalist

John A. Akisson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Serial No. 2641

ICAR(S) Permit No. 6093

Date Issued 4-31-73

T. C. No. 217-121-02 N

Map Date 7-17-72

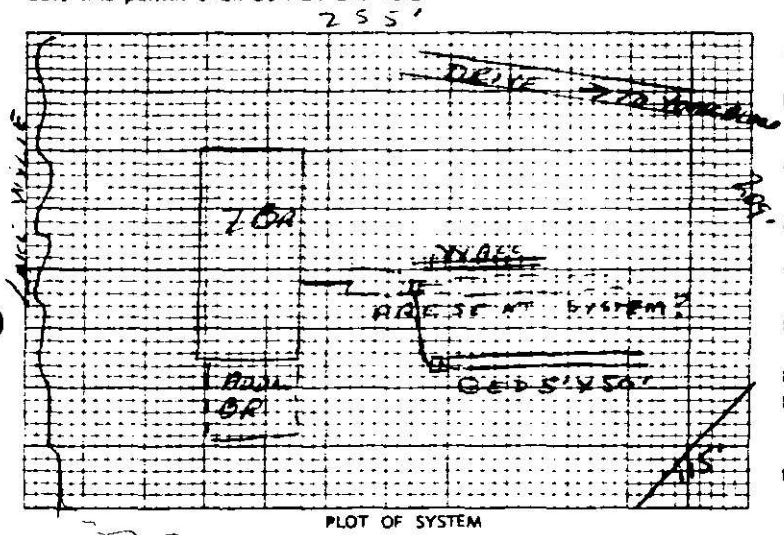
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. 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 6093 dated 4-25-73 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 May 8, 73, after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate ADDN. REPAIR

Liquid Capacity of Tank - ?

Tank Construction - ?

Absorption and/or Nitrification Lines:

Total Line Lenght 100

Number of Lines 2

Distance from House 15' +

Distance from Property Line 10' min

Distance from Well 50' min

NAME OF OWNER EDWARD L. WILSON

LOCATION OF PROPERTY Near end Youngblood Rd. - Off Lake Wylie

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: System Installed Before Bldg Permit Issued

Add Dist. Box at Tank (if necessary) Connect Existing Drain

1 New Dist Box for New Drain - Jack V. Ballard

Division or Section Head

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

...VIRONMENTAL'S COPY

Date Issued 5/17/23

Serial No. 3303

C of A (s) No. 6083

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 VINSON (LAST) EDWARD (FIRST) (MIDDLE)

Location of Property NEAR END LEFT FORK YOUNGBLOOD RD

Application Number 23 Permit Number 6083

Inspection Data:

Liquid Capacity of Tank ? Tank Material REPAIR

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

Depth of Filter Material 12" Cover Depth 12"

Water Supply Source INDWELL Distance from Water Source 60+

Excavation Inspected 5/17/23 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5/17/23 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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: MSG Brewer

L. B. Jr. Lowman

Environmentalist

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

HEALTH DEPARTMENT'S COPY