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SEE INSTRUCTIONS ON BACK

Date Received 16 April 1973

ICAR (S) Application No 6056

T C No

Map Date

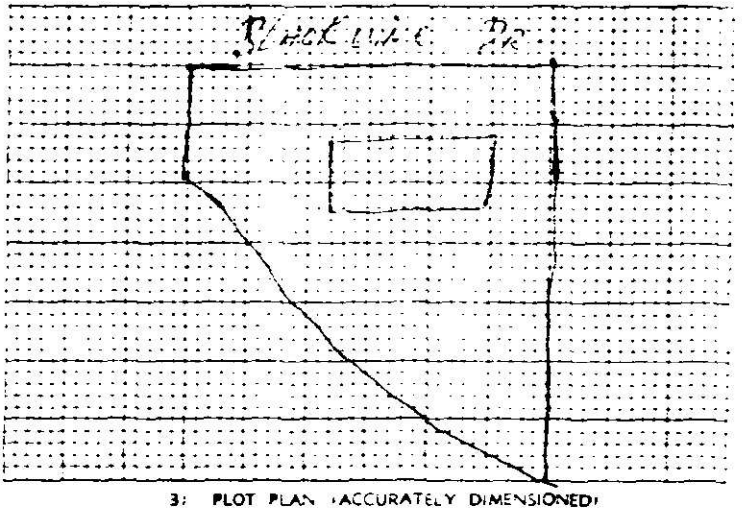
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) ✓ 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
2 Governmental
Sewage System
Private Septic Tank
If Public Available Yes No
Private Septic Tank
Connected to Sewer Yes No

10) FmHA Case No

11) VA Case No

13) NAME OF OWNER Dr. Boggers (Gordon) (Lee) — LAST, FIRST, MIDDLE

14) ADDRESS OF OWNER 525 Blackline Dr Matthews N.C.

15) PHONE NO Home 537-0239 Office 374-2341

16) LOCATION OF SYSTEM 525 Blackline Dr Matthews N.C. — STREET OR COUNTY ROAD

17) SUBDIVISION Clear Creek 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.

16 April 1973
DATE OF APPLICATION

Gordon L. Boggers
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3584

Date Issued 4-26-73

ICAR(S) Permit No. 6056

T. C. No.

Map Date

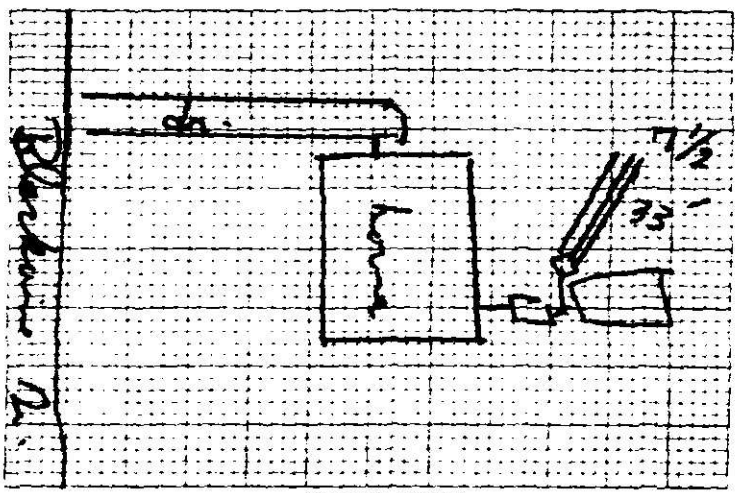
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby given to ___ Install or Construct, ✓ Alter or Repair the individual septic tank waste-water 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 6056, dated 4-18-73 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 5-26-73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate —

Liquid Capacity of Tank —

Tank Construction —

Absorption and/or Nitrification Lines

Total Line Lenght 180'

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Gordon Lee Duggen

LOCATION OF PROPERTY 3225 Blankenship Dr.

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: 7½ x 33 x 17" stone contacto - Baton

Contacto - Baton

Division or Section Head

Thomas R. Ward
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

Serial No. 3348

C of A (s) No. 6056

Date Issued 17 May 1973

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 Duggins, Gordon Lee
(LAST, FIRST, MIDDLE)

Location of Property 3225 Blackwine Rd.

Application Number _____ Permit Number _____

Repair
Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material precast

Total Length of Drain Tile 200 l/ft Number of Lines 2 (5 x 3 x 4)

Depth of Filter Material 4' Cover Depth 36"

Water Supply Source Community Distance from Water Source /

Excavation Inspected _____ (DATE) Tank Inspected / (DATE)

Nitrification Field Inspected _____ (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 _____

John R. Atkinson
Environmental Specialist

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

HEALTH DEPARTMENT'S COPY