Serial No 1030 ICAR (S) - Permit No 7576

Date Issued 7 March 74

T C No 023-063-10

Map Date 5 Sept 73

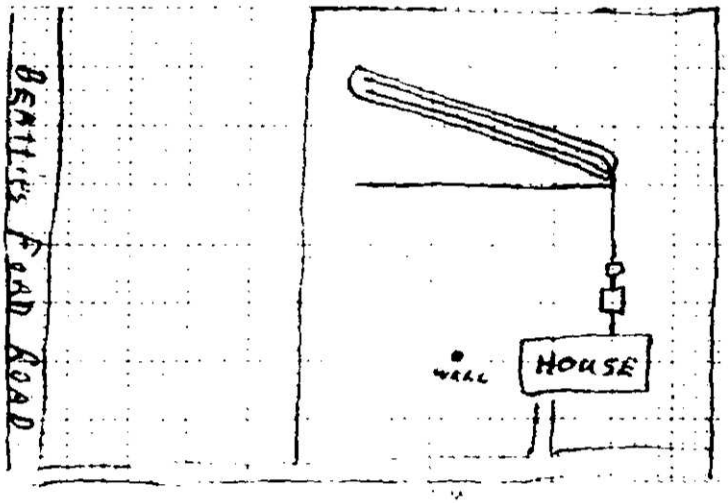
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is granted to ... Construct ✓ Alter or Repair the individual septic tank waste-water treatment ... septic effluent discharge as specified herein at the described location ... on information supplied in application 7576 dated 3-7-74 ... effect the information provided in the application ... 7 April 74 after which ...



150'

2(5' x 75' x 17")

100'

10'

100'

NAME(S) FAUST DONALD JOE

BEATTIES FORD ROAD

... the provisions set forth ... of the Mecklenburg ... A certificate of approval ... to an ... system can be revoked ... otherwise rendered ... cannot be used.

Comments: STARNES

Jerry Bruton

Environmentalist

... new system ... must be signed by the division or a ... Health Department ... the signature of the Environmentalist ... existing system is being altered or repaired.

E-5-9-1-72

Serial 4718

C of A (s) No. 7526

Date Issued 26 Apr 74

T C No C23 C63/8

Map Date 5-4-73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Faust, Donald Lee
(LAST, FIRST, MIDDLE)

Location of Property Butler Road Ext. Long Creek

Application Number 7526 Permit Number 7526

Inspection Date:

Liquid Capacity of Tank ____ Tank Material Plastic

Total Length of Drain Tile 156' Number of Lines 2 (5' X 75' X 12")

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source Individual Distance from Water Source 100'

Excavation Inspected 26 Apr 74 (DATE) Tank Inspected ____ (DATE)

Nitrification Field Inspected 26 Apr 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 Storm Drain

M. L. Bishop
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

Date Received 11 Oct 74

Application No. _____

T. C. No. D37-064-05

Map Date 14 Dec 73

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT —

NAME OF OWNER Gilbert Yates W.
(LAST, FIRST, MIDDLE)

ADDRESS OF OWNER 2110 Little Rock Rd. ZIP 28214

PHONE NO. Home 392-0079 Office _____

LOCATION OF PROPERTY Edwards Estates Carraway Dr.
(STREET OR COUNTY ROAD)

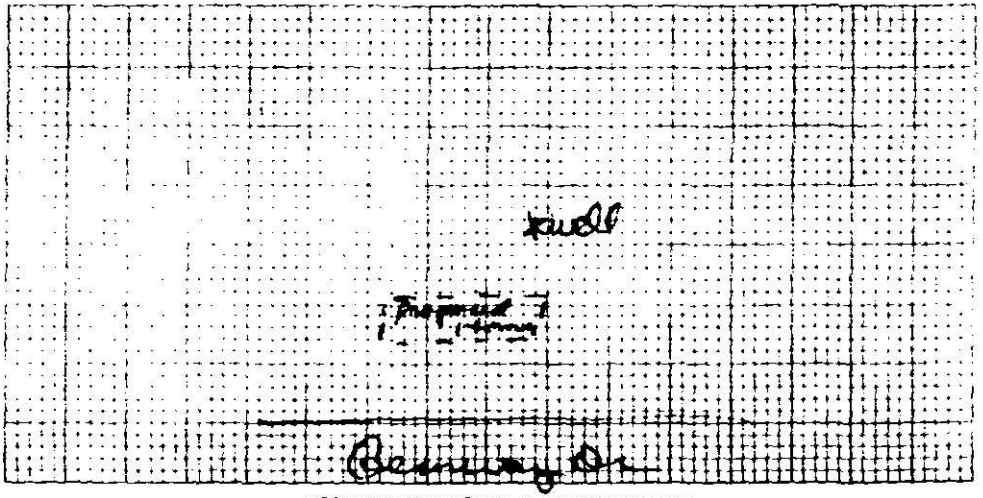
SUBDIVISION _____ LOT NO. _____ BLOCK NO _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE DEED BOOK _____ PAGE NO _____

WELL CONTRACTOR Mitchell Bros. LICENSE NO. _____

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

17 Oct 74
DATE OF APPLICATION

Yates & Milbert
OWNER

Application approved and permit hereby granted

Permit No: 7577

17 Oct 74
Richard Barlow
ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY