Date Issued 5/6/77 **Serial No. 0693**

C of A (s) No. 12357

T C. No. 101-048-43

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL HEALTH DIVISION

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

Name of Owner [illegible] SWANEY [illegible] SAM [illegible]
LAST FIRST MIDDLE

Location of Property 4705 N. SHARON AMITY RD

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank [illegible] Tank Material [illegible]

Total Length of Drain Tile [illegible] Number of Lines 5

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source _____ Distance from Water Source _____

Excavation Inspected 5/6/77 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 5/6/77 (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 X installed or constructed, altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Health Commission 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 _____

R. OAKS

[signature] Environmentalist

EHD-5-76

Environmental Health Department's Copy

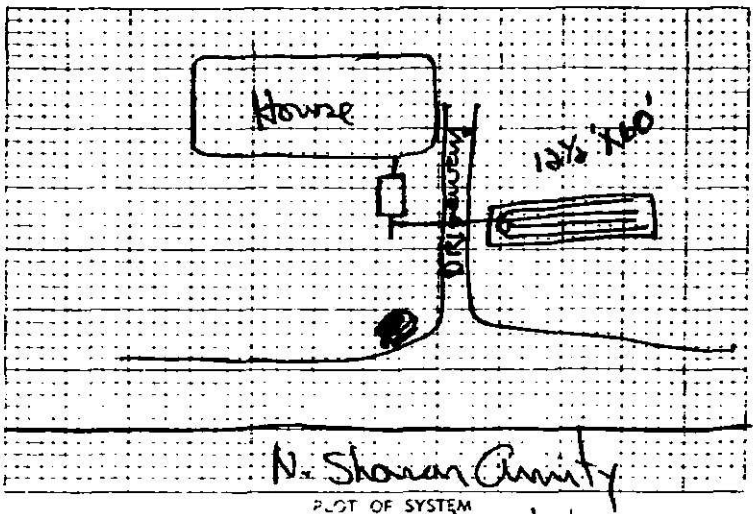
Date Issued 10 MAR 77 Serial No. 0532 ICAR(S) Permit No. 12357

T. C. No. 101-C44-43

Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
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, ✓ 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 10 Apr 77, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate ✓

Liquid Capacity of Tank

Tank Construction Repair

Absorption and or Nitrification Lines:

Total Line Length 300 ft

Number of Lines 5 / 12½' x 60'

Distance from House 10'

Distance from Property Line 10'

Distance from Well

NAME OF OWNER Mr. Saul Blakney

LOCATION OF PROPERTY 4705 N. Sharon Amity Road

The system and method of the construction requirements as set forth in the Regulations of the Mecklenburg County Health Commission which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Environmental Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: Dig out area draining into street 8' back toward house. Back fill to prevent leaking into street. Plumb so old bed fills up first.

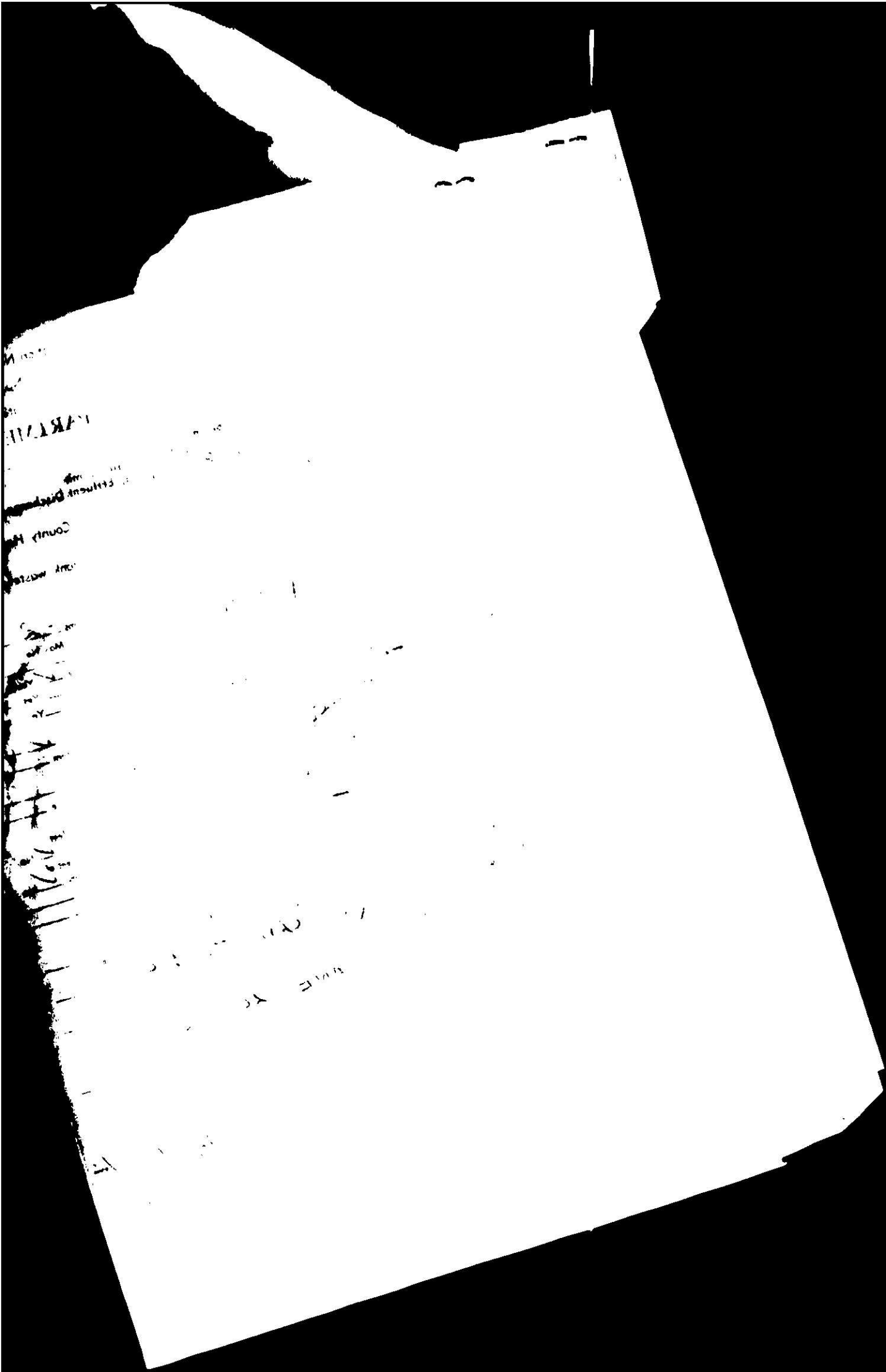
J. M. Reynolds
Environmentalist

Division or Section Head

* 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 Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

EHD-5-76

Environmental Health Department's Copy



CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) Harwood Lane
Subdivision
Lot No. & Block No.
FHA Case No.

Owner G. H. Harwood
Builder
No. Perc. Holes 6

6-Hole Average

1st. Perc. Rate 120 Min./In. Date 3/12/70
2nd. Perc. Rate Min./In. Date
3rd. Perc. Rate Min./In. Date
4th. Perc. Rate Min./In. Date

Lowest Rate Above = Average Perc. Rate 120

No. Bedrooms
Washing Machine Yes No
Baths
Disposal Yes No

Separate Yes No
Separate Yes No

Tank Capacity Gallons
Nitrification Line Lin. Ft. Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C.
Showers
Urinals
Sinks
Lavoratories
Other

Check:
Approved
Disapproved
Conditional

Agreement Card Signed

John R. Atkisson
Sanitarian - Engineer

EH: 685
9/1968