Date Received 11-1-74

Application No. 8602478

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) E (MIDDLE)

ADDRESS OF OWNER 30 Rucker [illegible] Dr. Fo ZIP 28215

PHONE NO. Home [illegible] Office [illegible]

LOCATION OF PROPERTY [illegible] (STREET OR COUNTY ROAD)

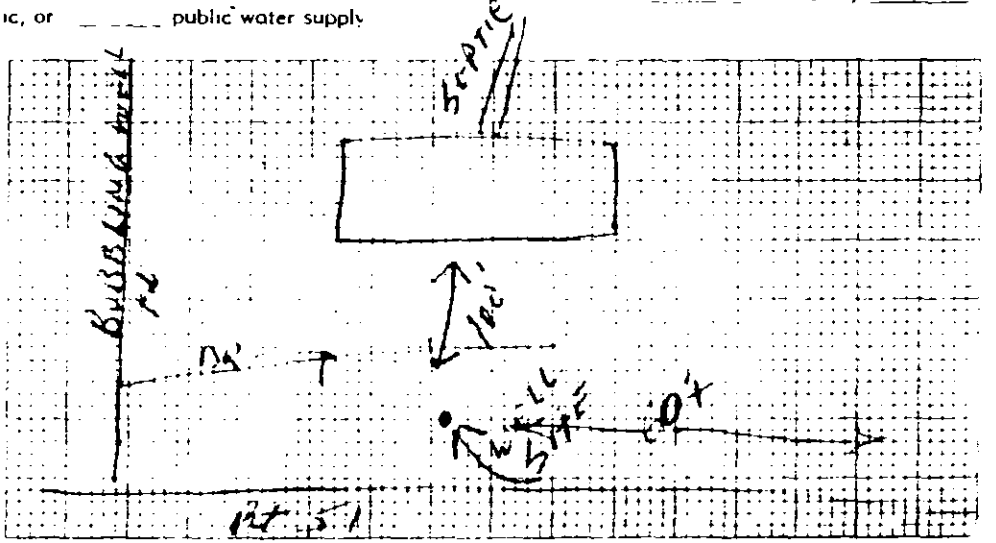
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO _____

WELL CONTRACTOR [illegible] LICENSE NO. 3C

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

11-1-74
DATE OF APPLICATION

[illegible]
OWNER

Application approved and permit hereby granted

Permit No: 8602

[illegible]
ENVIRONMENTALIST

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

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR(S) Application No. 428

T. C. No. _____

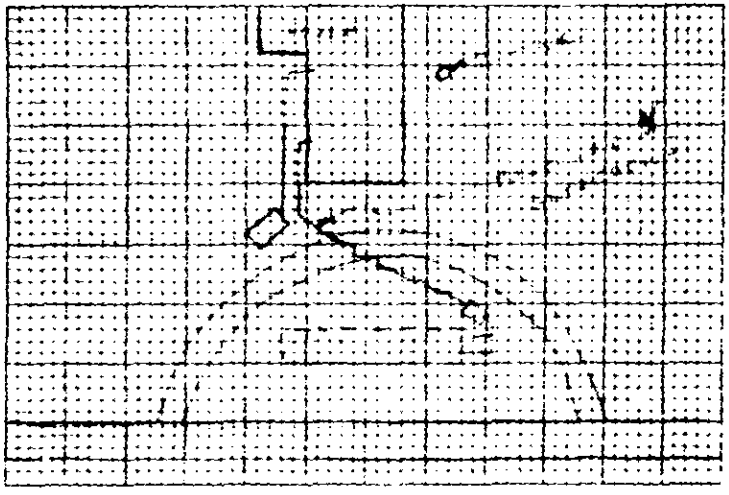
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2 Yes _____ No

7) Garbage Disposal _____ Yes 1 No

8) Dishwasher 1 Yes _____ No

9) Water Supply
- A) Individual Well 1 _____ _____
- 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 _____ (LAST) _____ (FIRST) _____ (MIDDLE)

14) ADDRESS OF OWNER _____

15) PHONE NO. Home _____ Office _____

16) LOCATION OF SYSTEM _____ (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No _____

Map Book No 71 Page No. 73

18) DEED REFERENCE -- DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? 1 YES _____ NO DATE RUN _____

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.

_____ DATE OF APPLICATION

_____ OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Serial N° 105

Date Issued

ICAR(S) Permit No. 478

T. C No. 221-031-15

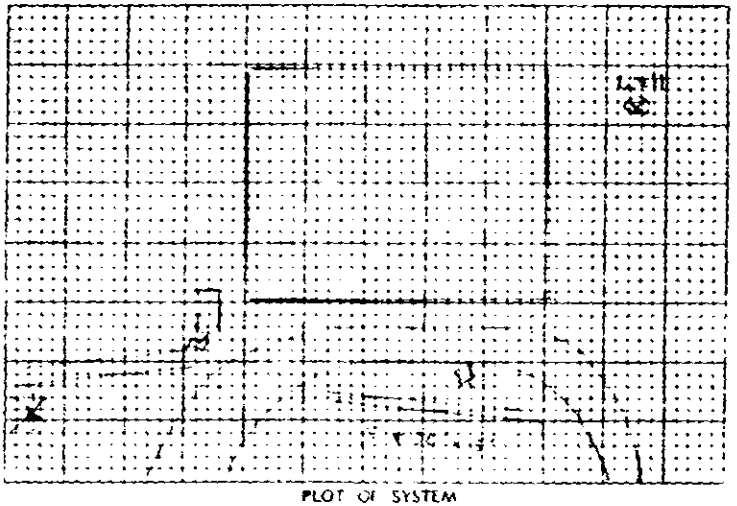
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 # 478, 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 , 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

Number of Lines

Distance from House

Distance from Property Line

Distance from Well

NAME OF OWNER

LOCATION OF PROPERTY

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

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-5-7-1-70

HEALTH DEPARTMENT'S COPY

Serial No 122

Date Issued 26 OCT 70 C of A (s) No. 478

T. C. No 22 J - C 31 - 15

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner KURDIAN (LAST) W (FIRST) G (MIDDLE)

Location of Property 130 Bubbling Well Rd

Application Number 478 Permit Number

Inspection Date:

Liquid Capacity of Tank 1000 gal. Tank Tank Material PC

Total Length of Drain Tile 250' Number of Lines 2 (1 x 30)

Depth of Filter Material 24" 34" Cover Depth 2'

Water Supply Source Well Distance from Water Source

Excavation Inspected 26 OCT 70 (DATE) Tank Inspected 26 OCT 70 (DATE)

Nitrification Field Inspected 26 OCT 70 (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

W. C. Wade
Environmentalist

FORM NO. E-6-7-1-70

HEALTH DEPARTMENT'S COPY

Date Received 7/23/80

ICAR(S) Application No. 11065

T C No. 227-03-15

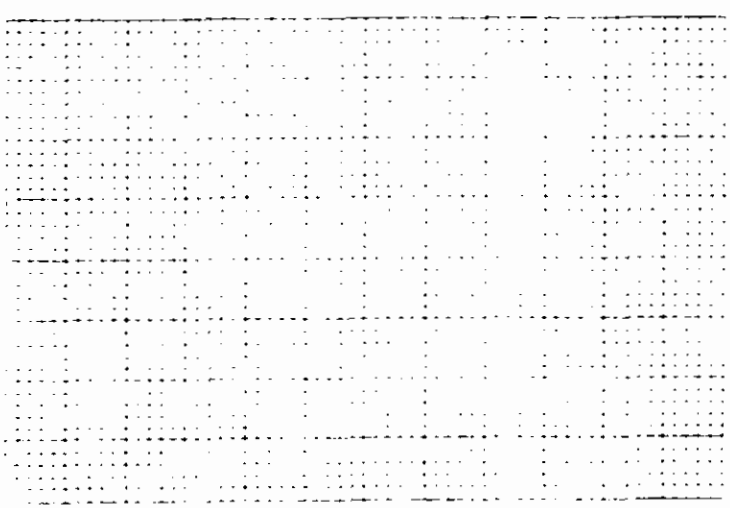
Map Date _____

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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 Mobile Home Yes ✓ No

5 Building Purpose Mark No

Employees _____

6 Water Well Within Yes ___ No

7 Swimming Pool Yes ___ No

8 Other Water Yes ___ No

9 Water Supply

A Individual Well _____

B Governmental System _____

C Community System

1 Well Source _____

2 Governmental Source _____

Sewage System

A Public Sewer Within 200 feet

1 Public Sewer Yes ___ No

B Public Sewer Within 200 feet of

Property Yes ___ No

C FHA Case No. _____

D VA Case No. _____

12 NAME OF OWNER Lamb (LAST) Charles (FIRST) H. (MIDDLE)

13 ADDRESS OF OWNER 130 Bubbling Well Road

14 PHONE NO. Home 847-5304 Office _____

15 LOCATION OF SYSTEM _____ (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 SOIL INVESTIGATION BEEN RUN? YES NO DATE RUN _____

20 REMARKS (Use back if necessary)

The undersigned person(s) agree(s) that he has read the foregoing application and that the contents thereof 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.

7/23/80
DATE OF APPLICATION

Elizabeth F. Lamb
OWNER

EHD-5-76

ENVIRONMENTAL HEALTH DEPARTMENT'S COPY

Date Issued 7/25/80 Serial 3901

C of A (s) No. 478

T C No 227-03-1T

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 Lamb (LAST) Charles (FIRST) H (MIDDLE)

Location of Property 130 Bubbling Well Road

Application Number 478 Permit Number 478

Inspection Data:

Liquid Capacity of Tank 1000 gal Tank Material PC

Total Length of Drain Tile _____ Number of Lines 30" x 12' x 12' Deep

Depth of Filter Material 12' Cover Depth 15"

Water Supply Source well Distance from Water Source 50'

Excavation Inspected 7-25-80 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected 7-25-80 (DATE)

Washing Machine Line Inspected if Applicable 7-25-80 (DATE)

The undersigned has inspected the Individual Septic Tank ~~System~~ Subsurface soil absorption of effluent discharge as described above and it has been ~~installed~~ constructed substantially as required in accordance with the permit issued and the regulations governing 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, nor relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the fact that the system may not operate properly. This Certificate of Approval is issued subject to the restrictions and limitations in the permit in addition to those listed below or 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 _____

Bob Wilson
Environmentalist

EHD-5-76

Environmental Health Department's Copy

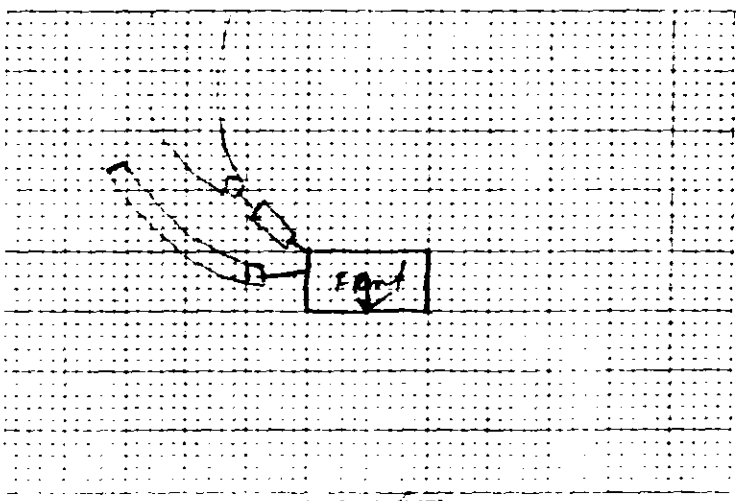
Date Issued 2/25/80 **Serial No. 4107** ICAR'S Permit No. 478

T C No. 227-03-15

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, 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 478 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 2-20-80, after which date this permit shall be null and void.



PLOT OF SYSTEM

Permeability Rate 1"S

Liquid Capacity of Tank 1000 gal

Tank Construction

Absorption and/or Nitrification Lines

Total Line Length 30" X 12' 1/2 Elip Pit

Number of Lines

Distance from House 15'

Distance from Property Line

Distance from Well 56'

NAME OF OWNER Charles H Land

LOCATION OF PROPERTY 136 Rabbling Well Road

This [illegible] shall [illegible] minimum requirements set forth in the Regulations of the Mecklenburg County Board of Health in effect at 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 inoperable. It can be used. The issuance of this permit does not in any way guarantee that the system installed will operate properly or relieve any person now or hereafter owning, occupying or using the property from liability resulting from the failure of the system to operate properly.

Comment

Date [illegible] Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or 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