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SEE INSTRUCTIONS ON BACK

Date Received 4-4-74

ICAR(S) Application No. 7368

T. C No. 005-142-07

Map Date 1-28 74

MECKLENBURG COUNTY HEALTH DEPARTMENT

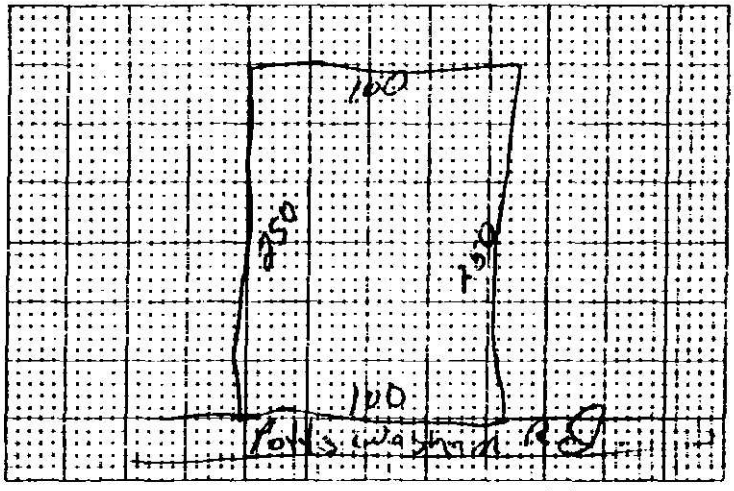
ENVIRONMENTAL HEALTH DIVISION

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

add 1 bath 1 bedroom



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 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 Coates (LAST) Clyde (FIRST) Irvin (MIDDLE)

14) ADDRESS OF OWNER RT 2 Box 483 - Potts Washam Rd Huntersville

15) PHONE NO Home 892-1401 Office 892-1364

16) LOCATION OF SYSTEM Potts - Washam (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No. 96 7 Page No. 533

18) DEED REFERENCE — DEED BOOK 2864 AT PAGE 21

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.

DATE OF APPLICATION ___

OWNER Clyde F. Coates

FORM NO [illegible]

HEALTH DEPARTMENT'S COPY

Date Issued April 8, 1974 **Serial No. 3958**

LA No 7368

T C No 005-142-07

Map Date 1-28-74

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 Goodson, (LAST) Clyde (FIRST) Irwin (MIDDLE)

ADDRESS OF OWNER Route 2, Box 483 ZIP

LOCATION OF LOT Potts-Washam 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 7368. 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

*May use present system, adding bath and bedroom

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5 April 74 Serial No. [illegible] ICARIS Permit No 7368

T C No 005-142-07

Map Date 1-28-74

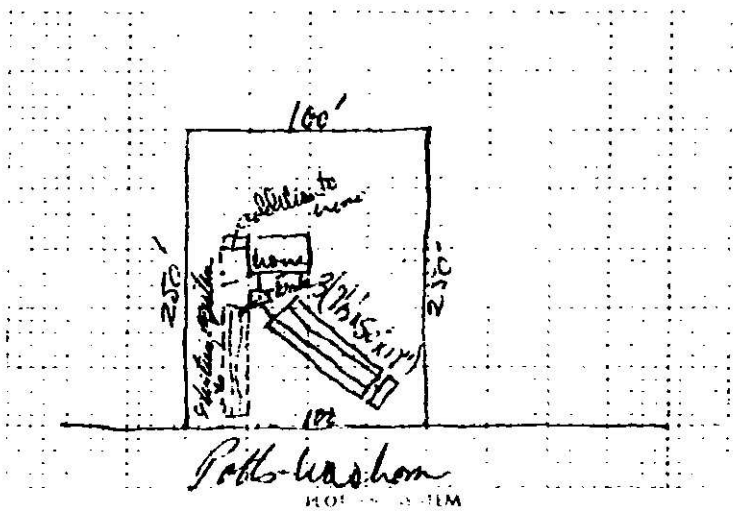
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to Install or Construct / Alter or Repair the following described septic tank wastewater treatment system in accordance with the specifications and absorption effluent discharge system described hereon and the following described property. This permit is issued based upon the information supplied by the applicant on ICARIS 7368 dated 4 April 74 and the permit qualifications found to be effective at the time of issuance. All work shall be completed and ready for inspection before 5 May 74 after which date this permit becomes void.



Permit No. /

Liquid Capacity of Tank 1000 gal

Type Construction PC

Absorption Area Provided

Total Line Length 150'

Trenches or Beds 3 (7½' x 150' 4")

Depth to Bottom 10"+

Depth to Rock 10"+

Distance from Well 85'+

NAME OF OWNER Goodson, Clyde Irwin

LOCATION OF PROPERTY Rt. 2, Box 483 Potts-Washam Rd

This permit is issued for 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 inspectable or can be used.

Comments Correction pit 2½' x 7' x 4' of stone #1 or #10 stone

Richard Boardman

Environmentalist

Date of Inspection

If the proposed installation or construction is a new system it must be approved by the division or a certified Environmental Health Director prior to the issuance of the signature of the Environmentalist where an existing system is being altered or repaired.

Form E-5-9-1-72

Date Issued 26 April 1974 Serial 4436

C of A (s) No. 7368

T C. No 005-142-07

Map Date 1-2-74

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Goodson Clyde Irwin (LAST FIRST MIDDLE)

Location of Property Potts-Graham Rd.

Application Number 7368 Permit Number

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material pre cast concrete

Total Length of Drain Tile 200 e/ft Number of Lines 3

Depth of Filter Material 12" Cover Depth 24-30"

Water Supply Source well Distance from Water Source 50'+

Excavation Inspected 26 April 1974 (DATE) Tank Inspected 26 April 1974 (DATE)

Nitrification Field Inspected (DATE)

Washing Machine Line Inspected, If Applicable NA (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: tie in old bed from distribution box approximately 1' higher than present line

John R Atkinson

Environmentalist

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

HEALTH DEPARTMENT'S COPY