Date Received 6-11-77

JUN 22

ICAR(S) Application No. 1267

T. C. No. 037-246-03

Map Date ___

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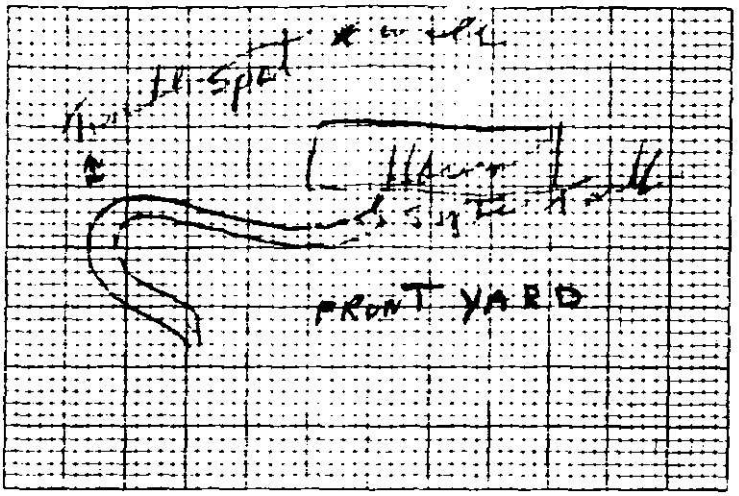
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 3
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 BAIRD (LAST) WALTER (FIRST) H (MIDDLE)

14) ADDRESS OF OWNER 5606 Victoria Ave. Charlotte N.C 28213

15) PHONE NO Home 597-1798 Office ___

16) LOCATION OF SYSTEM 5606 Victoria Ave (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 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 ___

Walter Baird
OWNER

FORM NO E-4-4-) 7)

HEALTH DEPARTMENT'S COPY

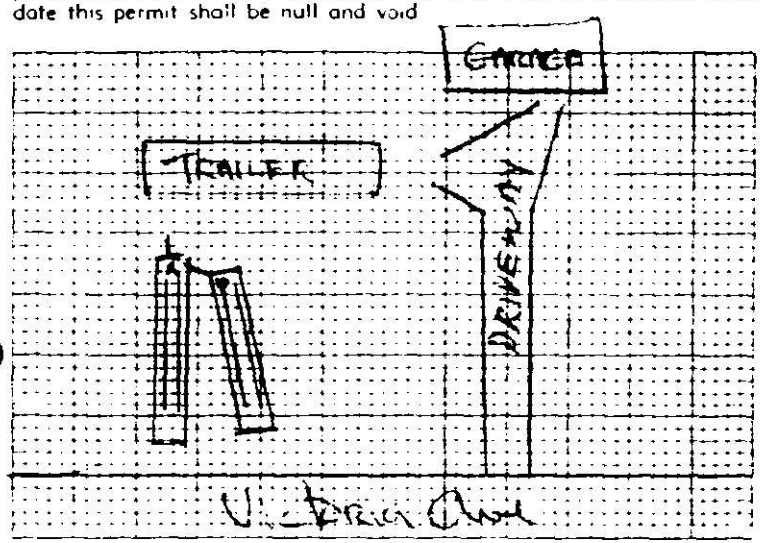
Date Issued 23 June 77 Serial No. 0976 ICAR (S) Permit No. 12696

T C No. 037-246-03

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 12696, 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 25 July 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 200 ft

Number of Lines 2

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Ballard, Walter

LOCATION OF PROPERTY Victoria Ct

The system shall meet all 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. **The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.**

Comments

Two beds 5'x50'

Division or Section Head

A.M. Angerhofer
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 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

Date Issued 29 June 77 Serial No. 0861

C of A (s) No. 12696

T C No 037-246-03

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 Ballard, Walter
LAST FIRST MIDDLE

Location of Property Victoria Ave

Application Number 12696 Permit Number 12696

Inspection Data:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 200ft Number of Lines Two

Depth of Filter Material 12" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 29 June 77 DATE Tank Inspected 29 June 77 DATE

Nitrification Field Inspected 29 June 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 ✓ 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. M. Reynolds
Environmentalist

EHD-5-76

Environmental Health Department's Copy