SEE INSTRUCTIONS ON BACK

Date Received 11-14-73

ICAR(S) Application No. 9229

T. C. No. _____

Map Date _____

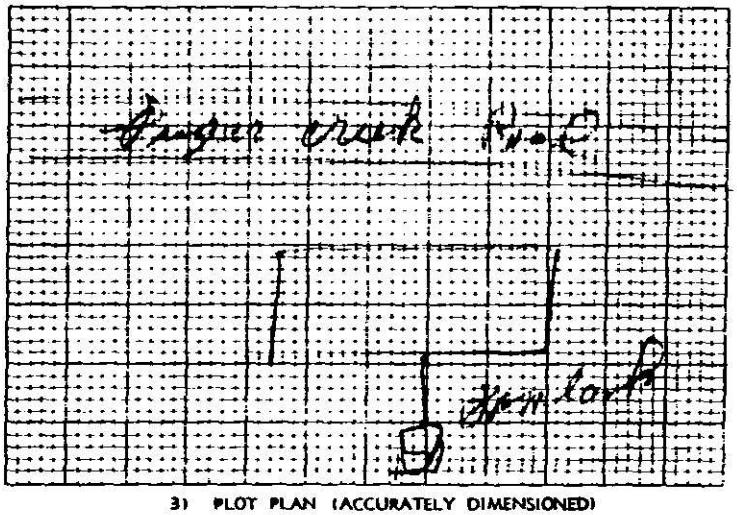
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2

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 Juanita Leaird
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 924 Eagles Crest Rd. % Winston Salem

15) PHONE NO. Home 523-4063 Office —

16) LOCATION OF SYSTEM 924 Eagles Crest Rd. (S), Charlotte, N.C. 28213
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.

11-14-73
DATE OF APPLICATION

Noah Leaird for Juanita Leaird
OWNER

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

HEALTH DEPARTMENT'S COPY

Date Issued 16 Nov 78 **Serial No. 4657** ICAR(S) Permit No. 7229

T. C. No. _____

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, 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 7229, dated 11-14-78 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 16 Dec 78, 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 200 Ft

Number of Lines (2) 5' x 100'

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well 50' +

NAME OF OWNER Brookwright, Juanita

LOCATION OF PROPERTY 924 Sugar Creek Rd W.

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: install distribution box and hook up old line to box

_____ Division or Section Head

E. M. Reynolds 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-5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3Dec73 Serial 4268 C of A (s) No. 7229

John R Adkisson T. C. 89-064-041

CERTIFICATE OF COMPLETION Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Brooknight, Jumita (LAST, FIRST, MIDDLE)

Location of Property 924 Sugar Creek Rd

Application Number 7229 Permit Number 7229

Inspection Date:

Liquid Capacity of Tank / Tank Material /

Total Length of Drain Tile 200ft Number of Lines (2) 5' x 100'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 3Dec73 (DATE) Tank Inspected / (DATE)

Nitrification Field Inspected 3Dec73 (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: _____

C.M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 8 Mar 76 Serial No. 7310 ICAR(S) Permit No. 7229

T. C. No. 089-064-041

Map Date

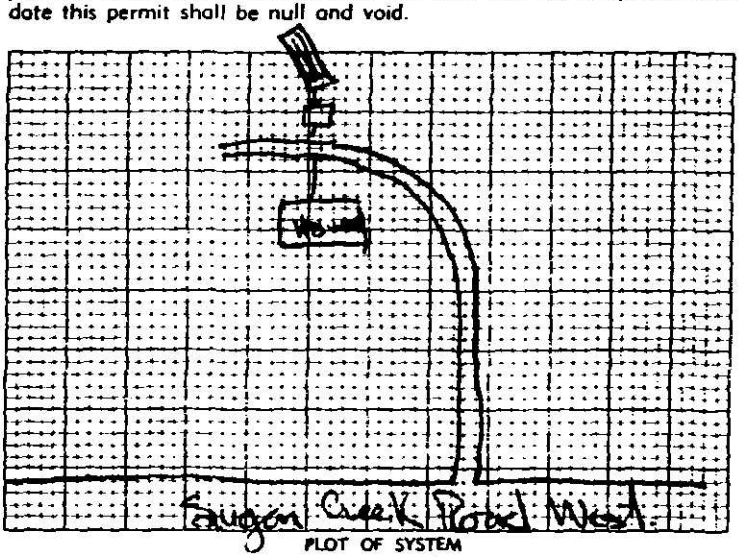
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 7229, 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 8 Mar 76, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ___

Liquid Capacity of Tank 600 gal precast top

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 100 ft

Number of Lines (3) 7½' x 33'

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER LEAIRD, Noah

LOCATION OF PROPERTY 929 Sugar Creek Rd. West

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: washer line and sink drainfield

Division or Section Head

G.M. Reynolds
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-5-4-2M-6-75

HEALTH DEPARTMENT COPY

Date Issued 9 Mar 76 **Serial No.** 6756 C of A (s) No. 7229

T. C. No 089-064041

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner LEAIRD, Noah (LAST, FIRST, MIDDLE)

Location of Property 924 Sugar Creek R. West

Application Number 7229 Permit Number 7229

Inspection Data:

Liquid Capacity of Tank 600 gal grease Trap with "T" Tank Material Precast Concrete

Total Length of Drain Tile 100± Number of Lines (3) 7½' x 33'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 150'

Excavation Inspected 9Mar76 (DATE) Tank Inspected 9Mar76 (DATE)

Nitrification Field Inspected 9Mar76 (DATE)

Washing Machine Line Inspected, If Applicable 9Mar76 (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: washer line & sink drainfield

R. M. Reynolds
Environmentalist

FORM NO. E-6-8-1-72

HEALTH DEPARTMENT'S COPY