Date Received 2-6-74

ICAR(S) Application No 7461

T C No

Map Date

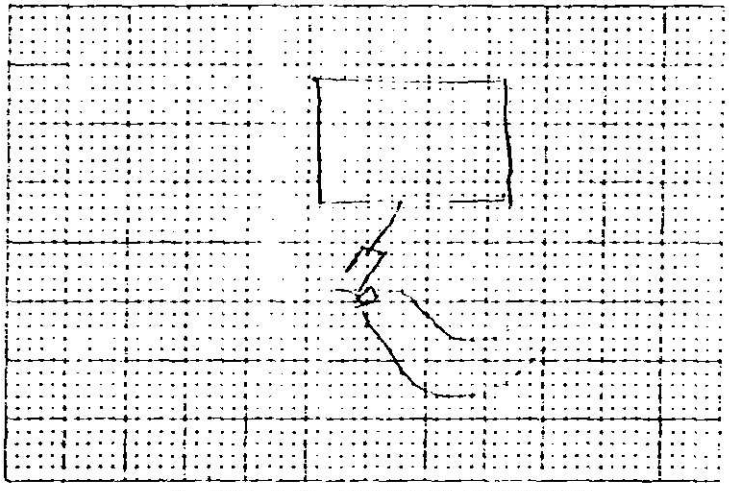
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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) Building Use: Residence / Employee

6) Washing Machine: Yes / No

7) Garbage Disposal: Yes / No X

8) Dishwasher: Yes X / No

9) Water Supply:
A) Individual Supply X
B) Government System
C) Community System
1. Well
2. Government

Sewage System:
House plumbed to public sewer: Yes / No
House plumbed to community sewer: Yes / No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER WALLACE (LAST) LEONARD (FIRST) C (MIDDLE)

14) ADDRESS OF OWNER RT 4 Box 421

15) PHONE NO Home 394-8538 Office

16) LOCATION OF SYSTEM WALKER FERRY RD (STREET OR COUNTY ROAD) & ends of Whitewell Rd.

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 2/5/74

OWNER [signature]

FORM NO E-4-B-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 2/6/74

Serial No. 4781

ICAR(S) Permit No. 7461

T. C. No. 113-181 U

Map Date 4/24/73

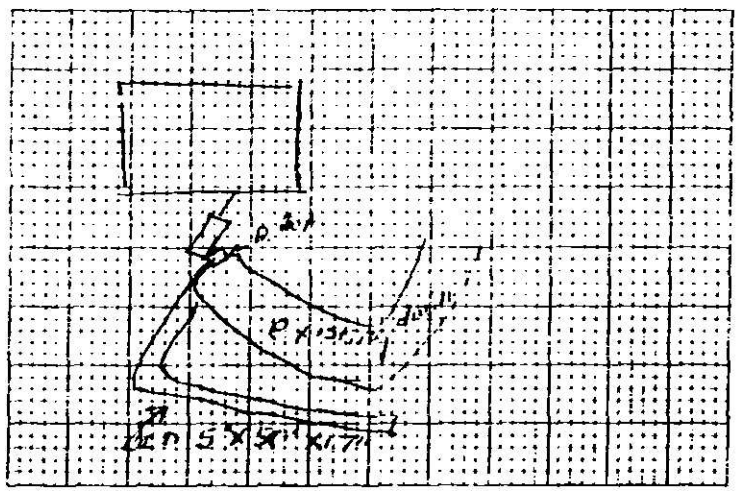
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 ___, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank REPAIR

Tank Construction "

Absorption and/or Nitrification Lines

Total Line Length 100' H

Number of Lines 2 (5' x 50' x 17")

Distance from House 10' Min.

Distance from Property Line 10' Min.

Distance from Well 50'+

NAME OF OWNER LEONARD CLARIDGE

LOCATION OF PROPERTY WALKER FERRY ROAD Charlotte

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: New repair added at dist. box with elevation 1/2" Below present lines

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 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 3/7/74 **Serial 4524** C of A (s) No. 7461

T C No

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 Allen (LAST) Leonard (FIRST) C (MIDDLE)

Location of Property Calvin Ferry Rd. Mt. Carmel Ch. Rd.

Application Number 7461 Permit Number 7461

Inspection Date:

Liquid Capacity of Tank REPAIR Tank Material

Total Length of Drain Tile 100 Number of Lines 2

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source DUG WELL Distance from Water Source 50'+

Excavation Inspected 3/7/74 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 3/7/74 (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 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: Aggregate deep in spots 2 ft below ditch

L. J. Murphy

Environmentalist

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

HEALTH DEPARTMENT'S COPY