Date Received 7-21-73

MECK. COUNTY HEAL... SEE INSTRUCTIONS ON BACK
RECEIVED
JUL 21 1973
ENVIRONMENTAL HEALTH Section

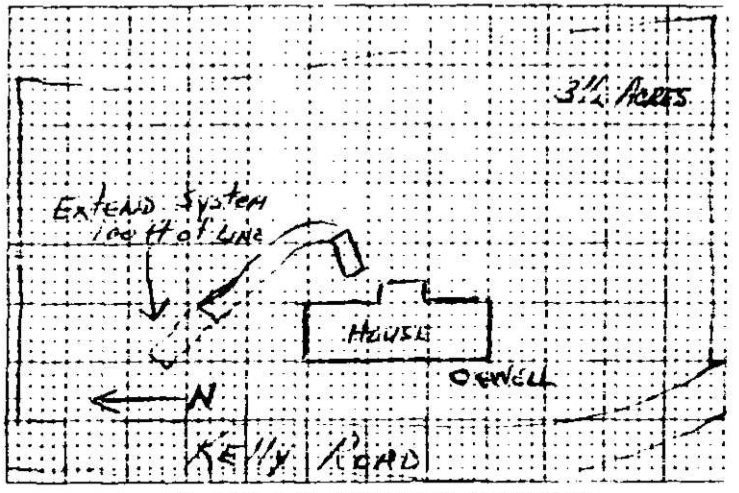
CAR(S) Application No 6745
T C No
Map Date

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 3
5) Income / Use Max No Employees
6) Washing Machine ✓ Yes ___ No
7) Garbage Disp Yes ___ ✓ No
8) Dishwasher Yes ___ ✓ No
9) Water Supply
A) Individual Well ✓
B) Government ___
C) Community ___
1 Well ___
2 Government ___
10) Sewage System
House located ___ feet of public sewer Yes ___ ✓ No
House located ___ feet from community sewer Yes ___ ✓ No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER Boyd (LAST) Howard (FIRST) Joseph (MIDDLE)

14) ADDRESS OF OWNER Rt. 4 Box 441 K

15) PHONE NO Home 392-1412 Office 523-2211 Ext 35

16) LOCATION OF SYSTEM Kelly Road (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 May 1973

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.

7/25/73
DATE OF APPLICATION

Howard J. Boyd
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 7 Aug 73

Serial No. 4145

ICAR (S) Permit No. 6245

T. C. No. 033-093-01

Map Date 9 Aug 73

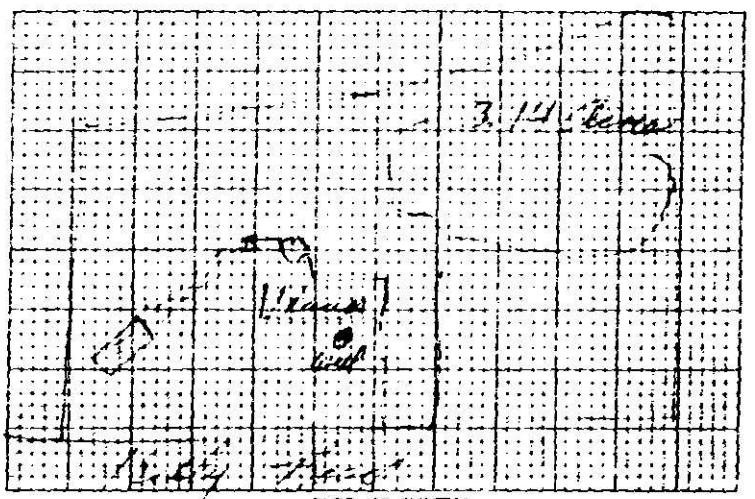
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 6245, dated 7 Aug 73 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 9 Aug 73, 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 Length 100'

Number of Lines 2 (3' X 16' Ea)

Distance from House 50'

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Boyd, Edward Joseph

LOCATION OF PROPERTY Lucy Road

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: 4 Bdrm Conv

Division or Section Head _____

Environmentalist Walt Long

* 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

Serial 3983

C of A (s) No. 6745

Date Issued 1 Oct 73

T. C. No 033-092-01

Map Date 9 Aug 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Boyd (LAST) Howard (FIRST) Joseph (MIDDLE)

Location of Property Kelly Road

Application Number 6745 Permit Number 6745

Inspection Data:

Liquid Capacity of Tank _____ Tank Material Pipe

Total Length of Drain Tile 100' Number of Lines 2 (5'X16'X 48")

Depth of Filter Material 48" Cover Depth 18"

Water Supply Source Drilled Distance from Water Source 100'

Excavation Inspected 1 Oct 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 1 Oct 73 (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: 1 Stone (Cont)

W. L. Kirby
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received _____

ICAR(S) Application No. 6745

T. C. No. 053-093

Map Date 9/7-j 4

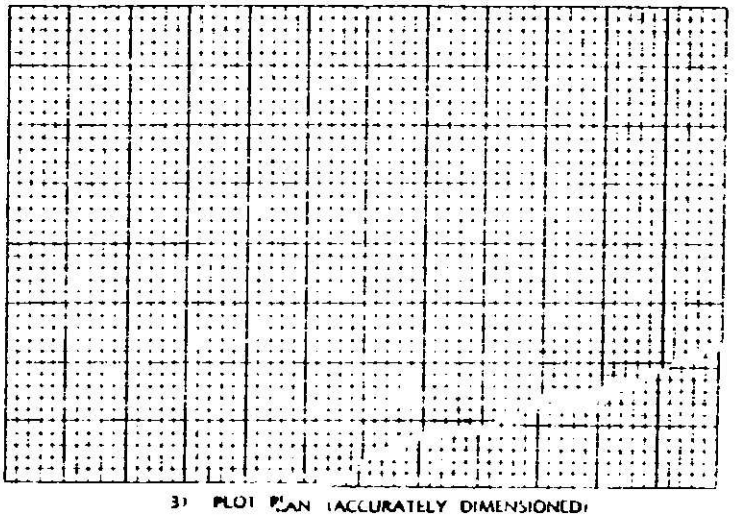
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Boyd (LAST) Howard (FIRST) Joseph (MIDDLE)

14) ADDRESS OF OWNER Rt. 9 Box 441-K, Charlotte, N.C. 28208

15) PHONE NO Home 392-1917 Office 523-7711 Ext. 356

16) LOCATION OF SYSTEM Kelly Road (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 ____

Howard Joseph Boyd
OWNER

FORM NO E-4-4-2M-6-765

HEALTH DEPARTMENT'S COPY

Date Issued 3/12/76 Serial No. 7285 ICAR(S) Permit No. 6745

T C No 033-093-01

Map Date 9 Aug 72

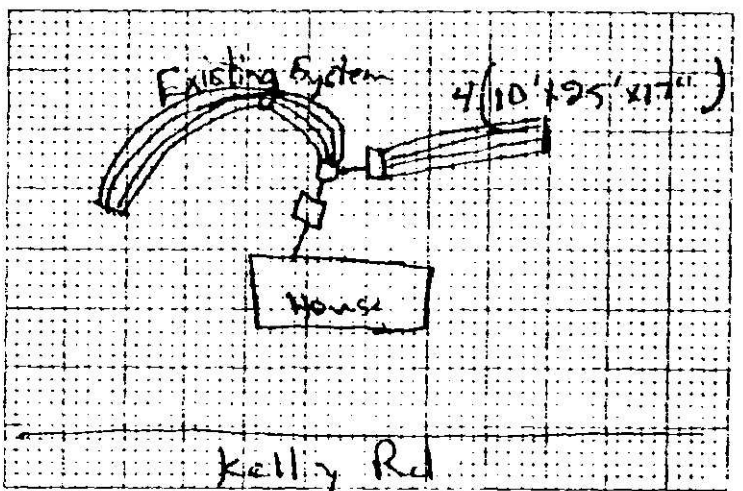
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6745, dated 3/12/76 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 April 1, 1976 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate NA

Liquid Capacity of Tank Repair

Tank Construction Repair

Absorption and/or Nitrification Lines

Total Line Lenght 100'

Number of Lines 4

Distance from House 20'

Distance from Property Line 100'

Distance from Well 100'

NAME OF OWNER Howard J. Boyd

LOCATION OF PROPERTY Kelly Rd

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 Samuel Spencer Jr.

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 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 S 4 2M 8 75

HEALTH DEPARTMENT COPY

Date Issued 3/22/76

Serial No. 6743

C of A (s) No. 6745

T C No. 033-093-01

Map Date 9 Aug 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Boyd (LAST) Howard (FIRST) J. (MIDDLE)

Location of Property Kelly Rd

Application Number 6745 Permit Number 6743

Inspection Data:

Liquid Capacity of Tank N/A Tank Material fiberglass

Total Length of Drain Tile 100' Number of Lines 4

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 3/22/76 (DATE) Tank Inspected N/A (DATE)

Nitrification Field Inspected 3/22/76 (DATE)

Washing Machine Line Inspected, If Applicable N/A (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 by the undersigned does not guarantee that the system will operate properly or relieve any person owning or occupying said property 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 as well as 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

Samuel Spencer Jr.
Environmentalist

FORM NO E-6-9-1-72