Date Received 7-6-73

RECEIVED JUL 03 1973 ENVIRONMENTAL HEALTH DIVISION

CAR (S) Application No. 6600

T. C. No.

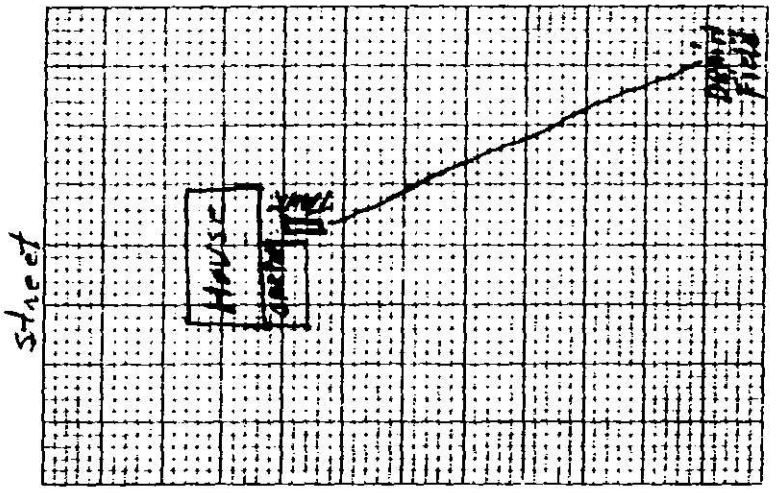
Map Date

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: City
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 HARRIS (LAST) WILFORD (FIRST) P (MIDDLE)

14) ADDRESS OF OWNER 625 Wilbrown Cir

15) PHONE NO. Home 525 4117 Office 518 0880

16) LOCATION OF SYSTEM Off Nation Ford Road (STREET OR COUNTY ROAD)

17) SUBDIVISION Homestead Park Lot No. 65 Block No.

Map Book No 7 Page No. 213

18) DEED REFERENCE — DEED BOOK [illegible] 3019 AT PAGE [illegible] 325

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

Wilford P Harris
OWNER

FORM NO. E-4-4-1-2

Pumped by Ben Marlow

HEALTH DEPARTMENT'S COPY

Date Issued 7-14-73

Serial No. 3996

ICAR (S) Permit No. 6600

T. C. No. _____

Map Date _____

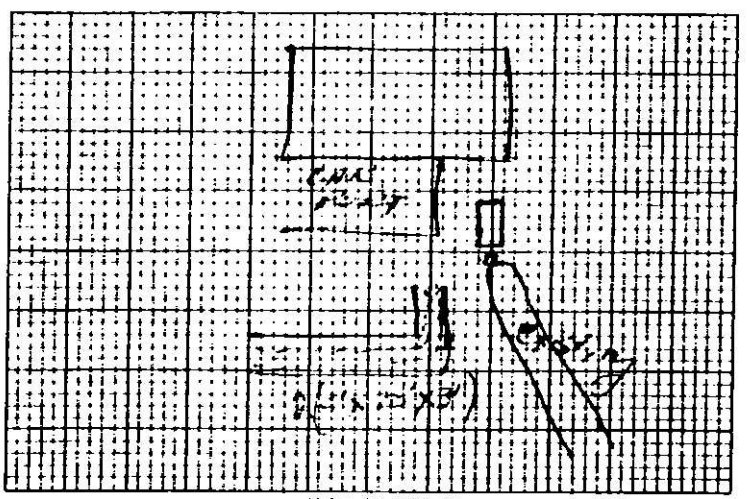
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X 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 6600, dated 7/6/73 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 8/1/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate Poor

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Lenght 100' eff.

Number of Lines 2 (25'x5'x3')

Distance from House 10' min.

Distance from Property Line 10' min.

Distance from Well 174

NAME OF OWNER Woodrow Harris

LOCATION OF PROPERTY 1115 Wilkerson Cir.

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: Correct Repair To Present System At First Box Add New 4" To Tank - Dig By Hand From Box To 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 7/19/73 Serial No. 3631 C of A (s) No. 6600

T. C. No. 167-055-07

Map Date 2-23-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner HARRIS (LAST) WILFORD (FIRST) P. (MIDDLE)

Location of Property 605 W. BROWN CIR

Application Number 6600 Permit Number 6600

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material

Total Length of Drain Tile 100'eq' Number of Lines 2 (Bed 5'x25'x3')

Depth of Filter Material 36" Cover Depth 28"

Water Supply Source — Distance from Water Source C 172

Excavation Inspected 7/19/ (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 7/19/73 (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 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: OAKS - Soil appears permeable

L. P. Williamson
Environmentalist

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

HEALTH DEPARTMENT'S COPY