Date Issued 12/11/73 Serial No. 4709 ICAR(S) Permit No. 7295

T. C. No. _____

Map Date _____

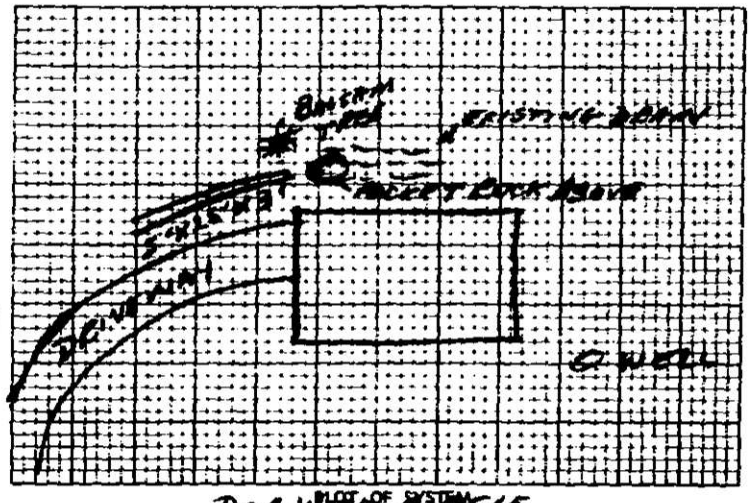
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 CR 9225 dated 12/4/73 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 12/4/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank _____

Tank Construction _____

Absorption and/or Nitrification Lines:

Total Line Lenght 100

Number of Lines 2(5'x25'x36")

Distance from House 20'

Distance from Property Line 20'+

Distance from Well 75'+

NAME OF OWNER WARD, JAMES K

LOCATION OF PROPERTY 2714 DOGWOOD 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: POCKET ROCK ABOVE EXISTING DRAIN THENCE TO REPAIR

letter

Division or Section Head _____ Environmentalist L L Buchanan

* 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 Received 12-4-73

SEE INSTRUCTIONS ON BACK

MECK COUNTY HEALTH DEPT. (CARY'S)
RECEIVED
DEC 04 1973
ENVIRONMENTAL HEALTH DIVISION

Application No 7295

T C No

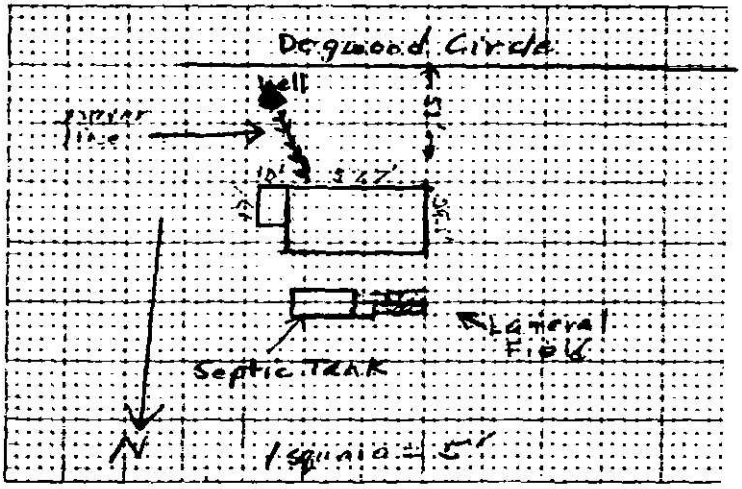
Map Date

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) Y 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 4

5) Business Use Max No Employees

6) Washing Machine Yes No

7) Garbage Disp Yes No

8) Dishwasher Yes No

9) Water Supply
A) Individual Supply
B) Government
C) Community System
1 Well source
2 Government

10) Sewage System
House located within 200' of public sewer Yes No
House located within 200' of community sewer Yes No

11) FHA Case No

12) VA Case No

13) NAME OF OWNER WARD (LAST) JAMES (FIRST) KEEFE JR. (MIDDLE)

14) ADDRESS OF OWNER 2714 DOGWOOD CIRCLE

15) PHONE NO. Home 392-6817 Office 596-3431

16) LOCATION OF SYSTEM 2714 DOGWOOD CIRCLE (STREET OR COUNTY ROAD)

17) SUBDIVISION Snyder Acres Lot No. 66-67 Block No.

Map Book No. 6 Page No. 457

18) DEED REFERENCE — DEED BOOK 3451 AT PAGE 58

19) HAS A PERCOLATION TEST BEEN RUN? ✓ YES ____ NO DATE RUN 1955

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.

12-3-73
DATE OF APPLICATION

James K Ward Jr
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12/13/73

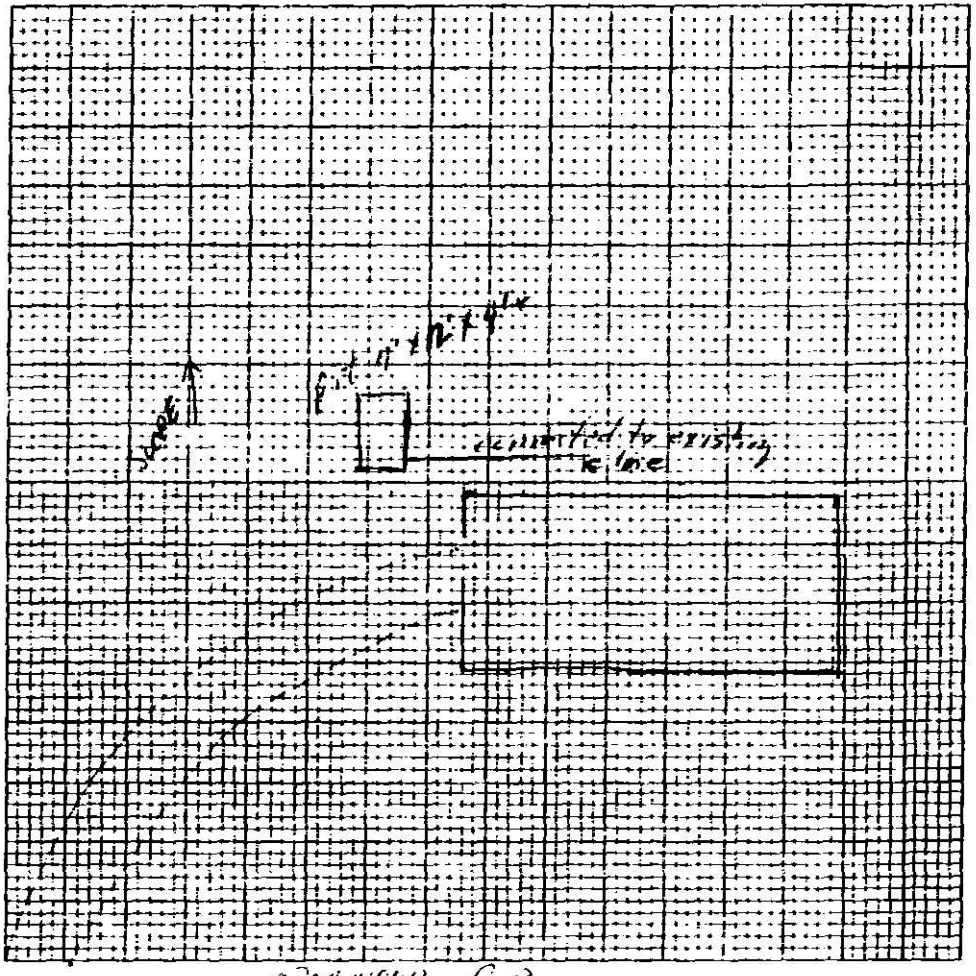
C of A (s) No. 2295

T. C No. ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PLOT PLAN SHEET



PLOT PLAN

ACCURATE DIAGRAM OF SYSTEM AS INSTALLED

Environmentalist

FORM NO. E-7-7-1-70

HEALTH DEPARTMENT'S COPY

Serial 4295

C of A (s) No. 7295

Date Issued 12/13/73

T. C. No. 059-082-03

Map Date 9/29/71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner WARD (LAST) JAMES (FIRST) K. (MIDDLE)

Location of Property 2714 DOGWOOD CIRCLE

Application Number 7295 Permit Number 7295

Inspection Data:

Liquid Capacity of Tank RE Tank Material A/R

Total Length of Drain Tile 100 eq- Number of Lines *

Depth of Filter Material 4'+ Cover Depth

Water Supply Source IND WELL Distance from Water Source 76'+

Excavation Inspected 12/13/73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 12/13/73 (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, X 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: * LAYOUT * PERMIT SPECIFIED 2 line in trench 5' x 25' x 36" stone depth. due to existing drain line this installation was changed ; see attached plot plan.

L P Brinkman

Environmentalist

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

HEALTH DEPARTMENT'S COPY