Date Received 3-22-73

ICAR (S) Application No. 5795

T C No

Map Date

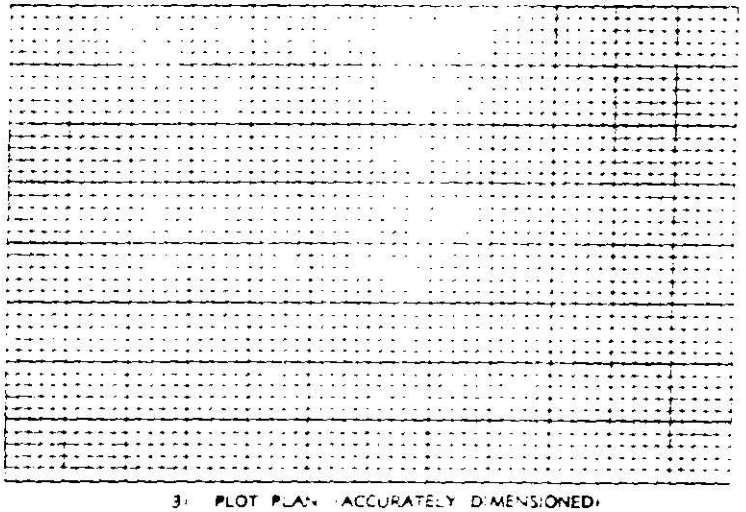
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 4

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 Watt (LAST) James (FIRST) B. (MIDDLE)

14) ADDRESS OF OWNER Rte 2, York Rd - where Beam and York Rd intersect

15) PHONE NO Home 523-1849 Office 372-2240

16) LOCATION OF SYSTEM York Rd - Hi Way 49 So. (STREET OR COUNTY ROAD)

17) SUBDIVISION No 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.

March 22, 1973
DATE OF APPLICATION

James B. Watt
OWNER

FORM NO E-4-4-1-71

✓

HEALTH DEPARTMENT'S COPY

Date Issued 5/7/73 Serial No. 2644 ICAR(S) Permit No. 5795

T C No. 22-1-011-Q

Map Date 5/25/72

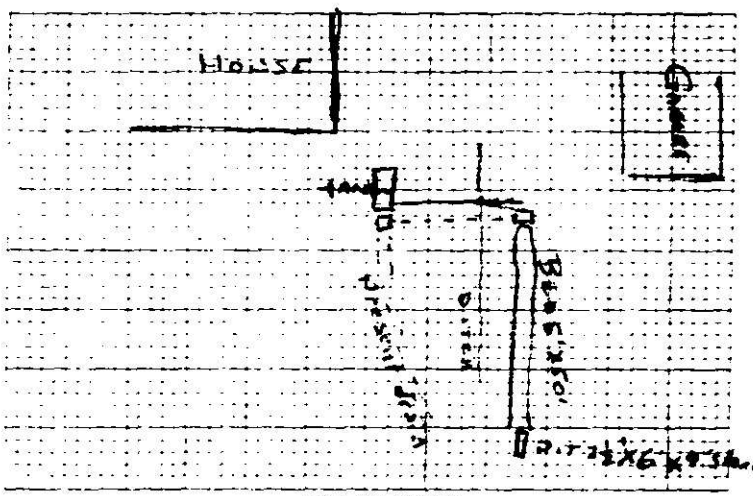
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT

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

Permission is hereby granted to Install or Construct, X Alter or Repair the individual septic tank waste-water treatment system with subsurface, soil absorption effluent discharge as specified herein at the described property. This permit is granted based upon the information supplied in application 5795, dated [illegible] and this permit shall be void and of no effect if the information provided in the application is found to be incorrect. All work shall be completed on or before MAY 21, 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 Distribution Lines

Total Line Lenght 100

Number of Lines 2 @ 5' x 50'

Distance from House 30' ±

Distance from Property Line 50' ±

Distance from Well 60' ±

NAME OF OWNER JAMES B. WATT

LOCATION OF PROPERTY W. SIDE YORK RD @ INT OF BONNIE 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: If present system has a distribution box come off box w/ new/sold line to new dist. box - if no box at present come off tank with new "T" on side to new dist box - end of drain is 2½'x6'x 5" deep. P.T. at end of 100 linear ft.

Good Luck PRC

R.F. Fine / AHD

Division or Section Head

L.P. Bridgeman

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 [illegible]

HEALTH DEPARTMENTS COPY

Date Issued 7/12/72 **Serial No.** 3589 C of A (s) No. 5795

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 WHITT (LAST) JAMES (FIRST) D (MIDDLE)

Location of Property 16 SIDE YARK RD. & I.S. BEARD RD.

Application Number 5795 Permit Number 5795

Inspection Data:

Liquid Capacity of Tank 1000 Tank Material CONC

Total Length of Drain Tile 10' Number of Lines 2

Depth of Filter Material 17" Cover Depth 18"

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

Excavation Inspected 7/12/72 (DATE) Tank Inspected T ADDED (DATE) 7/14/72

Nitrification Field Inspected 7/12/72 (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: RCMS

L B Gleason
Environmentalist

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

HEALTH DEPARTMENT'S COPY