Date Received_____ Application No. 7290

T. C. No._____

Map Date_____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER LOCKWOOD, JR (LAST) DAVID (FIRST) CARR (MIDDLE)

ADDRESS OF OWNER 2314 ASHLEY ROAD ZIP 28209

PHONE NO. Home 332-2721 Office 376-8481

LOCATION OF PROPERTY YORKBLOOD ROAD (STREET OR COUNTY RAOD)

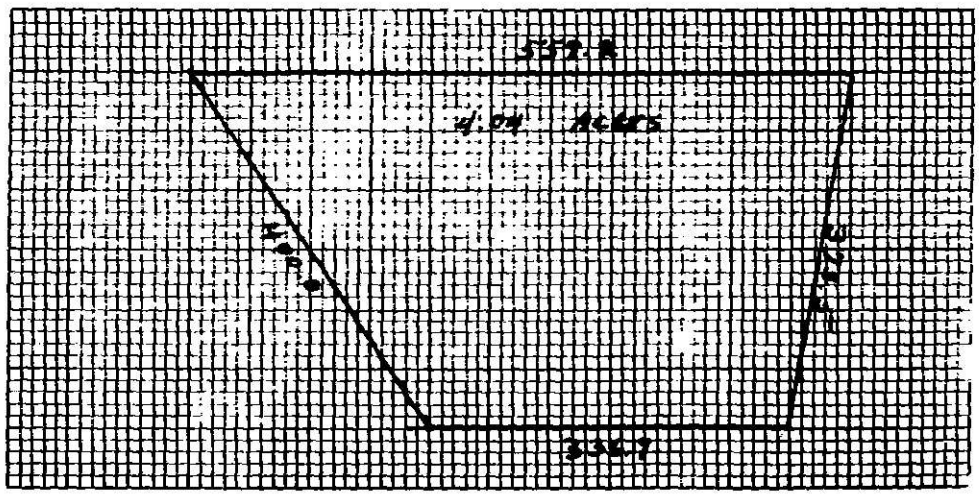
SUBDIVISION none LOT NO. none BLOCK NO. no e

MAP BOOK NO._____ PAGE NO._____

DEED REFERENCE: DEED BOOK 3633 PAGE NO. 7

WELL CONTRACTOR McCALL BROTHERS LICENSE NO._____

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of XX individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

_____ DATE OF APPLICATION

MR & MRS DAVID C. LOCKWOOD, JR OWNER

Application approved and permit hereby granted

Permit No:_____

_____ ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY

Date Received 11-29-73

APT No. 7270

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER LOCKWOOD, JR (LAST) DAVID (FIRST) CARR (MIDDLE)

2) ADDRESS OF OWNER 2314 ASHLEY ROAD ZIP 28209

3) PHONE NO. Home 332-2721 Office 376-8481

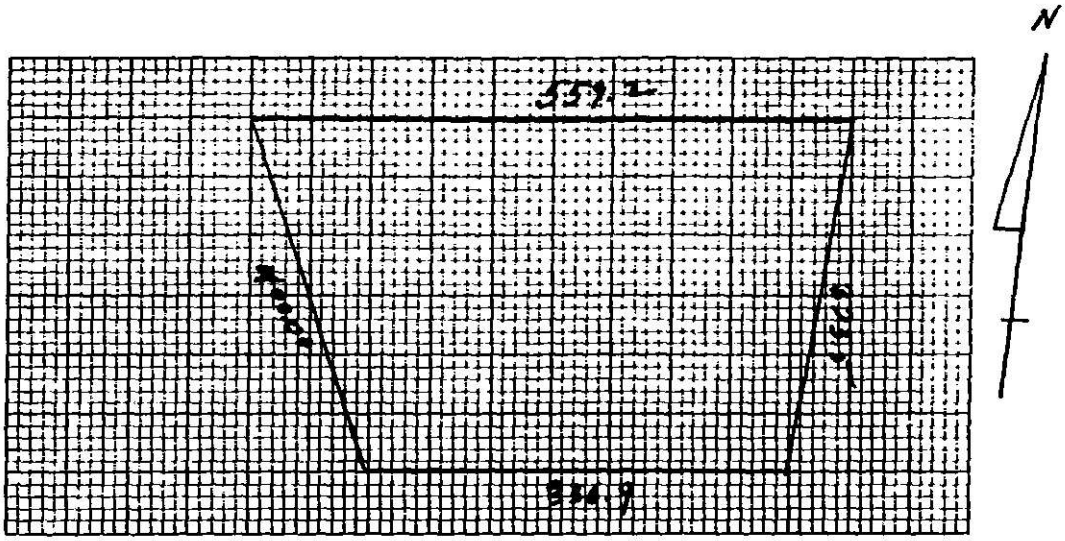
4) LOCATION OF PROPERTY YOUNGBLOOD ROAD (STREET OR COUNTY ROAD)

5) SUBDIVISION N. NE LOT NO. NONE BLOCK NO. NONE

MAP BOOK NO. PAGE NO.

6) DEED REFERENCE: DEED BOOK 3633 PAGE NO. 7

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge.



7) ACCURATELY DIAGRAM & DIMENSION LOT

MR & MRS DAVID C. LOCKWOOD, JR
OWNER

FORM NO. E-1-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3859

PTR No. 7270
P.O.
T. C. No. 217-085-02

Date Issued December 5, 1973

Map Date

Do Not Issue A Building Permit Based On This Form

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

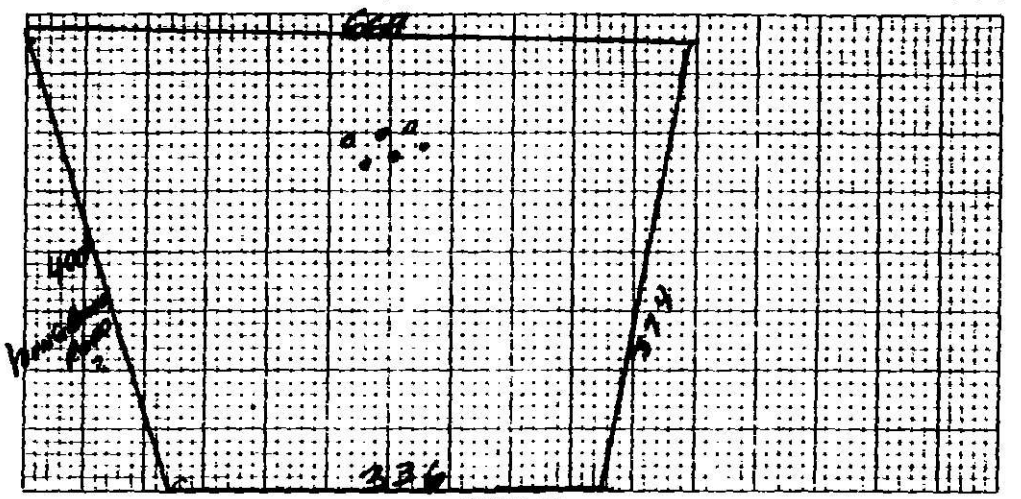
PERCOLATION TEST REPORT

NAME OF OWNER Lockwood, Jr. (LAST) David (FIRST) Carr (MIDDLE)

ADDRESS OF OWNER 2314 Ashley Road ZIP

LOCATION OF PROPERTY Youngblood Road (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.



PLOT PLAN

This is to certify that a percolation test has been run and an on-site inspection made by the Mecklenburg County Health Department on the lot described above. The said test was conducted on that portion of the lot as indicated on above plot.

The percolation rate determined by the test was 30 min/in The said lot is approved for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption effluent discharge subject to the following terms and conditions:

1. A permit to install, construct, alter, or repair the specific system shall be obtained from the Mecklenburg County Health Department prior to the beginning of any construction of buildings, or of the water treatment system on the said lot
2. The size of the septic tank wastewater teratment system which must be installed will be determined by the Health Department prior to installation based on the percolation rate obtained above, and on the size and type of building constructed thereon.
3. This approval is valid only if the system is installed in the immediate area where the percolation test was run.
4. This approval is void if any grading, filling, or construction (including the drilling of a well) is performed on the lot which, in the opinion of the Health Department, renders the area where the percolation test was run unsuitable for the installation, construction, alteration, and/or repair of such a system.

This approval is granted based on the laws of the State of North Carolina and the rules and regulations of the North Carolina State Board of Health and the Mecklenburg County Board of Health which were in effect on the date of issuance and is void if at any time in the future, prior to the completion of the system, these laws, rules, and regulations are changed such that this approval would not have been granted had the new or revised laws, rules, and regulations been in effect on the issue date.

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-2-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received _____ ICAR(S) Application No 7210

T C No

Map Date

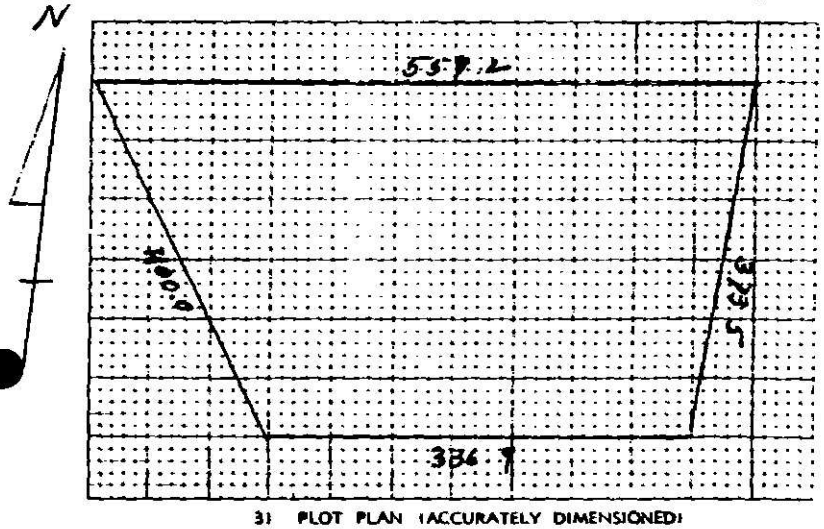
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) XX 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 LOCKWOOD, JR (LAST) DAVID (FIRST) CARR (MIDDLE)

14) ADDRESS OF OWNER 2314 ASHLEY ROAD

15) PHONE NO. Home 392-2721 Office 376-5481

16) LOCATION OF SYSTEM YOUNGBLOOD ROAD (STREET OR COUNTY ROAD)

17) SUBDIVISION NONE Lot No. NONE Block No. NONE

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 3622 AT PAGE 1

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 _____ OWNER MR & MRS DAVID C. LOCKWOOD, JR

FORM NO E-44-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3671

Date Issued December 5, 1973

LA No. 7270
P.O.
T. C. No. 217-085-02

IMPROVEMENTS PERMIT

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Lockwood, Jr. (LAST) David (FIRST) Carr (MIDDLE)

ADDRESS OF OWNER 2314 Ashley Road ZIP

LOCATION OF LOT (STREET OR COUNTY ROAD)

SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 30 min/1non an on-site inspection of the said lot; and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 7270. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit.

L. P. Bierfeman
Environmentalist

W. C. Gerrald
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY