Date Received 7-9-73

RECEIVED
JUL 6 9 1973

ICAR(S) Application No 6589

T C No

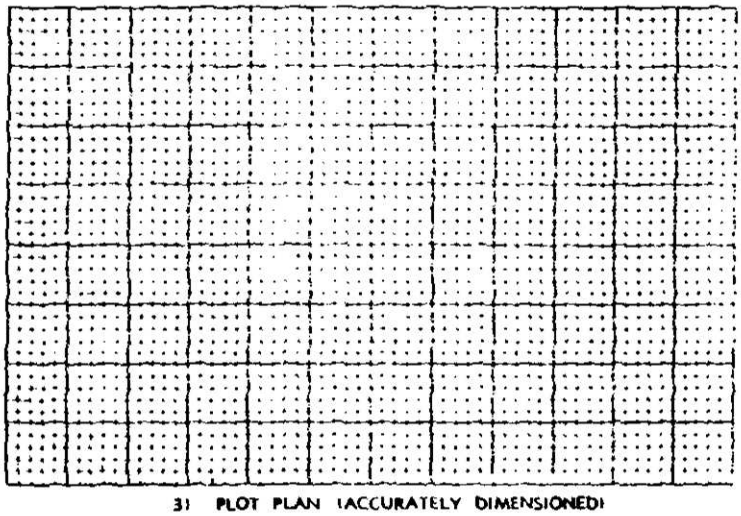
Map Date

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) XX 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 X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher ___ Yes X No

9) Water Supply
- A) Individual Well ___
- B) Governmental System X
- C) Community System
  - 1) Well source ___
  - 2) Governmental source ___

10) Sewage System
- House located within 200 feet of public sewer ___ Yes XX No
- House located within 200 feet of community sewer ___ Yes XX No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF OWNER MORTON, Marvin H. Jr.
(LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 1416 White Oak Lane, Albemarle, N. C.

15) PHONE NO. Home ___ Office ___

16) LOCATION OF SYSTEM 810 Ashmore Drive
(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 ___

OWNER Marvin H. Morton Jr.

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 1-28-74

ICAR(S) Application No 6589

T C No 163-032-01

Map Date 4-27-73

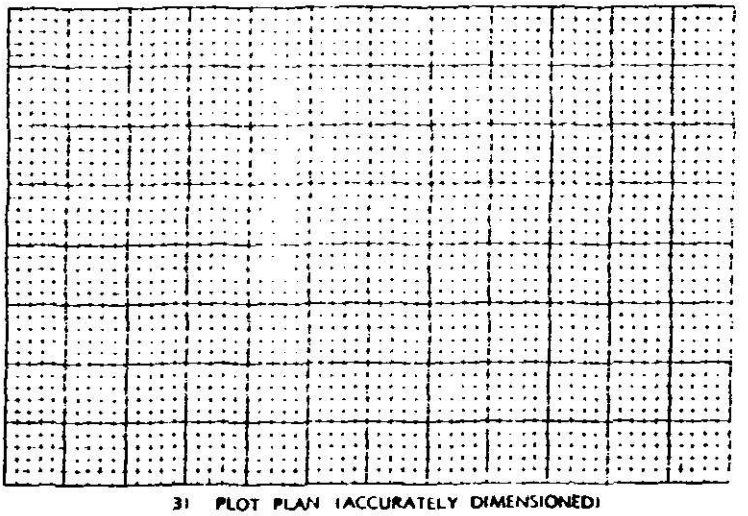
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 Morton (LAST) Marion (FIRST) Hugh (MIDDLE) Jr.

14) ADDRESS OF OWNER 1416 White Oak Ave.

15) PHONE NO Home 982-0224 Office 535-3592

16) LOCATION OF SYSTEM 810 Osborne Ave Charlotte, N.C.
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.

1-28-74
DATE OF APPLICATION

Marion H. Morton Jr.
OWNER

FORM NO. E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 12 Feb 1974

Serial No. 4870

ICAR(S) Permit No. 6589

T C No 163-032-04

Map Date 4-27-73

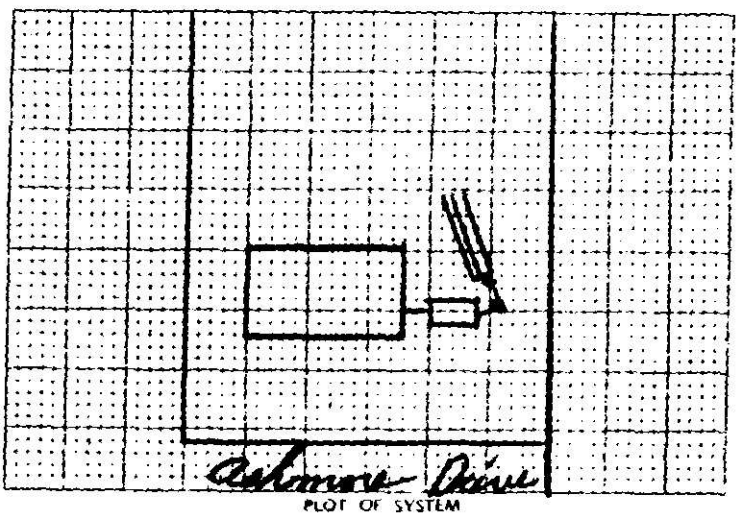
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6589, dated 1-28-74 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 15 Feb 1974 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 Lenght 100 ft

Number of Lines 3

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Morton, Marvin H. Jr.

LOCATION OF PROPERTY 810 Ashmore Drive

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 in bed 7½'x33'x17" - tie into present distribution box

Division or Section Head

Environmentalist John B Atkinson

* 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 Environmental Specialist is required where an existing system is being altered or repaired.

E-5-9-1-72

HEALTH DEPARTMENT'S COPY

Serial 4463

C of A (s) No. 6589

Date Issued 15 Feb 1974

T. C. No. 163-032-04

Map Date 4-27-23

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Morton, Marvin H. T.R.
(LAST, FIRST, MIDDLE)

Location of Property 810 Ashmore Drive

Application Number 6589 Permit Number 6589

Repair Inspection Date:

Liquid Capacity of Tank 1000 Tank Material concrete

Total Length of Drain Tile 100 Lft Number of Lines 3

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source Municipal Distance from Water Source NA

Excavation Inspected 2-14-74 (DATE) Tank Inspected 2-15-74 (DATE)

Nitrification Field Inspected 2-15-74 (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: VERY POOR soil - possibility of problems very likely in the future

John B Atkinson
Environmentalist

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

HEALTH DEPARTMENT'S COPY