SEE INSTRUCTIONS ON BACK

Date Received 4-16-73 ICARIS Application No 6023

T C No

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

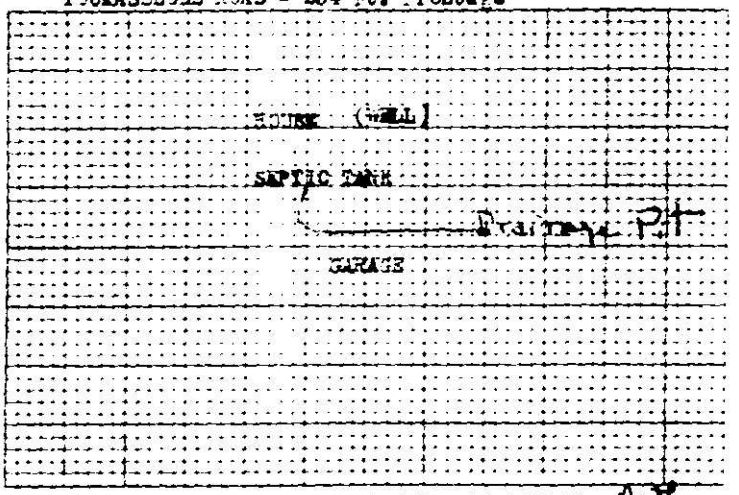
ENVIRONMENTAL HEALTH DIVISION

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge

TUCKASEEGEE ROAD - 234 Ft. Frontage



3. PLOT PLAN (ACCURATELY DIMENSIONED) North

4) No. of Bedrooms 3
5) Business Use — Yes ___ No ___ Employees ___
6) Washing Machine — Yes X No ___
7) Garbage Disposal — Yes X No ___
8) Dishwasher — Yes X No ___
9) Water Supply
A) Individual Well X
B) Governmental System ___
C) Community System
1) Well source ___
2) Governmental ___
10) Sewage System
House located ___ feet from public sewer — Yes X No
House located ___ feet from community sewer — Yes X No
11) FHA Case No ___
12) VA Case No ___

13) NAME OF OWNER SPRINGS (LAST) WILLIAM (FIRST) ALEXANDER (MIDDLE)

14) ADDRESS OF OWNER 6100 TUCKASEEGEE ROAD, CHARLOTTE N.C.

15) PHONE NO Home 399-6667 Office ___

16) LOCATION OF SYSTEM 6100 TUCKASEEGEE ROAD, CHARLOTTE N.C. (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 582 AT PAGE 589

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES X 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

4-13-73
DATE OF APPLICATION

W. A. Springs
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 3556

ICAR(S) Permit No. 6023

Date Issued 2/8/23

T. C. No 059-113-30

Map Date 9/29/71

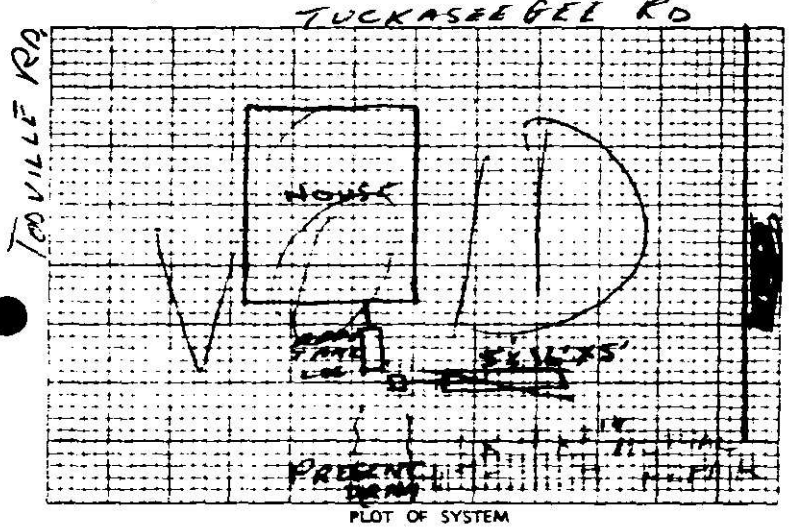
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6023, dated 4/16/23 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 _____, 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 P.T 5'X6'X5' stone

Number of Lines 1

Distance from House 10'

Distance from Property Line 10+

Distance from Well 100'+

NAME OF OWNER Wm. A. SPRINGS

LOCATION OF PROPERTY 6160 TUCKASEEGEE RD. (CNR. TODDVILLE 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: KELLER 5/23 ADD DIST. BOX IF NECESSARY

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-S-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 4/26/73 Serial No. 3134 C of A (s) No. 6023

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 SPRINGS (LAST) J.V. (FIRST) A (MIDDLE)

Location of Property 6100 INCASE EGLE RD.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank — Tank Material REPAIR

Total Length of Drain Tile 018 Number of Lines 01 (BED 6'x8')

Depth of Filter Material 24"+ Cover Depth 15"

Water Supply Source C. Distance from Water Source 60'+

Excavation Inspected _____ (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 4-26-73 (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: THIS INSTALLATION NOT SAME AS PERMIT ISSUED FOR

L R Bridgeman
(Environmentalist)

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

HEALTH DEPARTMENT'S COPY