R

Date Received 7-16-73

SEE INSTRUCTIONS ON BACK

MECK COUNTY HEALTH DEPT. CAR(S)

RECEIVED

JUL 16 1973

Application No. 6665

T. C. No.

Map Date

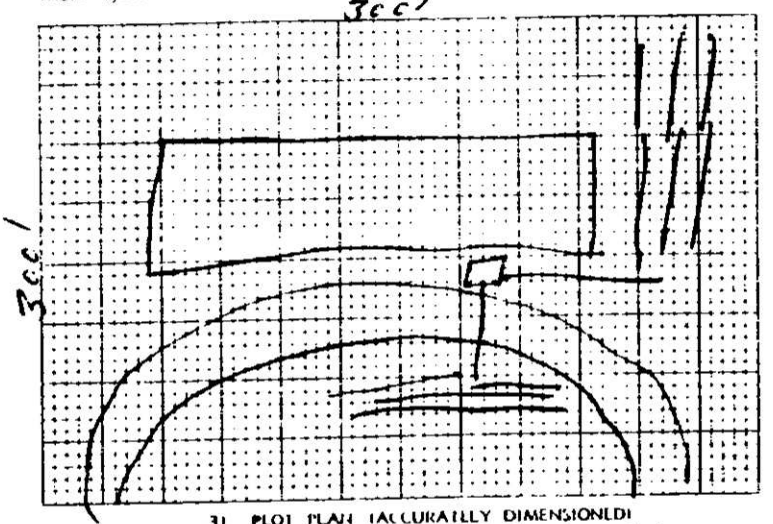
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 15

5) Business Use Max. No. Employees 9

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 Thayer-Robbins Inc (DBA Bel Air Motel)
(LAST) (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 6400 N Tryon St

15) PHONE NO Home 305 399-7519 Office 596-1211

16) LOCATION OF SYSTEM 6400 N. Tryon St
(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

FORM NO. E 5-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 16 July 73

Serial No. 4113

ICAR(S) Permit No. 6665

T. C. No. C 49-055-01

Map Date 24 May 73

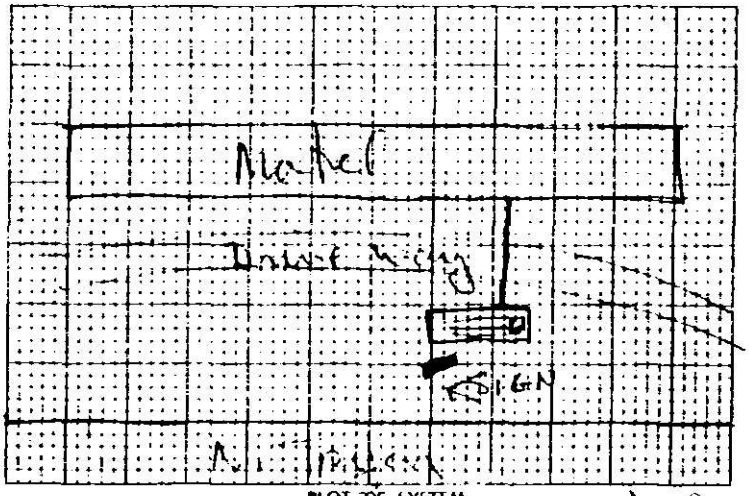
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ✓ 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 ___, dated ___ 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 16 Aug 73, 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' 4/4"

Number of Lines 3 7½' 4 3 3

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 100'

NAME OF OWNER Ruel Cline Nantel (Thayer Robbins)

LOCATION OF PROPERTY N. Tryon St

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: ___

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 5-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 2 Aug 73 **Serial No.** 3696 C of A (s) No. 6665

T C. No. 049-055-01

Map Date 24 Mar 72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Bel Air Motel (Thayer Robbins)
LAST FIRST MIDDLE

Location of Property N. Tryon St.

Application Number _____ Permit Number _____

Inspection Data:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 102+4+4 Number of Lines 2 @ 7½ 4 33'

Depth of Filter Material 17" Cover Depth 24"+ (5 feet)

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 2 Aug 73 Tank Inspected _____
DATE DATE

Nitrification Field Inspected 2 Aug 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, 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: In order to put repair in ground not paved - it was necessary to place it deep in ground.

R M. Reynolds
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY