SEE INSTRUCTIONS ON BACK

Date Received 6-4-73

ICAR(S) Application No 6417

T C No

Map Date

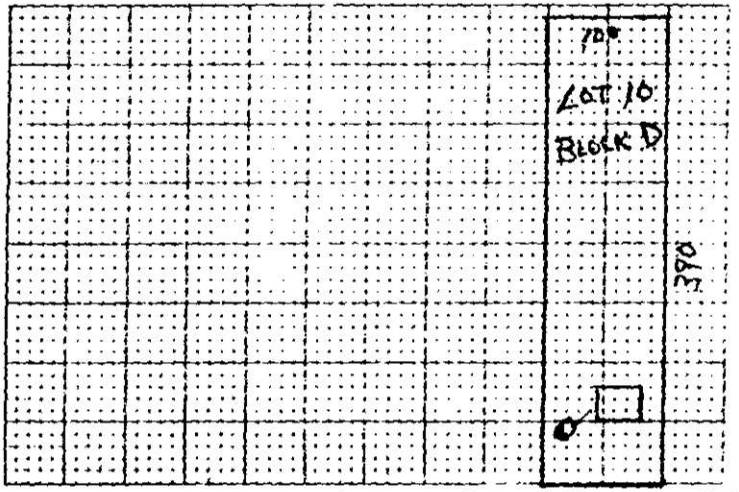
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



4) No of Bedrooms 2

5) Business Use Max No Employees

6) Washing Machine Yes ___ No ___

7) Garbage Disposal Yes X No ___

8) Dishwasher Yes X 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 X No ___
House located within 200 feet of community sewer Yes ___ No ___

11) FHA Case No ___

12) VA Case No ___

3) PLOT PLAN (ACCURATELY DIMENSIONED) SPRINGBROOK ROAD

13) NAME OF OWNER Duke Power Company (Brown & Glenn Co., Agents)
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 422 South Church St.

15) PHONE NO Home ___ Duke Power's 374-4011 Office Brown & Glenn 332-7734

16) LOCATION OF SYSTEM 427 Springbrook Road (427 Springbrook Rd.)
STREET OR COUNTY ROAD

17) SUBDIVISION Woodlawn Lot No 10 Block No. D

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 Brown & Glenn Agent

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/20/73 **Serial No. 3835** ICAR(S) Permit No. 6417

T. C. No. _____

Map Date _____

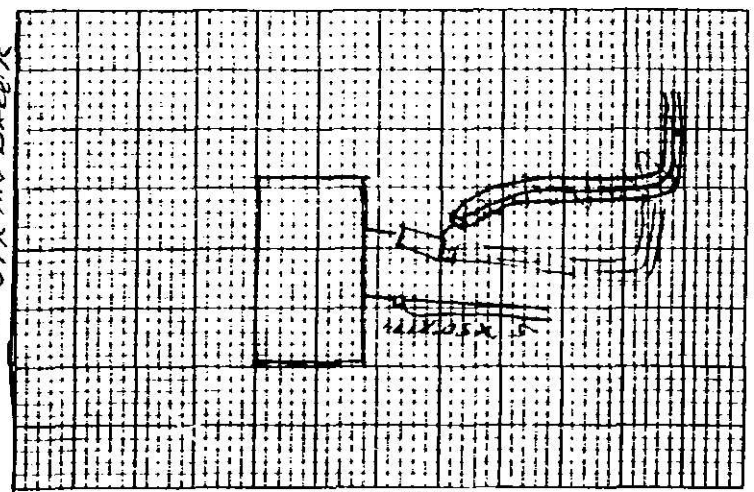
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6417, dated 6/4/73 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 July 30, 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 Nitrification Lines: ST W.M

Total Line Lenght 50 50

Number of Lines 3 2

Distance from House 10

Distance from Property Line 100'+

Distance from Well 100'+

NAME OF OWNER Duke Power Co.

LOCATION OF PROPERTY 427 Spring Brook 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: Hold dis box @ end o side of tank.

Division or Section Head

Environmentalist L R Dingleman

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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 6/22/73 Serial No. 3517 C of A (s) No. 6417

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 Duke Power Co (LAST FIRST MIDDLE)

Location of Property 4417 Spring Brook Dr

Application Number 6417 Permit Number 6417

Inspection Data:

Liquid Capacity of Tank Remove 37 with Tank Material Conc 3 with

Total Length of Drain Tile 150 50 Number of Lines 3 2

Depth of Filter Material 12" Cover Depth 28"

Water Supply Source Municipal Well Distance from Water Source 50'+

Excavation Inspected 6/22/73 (DATE) Tank Inspected N/A (DATE)

Nitrification Field Inspected 6/22/73 (DATE)

Washing Machine Line Inspected, If Applicable 6/22/73 (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: Septic Installation

C. R. Pinckney
Environmentalist

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

HEALTH DEPARTMENT'S COPY