SEE INSTRUCTIONS ON BACK

Date Received 1-15-74

ICAR (S) Application No [redacted]-7399

T C No 055-361-05

Map Date 9-5-73

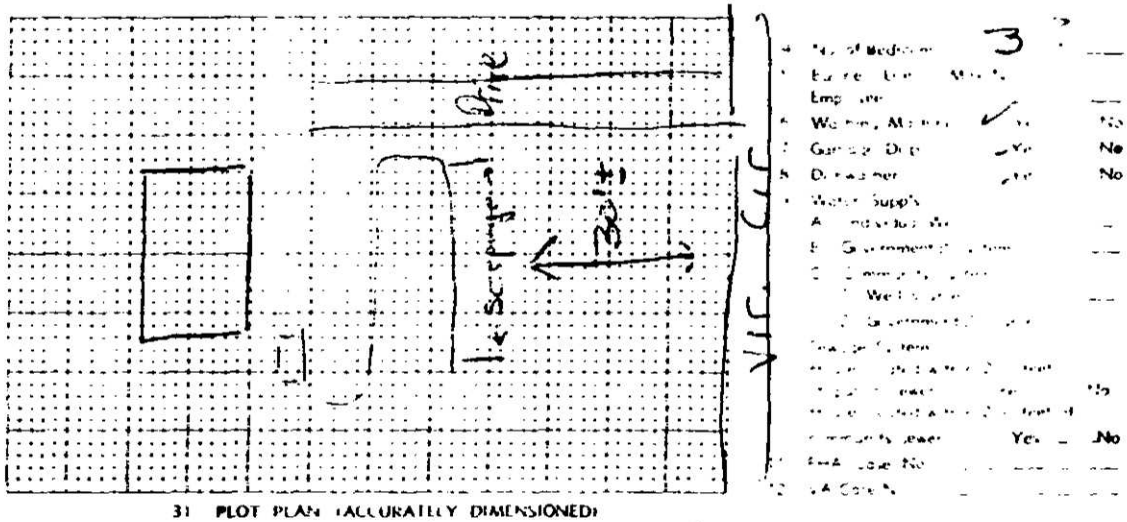
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 the 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 3
5. Estimated Daily Water Flow ___
6. Employees ___
7. Washer, Maximum ✓ Yes ___ No
8. Garbage Disposal ___ Yes ___ No
9. Dishwasher ___ Yes ___ No
10. Water Supply
   A. Individual Well ___
   B. Community System ___
   C. Community Well ___
   D. Community System ___
11. Sewage Disposal System
   A. Individual Septic Tank ___
   B. Community System ___
   C. Community Sewer ___ Yes ___ No
12. EPA Grant No. ___
13. EPA Case No. ___

31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER TUCKER (LAST) BILL (FIRST) LEE (MIDDLE)

14) ADDRESS OF OWNER 1004 VA CIR.,

15) PHONE NO Home 399-5802 Office

16) LOCATION OF SYSTEM 1004 Virginia Circle (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.

1-14-74
DATE OF APPLICATION

Billy L. Tucker
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 1-1 ____

Serial No. 4772

ICAR(S) Permit No. 7399

T. C No. 055-36A-05

Map Date 9-5-73

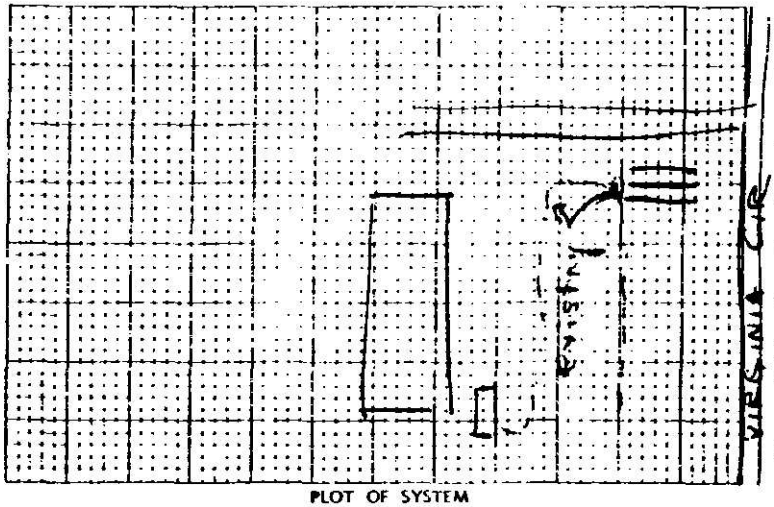
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 73, 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 ____, 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 * 100' eq.

Number of Lines 3

Distance from House 20'+

Distance from Property Line 10'+

Distance from Well C.I.T.

NAME OF OWNER BILL L. FLETCHER

LOCATION OF PROPERTY 7004 VIRGINIA CIR.

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: TIE INTO EXISTING LINE WITH POCKET OF ROCK ABOVE EXISTING DRAIN THENCE TO REPAIR 3(7½'X17'X36")

J H/JWB
Division or Section Head

L R Brigman
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 3/1/74 Serial 4470

C of A (s) No. 7399

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 FLETCHER (LAST) PIKE (FIRST) L (MIDDLE)

Location of Property 7004 VIRGINIA AVE

Application Number 7399 Permit Number 7399

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material

Total Length of Drain Tile 100 ± Number of Lines 3

Depth of Filter Material 3' Cover Depth 2'

Water Supply Source CITY Distance from Water Source -

Excavation Inspected 2/28/74 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 2/28&3/1/74 (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 X 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: THIS REPAIR IS ½ FULL OF EFFLUENT WITHIN 24 HRS. REPAIR MAY NOT BE SUFFICIENT AMOUNT.

T P McCullough

Environmentalist

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

HEALTH DEPARTMENT'S COPY