Date Received 4-3-73

APT No. 5705

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR PERCOLATION TEST

1) NAME OF OWNER Union Oil Company of California
(LAST / FIRST / MIDDLE)

2) ADDRESS OF OWNER 200 E Golf Rd, Palatine, Ill. ZIP 60067

3) PHONE NO. Home _____ Office 312-529-1700

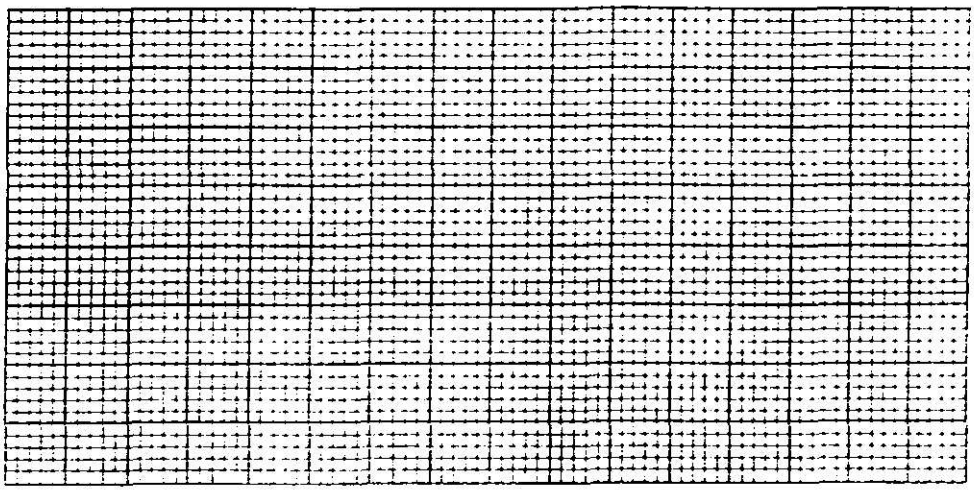
4) LOCATION OF PROPERTY N.C. Highway 27
(STREET OR COUNTY ROAD)

5) SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

6) DEED REFERENCE DEED BOOK 2043 PAGE NO. 614

Application is hereby made to the Mecklenburg County Health Department for the conduct of a percolation test and an on site inspection of the lot hereinabove described for the purpose of determining if the lot is suitable for the installation of an individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge



7) ACCURATELY DIAGRAM & DIMENSION LOT

Union Oil Company of California

By: _____
OWNER Distribution Manager

FORM NO. E-1-B-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 5-9-73

ICAR (S) Application No 5905

825-5336

T C No 053-UL-03

Map Date 9-1-72

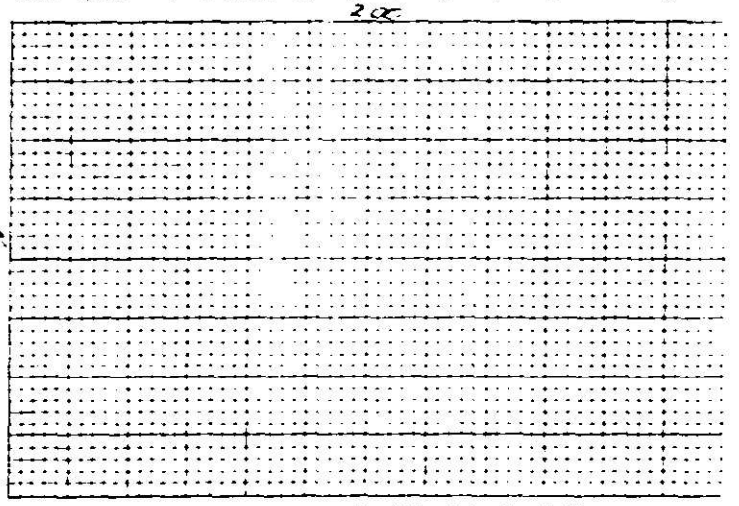
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X 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 —

5 Business Use Max No Employees 6

6 Washing Machine ... X No

7 Garbage Disposal ... X No

8 Dishwasher ... X No

9 Water Supply

A Individual Well —

B Governmental —

C Community System

1 Well X —

2 Governmental —

10 Sewage System

House located within 200' of public sewer ... X No

House located within 200' of community sewer Yes X No

11 FHA Case No —

12 VA Case No —

13) NAME OF OWNER Union Oil Company of California (LAST / FIRST / MIDDLE)

14) ADDRESS OF OWNER 200 East Golf Road, Palatine, Illinois

15) PHONE NO Home _____ Office Local: 825-5336

16) LOCATION OF SYSTEM Highway 27, Mount Holly (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No _____ Block No. _____

Map Book No _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2043 AT PAGE 614

19) HAS A PERCOLATION TEST BEEN RUN? X 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.

5/9/73
DATE OF APPLICATION

OWNER Area Distribution Manager

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

5905

Date Issued 5/9/73 **Serial No.** 883 ICAR(S) Permit No 5905

T C No ~~095-1470-3~~

Map Date 9-1-70 053-051-03

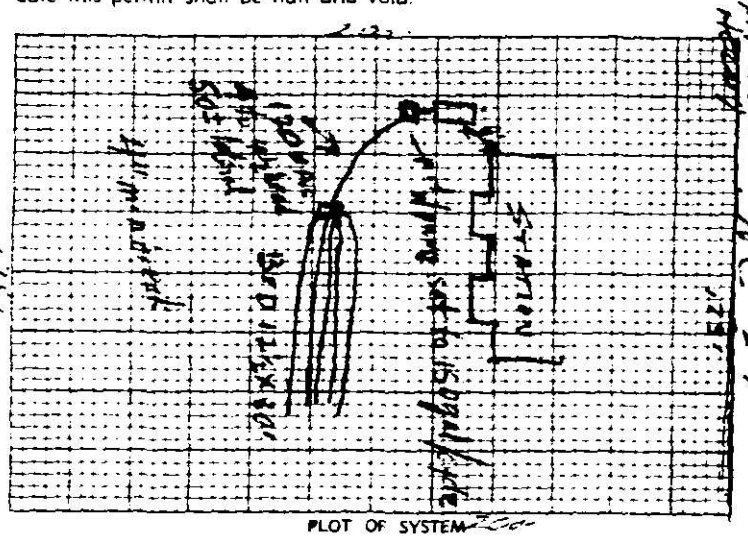
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 X 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 540, 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 11/15/73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 30 m/-

Liquid Capacity of Tank 1500 G

Tank Construction PC

Absorption and/or Nitrification Lines.

Total Line Lenght 400

Number of Lines 5

Distance from House 40'+/-

Distance from Property Line 20'+

Distance from Well 65'

NAME OF OWNER Union Cty Co. of Calif

LOCATION OF PROPERTY NC 27 @ Catawba River

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 Sinclair Tank

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 F-5-4-1-71

HEALTH DEPARTMENT'S COPY

5905

Date Issued 5/16/73

Serial No. 3301

C of A (s) No. 5401

T. C. No. 053-051-03

Map Date 9-1-70

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner UNION OIL CO. OF CALIF. (LAST / FIRST / MIDDLE)

Location of Property NC. 27 (S. SIDE) @ CATAWBA RIVER

Application Number 5401 Permit Number 5401

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 400 Number of Lines 5 (Bed 12½' x 80')

Depth of Filter Material 17" Cover Depth 15"

Water Supply Source IND WELL Distance from Water Source 50'+

Excavation Inspected 5/16/73 (DATE) Tank Inspected 5/16/73 (DATE)

Nitrification Field Inspected 5/16/73 (DATE)

Washing Machine Line Inspected, If Applicable NA (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: M & G. Brewer
Lift Pump delivers 70 - 75 gal/cycle - OK'd
with RLM's

L. P. Bridgeman
Environmentalist

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

HEALTH DEPARTMENT'S COPY