Date Received 2-13-73

ICAR(S) Application No 5554

T C No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

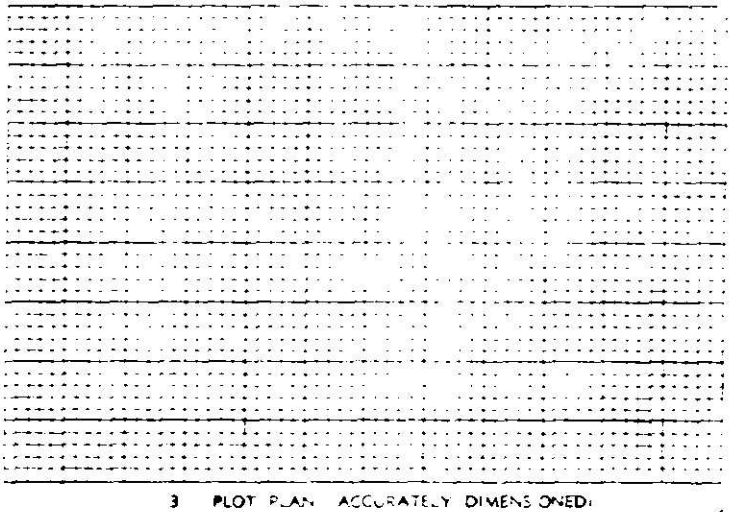
ENVIRONMENTAL HEALTH DIVISION

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

7-11 - Store



A Type of Business
B Business Use Max No Employees 3
C Washing Machine ... Yes ✓ No
D Garbage Disposal ... Yes ✓ No
E Dishwasher ... Yes ✓ No
F Water Supply
A Individual Well ... Yes
B Governmental System
C Community System
Well Source
Governmental
G Sewage System
House located within 200 feet of public sewer ... Yes No
House located within 200 feet of community sewer ... Yes No
H FHA Case No.
I VA Case No.

3 PLOT PLAN ACCURATELY DIMENSIONED

13) NAME OF OWNER Demax Corp Ink. (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER 429 South Tryon St.

15) PHONE NO Home Office 3330794

16) LOCATION OF SYSTEM Statesville Rd + Nivens Rd. (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 Perc 6c 16 Feb 73

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

Thomas A. Barringer Jr.
OWNER

FORM NO E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued February 14, 1973

Serial No. 2535

LA No. 5554

T C No 045-271-14

Map Date 9-22-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Domar Corp., Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 429 South Tryon Street ZIP

LOCATION OF LOT Statesville Rd. & Nivens Road
(STREET OR COUNTY ROAD)

SUBDIVISION LOT NO BLOCK NO

MAP BOOK NO PAGE NO

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 60 min/in on an on site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit", number 5554. This approval is subject to the following terms and conditions

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same

This approval may be revoked and the building inspection department requested to revoke any building permit so which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation Construction, Alteration and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

Environmentalist

Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued [illegible]

Serial No. 3801

ICAR(S) Permit No. 5554

T C No. C45-221-10

Map Date 22 Apr 71

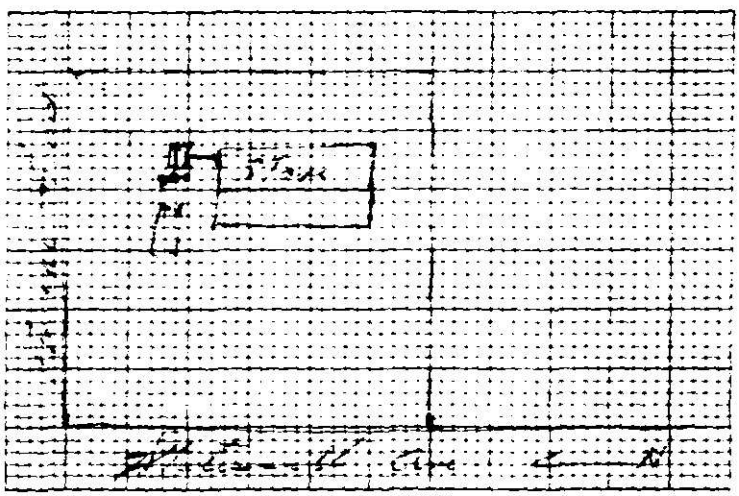
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 waste-water 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 5554 dated [illegible] 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 [illegible], after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate [illegible]

Liquid Capacity of Tank 1500

Tank Construction [illegible]

Absorption and/or Nitrification Lines:

Total Line Length 400'

Number of Lines [illegible]

Distance from House [illegible]

Distance from Property Line [illegible]

Distance from Well _____

NAME OF OWNER [illegible]

LOCATION OF PROPERTY [illegible]

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: [illegible]

Division or Section Head _____

Environmentalist [illegible]

* 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 15 Jun 73

Serial No. 3451

C of A (s) No. 5554

T. C. No 64-27/44

Map Date 22 Jun 71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner _____ (LAST) (FIRST) (MIDDLE)

Location of Property _____

Application Number 5554 Permit Number 5554

Inspection Data:

Liquid Capacity of Tank 450 G Tank Material PC

Total Length of Drain Tile 400 Number of Lines 4 (4 x 38' x 24")

Depth of Filter Material 24" Cover Depth 24"

Water Supply Source Well Distance from Water Source 705'

Excavation Inspected 15 Jun 73 (DATE) Tank Inspected 15 Jun 73 (DATE)

Nitrification Field Inspected 15 Jun 73 (DATE)

Washing Machine Line Inspected, If Applicable 15 Jun 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, _____ 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: 2" Drain Tile Used

_____

Environmentalist

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

HEALTH DEPARTMENT'S COPY