SEE INSTRUCTIONS ON BACK

Date Received 5-3-73

ICAR(S) Application No 6146

T C No

Map Date

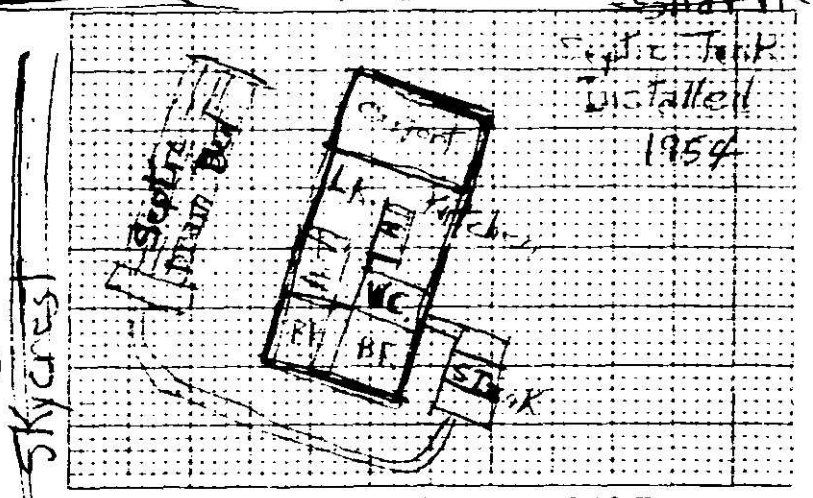
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 2

5) Business Use (Max No. Employees)

6) Washing Machine Yes No

7) Garbage Disposal Yes No

8) Dishwasher Yes No

9) Water Supply
A) Individual System
B) Government System ✓
C) Community System
1 Well source
2 Government 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 Moore (LAST) Jack (FIRST) Thomas (MIDDLE)

14) ADDRESS OF OWNER 6522 Skycrest Lane Charlotte, N.C.

15) PHONE NO Home 523-0922 Office

16) LOCATION OF SYSTEM 6522 Skycrest Lane Charlotte, N.C. (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 1954

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 Jack Thomas Moore

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5/8/73 Serial No. 3676 ICAR(S) Permit No. 6146

T. C. No

Map Date

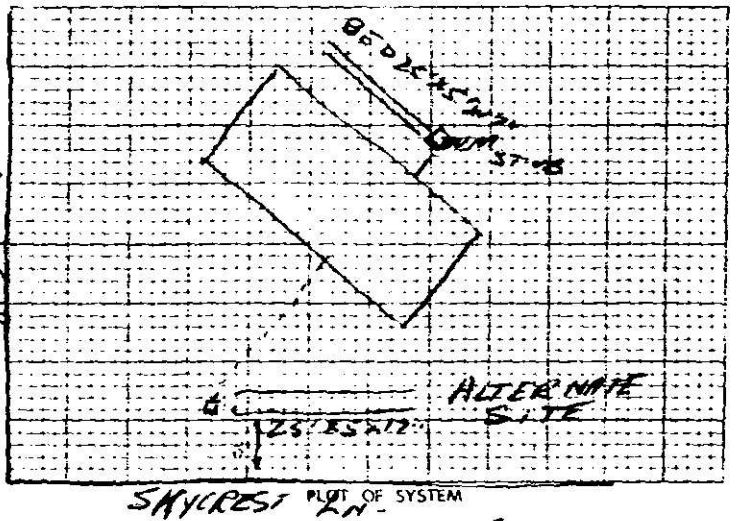
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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 6146, 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 MAY 16, 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:

Total Line Lenght 50'

Number of Lines 2 (25' x 2½' x 1T') (?) 34"

Distance from House 10'

Distance from Property Line 10' min

Distance from Well —

NAME OF OWNER JACK T. MOORE

LOCATION OF PROPERTY 6522 SKYCREST LN

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. TO BE ANNEXED THIS YEAR - SEWER ~~CONNECT~~ AVAILABILITY DATE PERHAPS 2 YRS

CLAY - ASST.

R. S. Pike 7/26 — Division or Section Head

S. P. Bridgeman — 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 (-7)

PUBLIC ENVIRONMENTS COPY

Date Issued 5/10/73

Serial No. 3305

C of A (s) No. 6146

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 Moore (LAST) Jack (FIRST) T (MIDDLE)

Location of Property 6522 Skycrest Ln.

Application Number 6146 Permit Number 6146

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material ?

Total Length of Drain Tile 50 Number of Lines 2 (BEDS 25' x 7')

Depth of Filter Material 17' Cover Depth 30"

Water Supply Source City Distance from Water Source —

Excavation Inspected — (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected — (DATE)

Washing Machine Line Inspected, If Applicable 5/10/73 (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: Clark

Environmentalist

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

HEALTH DEPARTMENT'S COPY