INSTRUCTIONS

Date Received 1.2.73

ICAR(S) Application No. 5411

T. C. No. CSP-172.14

Map Date 10.16.72

MECKLENBURG COUNTY HEALTH DEPARTMENT

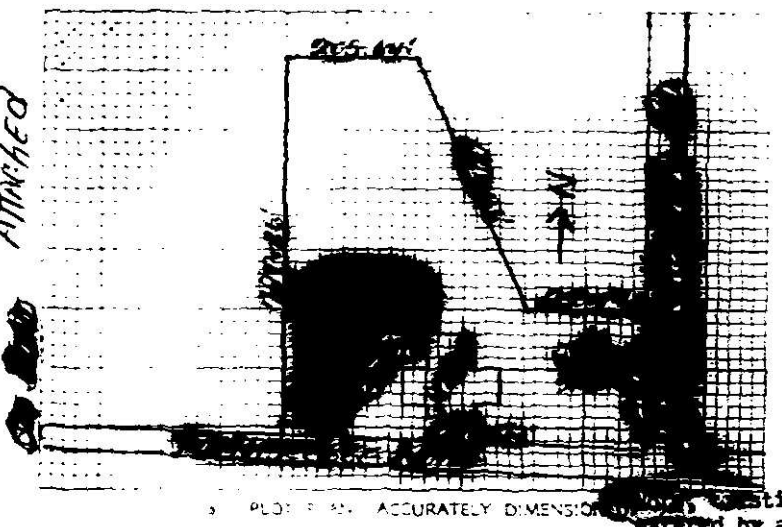
ENVIRONMENTAL HEALTH DIVISION

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 subsurface soil absorption effluent discharge

See Site Plan Attached



4) Number of Bedrooms
5) Number of Persons
6) Washing Machine — X No
7) Garbage Disposal — X No
8) Dishwasher — X No
9) Water Supply
A) Individual
B) Governmental System
C) Community System
1. Well source
2. Governmental
10) Sewage System
House located within 200' of public sewer
House located within 200' of community sewer — No
11) FHA Case No.
12) VA Case No.

PLOT PLAN: ACCURATELY DIMENSION[illegible] existing buildings are currently served by a well. However, we are to receive water from the Mecklenburg water system which runs along Burkholder Rd.

13) NAME OF OWNER Mulberry Baptist Church
LAST FIRST

14) ADDRESS OF OWNER 5[illegible] Tuckaseegee Road, KCharlotte, N. C. 28214

15) PHONE NO Home ___ Office 399-3666

16) LOCATION OF SYSTEM Burkholder & Tuckaseegee Rd.
STREET OR COUNTY ROAD

17) SUBDIVISION ----- Lot No. --- Block No. ---

Map Book No --- Page No. ---

18) DEED REFERENCE — DEED BOOK 2359 AT PAGE 295 (1.99 A)
2711 27 (5.0 A)

19) HAS A PERCOLATION TEST BEEN RUN? ___ YES x 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.

DECEMBER 29, 1972
DATE OF APPLICATION

MULBERRY BAPTIST CHURCH
BY: Wallace R. Russell
OWNER CHAIRMAN, BUILDING & FUTURE PLANNING COMMITTEE

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

HEALTH DEPARTMENT'S COPY

Date Issued January 4, 1973

Serial No. 2426

LA No. 5411

T C. No. 059-172-14

Map Date 10-16-72

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 Mulberry Baptist Church
(LAST) (FIRST) (MIDDLE)

ADDRESS OF OWNER 6450 Tuckaseegee Road ZIP 28214

LOCATION OF LOT Burkholder & Tuckaseegee 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 * or 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 5411 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(s) 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.

* M Will install a 1500 gallon tank and 600 linear feet of line.

John R Adkisson
Environmentalist

John Gilbert
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 7 March 1974 Serial No. 4861 ICAR(S) Permit No 5411

T C No 059-178-14

Map Date 10-16-72

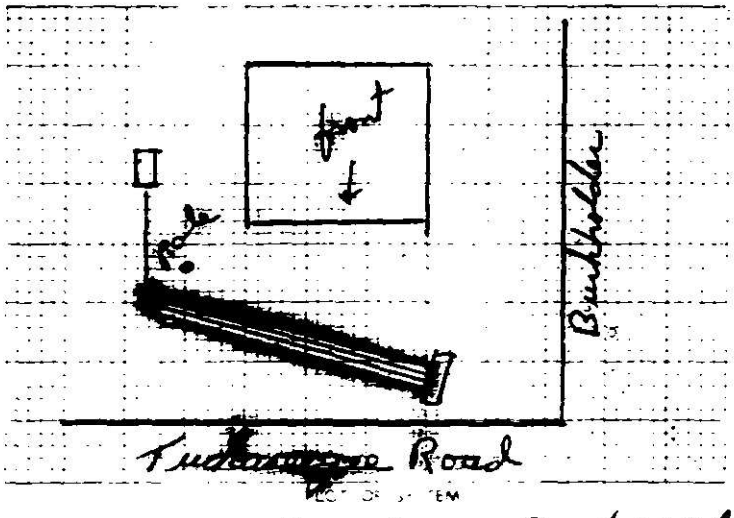
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ~~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 5411 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 1 April '74 after which date this permit shall be null and void.



LOT OR SYSTEM

Percolation Rate 60

Liquid Capacity of Tank 1500 gal

Tank Construction - concrete

Absorption and/or Distribution Lines T (variation per)

Total Line Length 500 lf

Number of Lines 5 (12½ x 50')

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Mulberry Baptist Church

LOCATION OF PROPERTY Tuckaseegee Rd + Bunkholder

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 bed 12½ x 50 with 3/4" #10 stone

Division or Section Head

John R Atkisson
Environmentalist

* 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-5-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 13 March 1974 Serial 4350

C of A (s) No. 5411

T. C. No. 059-172-14

Map Date 10-16-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Mulberry Baptist Church (LAST, FIRST, MIDDLE)

Location of Property Tuckaseegee Rd + Burkholder

Application Number 5411 Permit Number 5411

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material concrete

Total Length of Drain Tile 500 0/ft Number of Lines 5

Depth of Filter Material 34" Cover Depth 48"

Water Supply Source municipal Distance from Water Source NA

Excavation Inspected 3-13-74 (DATE) Tank Inspected 3-13-74 (DATE)

Nitrification Field Inspected 3-13-74 (DATE)

Washing Machine Line Inspected, If Applicable 3-13-74 (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: _____

John R Atkinson

Sanitarian

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

HEALTH DEPARTMENT'S COPY