B

Date Received 6 14 93

ICAR(S) Application No 6411

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge

ATTACHED

3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No. of Bedrooms N/A

5) Business Use — Max No. Employees 8

6) Washing Machine ___ Yes ✓ No

7) Garbage Disposal ___ Yes ✓ No

8) Dishwasher ___ Yes ✓ No

9) Water Supply
- A. Individual Well ___
- B. Governmental System ✓
- C. Community System:
  - 1. Well source ___
  - 2. Governmental 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. N/A

12) VA Case No. N/A

13) NAME OF OWNER USAF – N.C. AIR NATIONAL GUARD (LAST – FIRST – MIDDLE)

14) ADDRESS OF OWNER DOUGLAS MUNICIPAL AIRPORT

15) PHONE NO. Home ___ Office 399-6363

16) LOCATION OF SYSTEM N.C. ANG BASE DOUGLAS MAP (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.

12 June 93
DATE OF APPLICATION

William C. Pettit Jr.
OWNER
HQ ANG – Base Civil Eng.

FORM NO. E 5-4(...)

HEALTH DEPARTMENT'S COPY

Date Issued 6/29/73

Serial No. 3915

ICAR(S) Permit No. 6491

T. C No.

Map Date

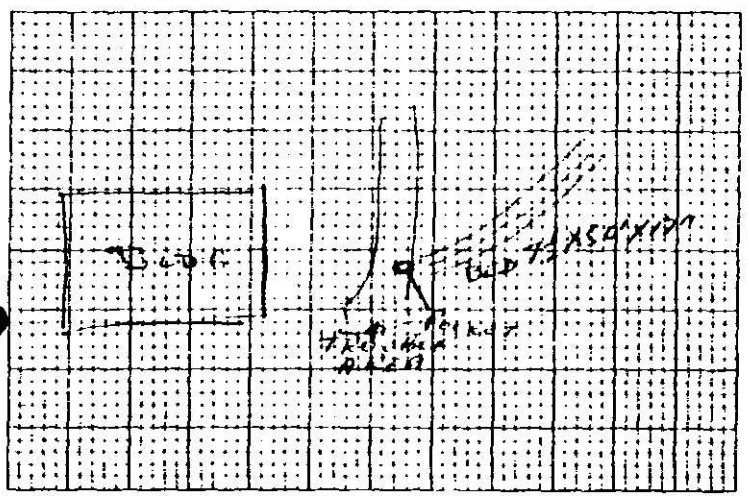
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 6491, 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 7/16/73, 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 150

Number of Lines 3 (7½ X 50' X 17")

Distance from House 35' ±

Distance from Property Line 10' min

Distance from Well ___

NAME OF OWNER N.C. Air Nat Guard (Motor Svc Shop)

LOCATION OF PROPERTY Morris Field

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: Pocket Stone No Less Than 4" Above Existing Drain Trench To Repair Drain

R L Mc LLD

Division or Section Head

T D Jones

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 7/3/23 Serial No. 3546 C of A (s) No. 6491

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 N.C. AIR NAT. GUARD (LAST, FIRST, MIDDLE)

Location of Property MORRIS FIELD (MOTOR SVC. SHOP)

Application Number 6491 Permit Number 6491

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material RPR.

Total Length of Drain Tile 150 Number of Lines 3

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source CITY Distance from Water Source _____

Excavation Inspected 7/3/23 (DATE) Tank Inspected — (DATE) _____

Nitrification Field Inspected 7/3/23 (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 _____ 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 SOIL APPEARS IMPERMEABLE. Recommend pumping to sewer if trouble develop 2nd in.

Environmentalist L P Bridgeman

FORM NO E-6-4-1-71

RECEIVED JUL 13 1971