SEE INSTRUCTIONS ON BACK

Date Received 4-14-72

ICAR (S) Application No. 3593

T C No.

Map Date

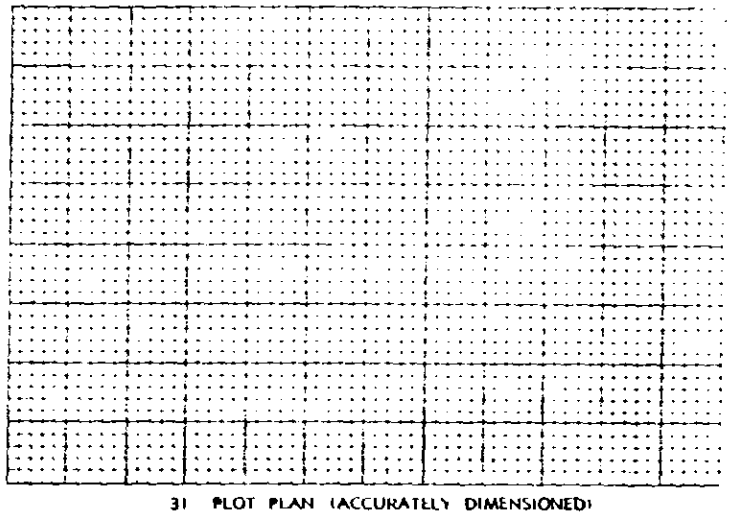
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ Discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedroom ___

5) Business Use X Maximum Employees 20

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

8) Dishwasher Yes X No

9) Water Supply
- A) Individual Well ___
- B) Governmental System X
- C) Community System
  - 1. Well source ___
  - 2. Governmental source ___

Sewage System
House located within 200 feet of public sewer Yes X No
House located within 200 feet of community sewer Yes X No

11) FHA Case No ___

12) VA Case No ___

13) NAME OF ~~OWNER~~ Lessee HARRIS-TEETER SUPER MARKETS, INC.
(LAST FIRST MIDDLE)

14) ADDRESS OF ~~OWNER~~ Lessee P. O. Box 2177 (4017 Chesapeake Dr.) Charlotte, N. C.

15) PHONE NO ~~Home~~ Main Office: 392-7471 Store Office 525-4055

16) LOCATION OF SYSTEM 4900 York Road, Charlotte, N. C.
(STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No. ___ Block No. ___

Map Book No 143 Page No. 17

18) DEED REFERENCE — DEED BOOK 2487-573 AT PAGE 2751

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.

April 13, 1972
DATE OF APPLICATION

HARRIS-TEETER SUPER MARKETS, INC.
~~OWNER~~

Secretary

FORM NO. E-4-4-[illegible]

HEALTH DEPARTMENT'S COPY

Date Issued 16 May 1972 Serial No. 2275 ICAR(S) Permit No 3593

T C No 143-173-16

Map Date 9-1-70

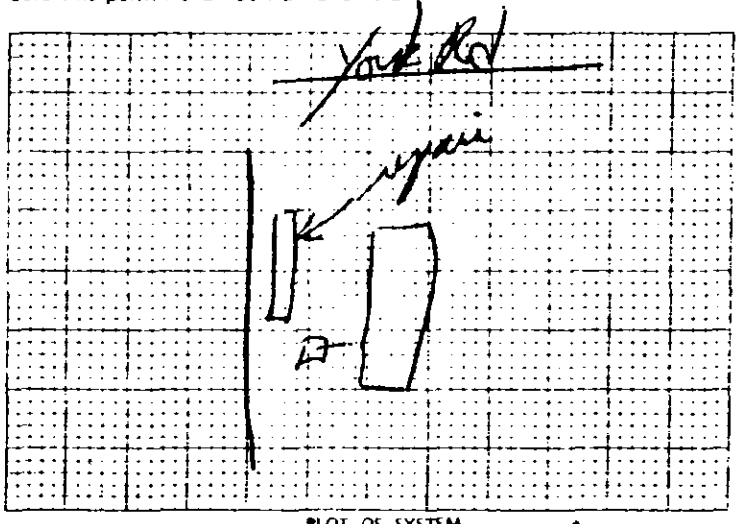
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 dated ~~and~~ and this permit shall be void and of no effect if the information provided in the application is not true or is otherwise. All work shall be completed on or before 16 Jun 1972 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank

Tank Construction

Absorption and/or Reinforcement Lines

Total Line Lenght 200 l/ft

Number of Lines 2(5X100)

Distance from House 10' +

Distance from Property Line 5' +

Distance from Well

NAME OF OWNER Harris Teeter Supermarket

LOCATION OF PROPERTY 7900 York Rd

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:

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 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 June 1972 Serial No. 2139 C of A (s) No. 3593

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 Harris Teeter Supermarket (LAST FIRST MIDDLE)

Location of Property 4900 York Rd.

Application Number _____ Permit Number _____

Repair

Inspection Date:

Liquid Capacity of Tank _____ Tank Material _____

Total Length of Drain Tile 200' Number of Lines 2 (5-X100)

Depth of Filter Material 12" Cover Depth 18"

Water Supply Source municipal Distance from Water Source _____

Excavation Inspected 6-15-72 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (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: _____

John R Atkisson

Environmentalist

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

HEALTH DEPARTMENT'S COPY