SEE INSTRUCTIONS ON BACK

Date Received 6-29-73

ICAR (S) Application No 6550

T C No 053-141-04

Map Date

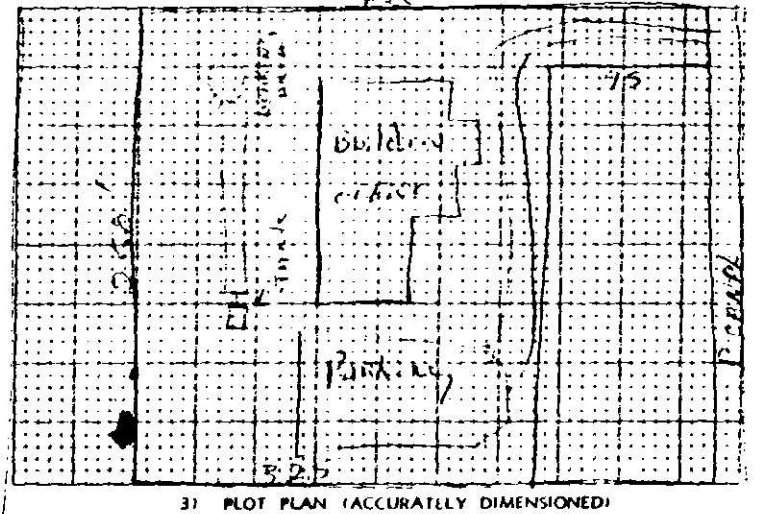
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 Bedroom ___

5) Business, Use ___ Max No 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 A
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 ___

12) VA Case No ___

13) NAME OF OWNER Marubeni America Corporation (LAST FIRST MIDDLE)

14) ADDRESS OF OWNER 200 Park Avenue, New York, New York 10017

15) PHONE NO Home ___ Office 394-5131 (Tekmatex, Inc.)

16) LOCATION OF SYSTEM Interstate 85 S @ Sam Wilson Road (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

6/27/73
DATE OF APPLICATION

OWNER for owner

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/28/73

Serial No. 3911

ICAR(S) Permit No. 6550

T C. No. _____

Map Date _____

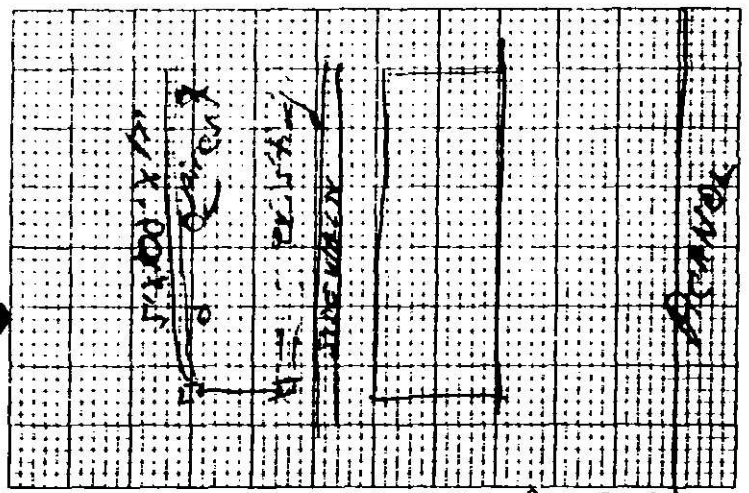
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____, 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 _____, 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 200'

Number of Lines 2 (5'x100'x17

Distance from House 60'±

Distance from Property Line 75'±

Distance from Well _____

NAME OF OWNER MARUBENI AMERICA CORP. (TEKMATEX)

LOCATION OF PROPERTY PICANOL DR. OFF SAM WILSON 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: R. STALEY - July 10.

Division or Section Head _____

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 6/29/73 **Serial No.** 3520 C of A (s) No. 6550

T. C. No. 05 3-141.04

Map Date 11-10-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner MARUBENI AMERICA CORP. (TEKMATEX)
(LAST, FIRST, MIDDLE)

Location of Property PICANOL DR (SAM WILSON RD @ I-85)

Application Number 6550 Permit Number 6550

Inspection Data:

Liquid Capacity of Tank REPAIR Tank Material →

Total Length of Drain Tile 200 Number of Lines 2

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source IND WELL Distance from Water Source 50'+

Excavation Inspected 6/29/73 (DATE) Tank Inspected NA (DATE)

Nitrification Field Inspected 6/29/73 (DATE)

Washing Machine Line Inspected, If Applicable NA (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. R. STALEY - SOIL APPEARS OK.

L. P. Bridgman
Environmentalist

FORM NO E-6-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 4 October 1973 ICAR(S) Application No 655D

T C No 053-141-04

Map Date 9-1-70

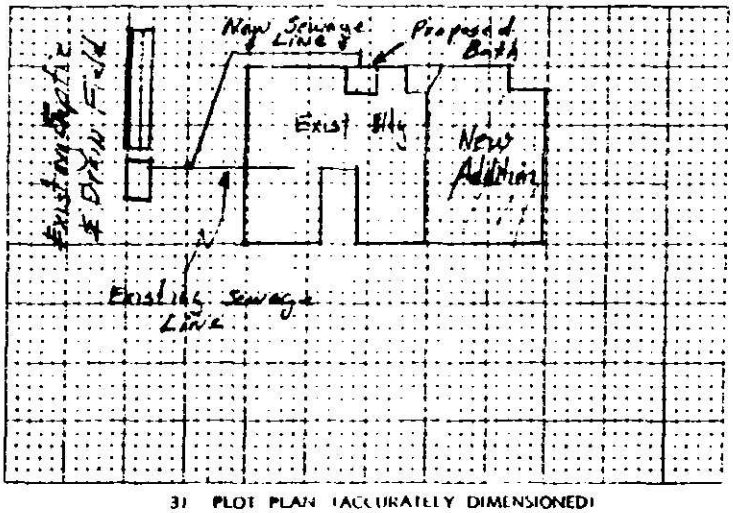
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) [redacted]

5) Business, Use — Max. No. Employees 30

6) Washing Machine — Yes X No

7) Garbage Disposal — Yes X No

8) Dishwasher — Yes X No

9) Water Supply
A) Individual Well X
B) Governmental System ____
C) Community System
1 Well on site ____
2 Governmental System ____

10) Sewage System
House located [illegible] feet of public sewer — Yes X No
House located [illegible] feet from community sewer — Yes X No

11) FHA Case No ____

12) VA Case No ____

13) NAME OF OWNER Marubeni America Corporation
LAST FIRST MIDDLE

14) ADDRESS OF OWNER I-85 S. @ Sam Wilson Road on Piconol Road

15) PHONE NO Home ____ Office 394-5131

16) LOCATION OF SYSTEM Piconol Road
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 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.

10/2/73
DATE OF APPLICATION

OWNER [signature]

REV. 12 E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 3, 1973 Serial No. 3486

LA No. ~~N/A~~ 6550

T. C. No. 053-141-04

Map Date 9-1-70

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 Tekmatex, Inc. (LAST / FIRST / MIDDLE)

ADDRESS OF OWNER I-85 ZIP

LOCATION OF LOT I-85 (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 *, 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 N/A. 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.

~~* To add new drain field.~~ may use present system

Environmentalist

John R Adkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY