SEE INSTRUCTIONS ON BACK

Date Received [illegible]

ICAR(S) Application No [illegible]

T C No [illegible]

Map Date

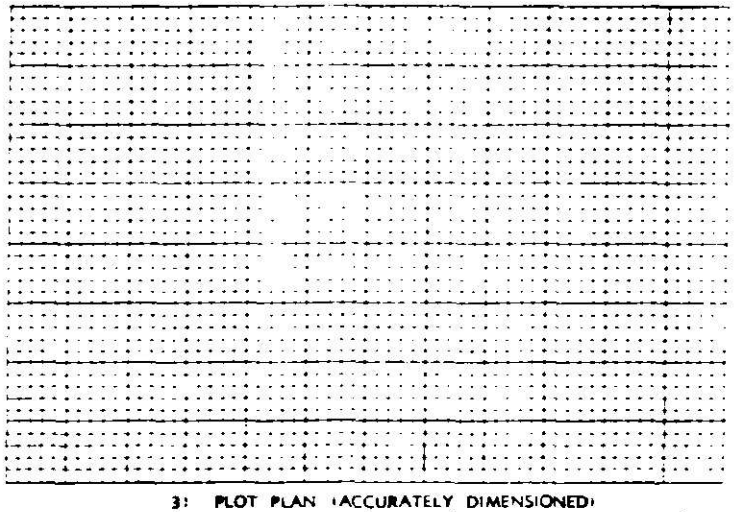
MECKLENBURG COUNTY HEALTH DEPARTMENT

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. ~~4~~ Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



4. No of ~~Bedrooms~~ [illegible]
5. Business Use [illegible]
   Employees
6. Washing Machine [illegible] No
7. Garbage Disposal [illegible] No
8. Dishwasher [illegible] No
9. Water Supply
   A. [illegible]
   B. Community [illegible]
   C. Individual [illegible]
   Well
   Spring
   Shallow Well
   Private Water Supply
   Other [illegible] No
   Public Water Supply [illegible]
   Swimming Pool Yes No
10. FHA Case No
12. VA Case No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER [illegible] (LAST, FIRST, MIDDLE)

14) ADDRESS OF OWNER [illegible]

15) PHONE NO ~~Home~~ [illegible] Office [illegible]

16) LOCATION OF SYSTEM [illegible] (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.

[illegible]
DATE OF APPLICATION

[illegible]
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued October 1, 1973

Serial No. 3468

LA No. 7041

T. C. No. 029-021-01

Map Date _____

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 Mallard Creek Presbyterian Church
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 1600 Mallard Creek Church Road ZIP _____

LOCATION OF LOT 1600 Mallard Creek Church 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 * , 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 7041. 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

* May use present system.

R. M. Reynolds
Environmentalist

L. L. Hamilton
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 27 Sept 73 Serial No. 4410 ICAR(S) Permit No. 7041

T. C. No. 029-021-01

Map Date

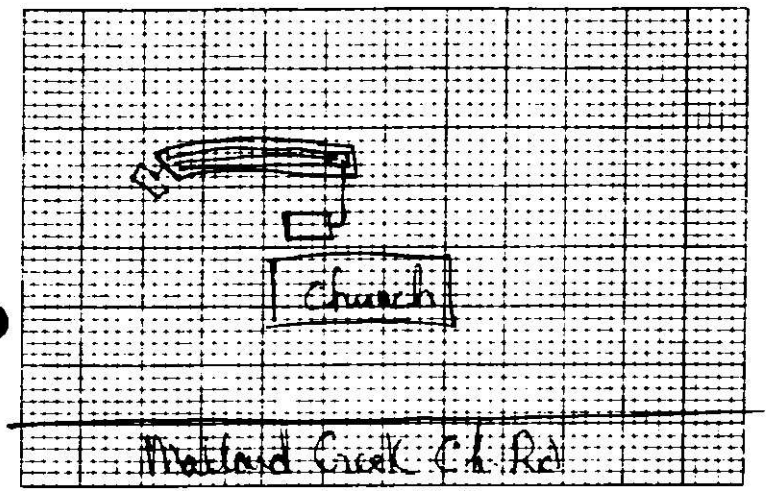
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ✓ 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 7041, dated 9-25-73 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 27 Oct 73, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ✓

Liquid Capacity of Tank ✓

Tank Construction ✓

Absorption and/or Nitrification Lines:

Total Line Lenght 400 Ft

Number of Lines (4) 10' @ 100'

Distance from House 10' +

Distance from Property Line 10' +

Distance from Well 100' +

NAME OF OWNER Mallard Creek Presbyterian Church

LOCATION OF PROPERTY 11615 Mallard Creek Ch. Road

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: Remove line to old drain field - plumb into new drainfield - if knockout available in side of Tank - plug from it using new sanitation "T" elevation pit 2½' - 4' stone

Division or Section Head

E. M. Reynolds
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 10 Oct 73 Serial 4009

C of A (s) No. 7041

T. C. No. 029-021-01

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 Malland Creek Presb. Church
(LAST / FIRST / MIDDLE)

Location of Property 1600 Malland Creek Ch. Rd

Application Number 7041 Permit Number 7041

Inspection Data:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 400 ft Number of Lines (4) 10'X100'

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 10 Oct 73 (DATE) Tank Inspected — (DATE)

Nitrification Field Inspected 10 Oct 73 (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: aeration pit O.K.

R. M. Reynolds
Environmentalist

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

HEALTH DEPARTMENT'S COPY