SEE INSTRUCTIONS ON BACK

Date Received 4/17/93

ICAR (S) Application No 6037

T C No 055-358-22

Map Date 7/22/92

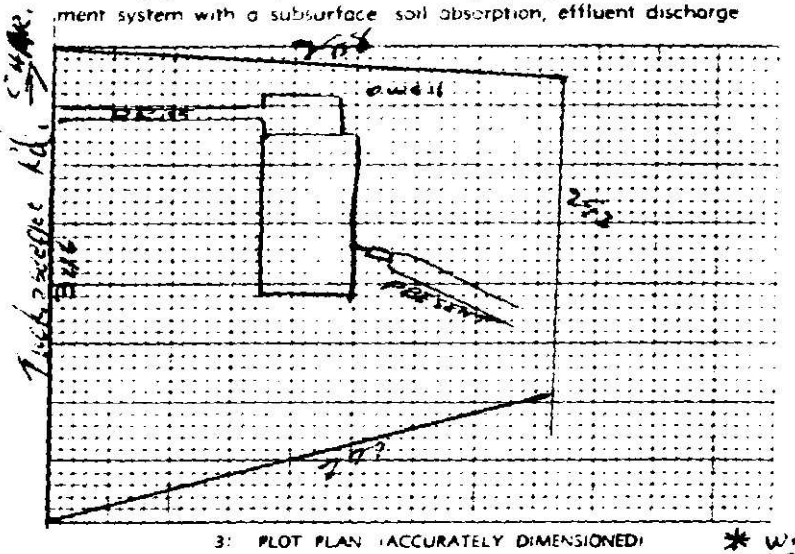
MECKLENBURG COUNTY HEALTH DEPARTMENT

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



3) PLOT PLAN (ACCURATELY DIMENSIONED) * WANTS TO DISCONNECT & ADD NEW LINE

13) NAME OF OWNER BLACK (LAST) REID (FIRST) Q (MIDDLE)

14) ADDRESS OF OWNER 7435 TUCKASEEGEE RD.

15) PHONE NO Home 399-3505 Office

16) LOCATION OF SYSTEM DIRECTLY FRONT 7435 Tuckaseegee Rd. W. Meck Hi. Sch. (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.

4/17/93
DATE OF APPLICATION

Mrs. Reid G. Black
OWNER

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 5-22-73 Serial No. 3730 ICAR(S) Permit No. 6037

T. C. No. 055-258-22

Map Date 9-24-71

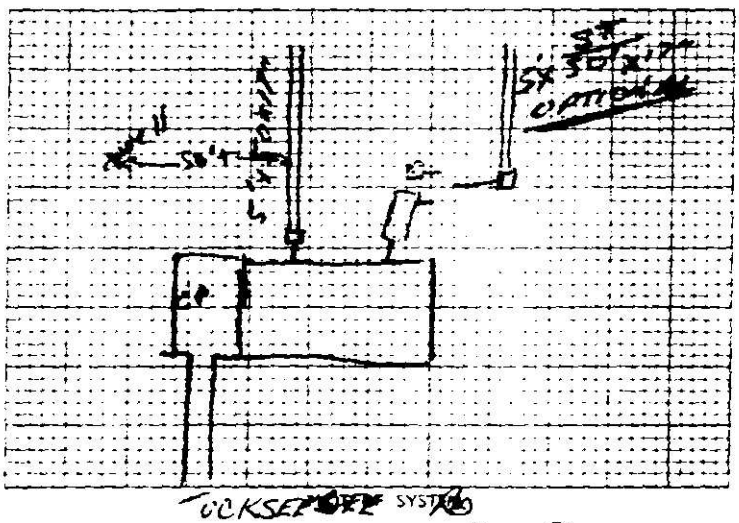
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6037, dated 4/17/73 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 5-10-73, after which date this permit shall be null and void



Percolation Rate REPAIR

Liquid Capacity of Tank 1/

Tank Construction 1

Absorption and/or Nitrification Lines W" 3FT. 100' CUT

Total Line Lenght 100

Number of Lines 2

Distance from House 10

Distance from Property Line 10'

Distance from Well 50'±

NAME OF OWNER REID Q. BLACK

LOCATION OF PROPERTY 7435 TUCASEE RECD.

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. Bigman - June 10

RFM/JHB

Division or Section Head*

L.P. Bridgeman

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 71

APPLICANT'S COPY

Date Issued 7/26/73 **Serial No.** 3657 C of A (s) No. 6037

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 BLACK (LAST) REID (FIRST) Q (MIDDLE)

Location of Property 7425 TUCKASEGEE Rd.

Application Number 6037 Permit Number 6037

Inspection Date:

Liquid Capacity of Tank — Tank Material CONCR

Total Length of Drain Tile 60 (w/m) Number of Lines 2

Depth of Filter Material 12" Cover Depth 16"

Water Supply Source Private Distance from Water Source 50'+

Excavation Inspected 7/26/73 (DATE) Tank Inspected _____ (DATE)

Nitrification Field Inspected _____ (DATE)

Washing Machine Line Inspected, If Applicable 7/26/73 (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. Bigman Soil Approx Grad

L P Bigman

Environmentalist

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

HEALTH DEPARTMENT'S COPY

Date Issued 8/19/74 Serial No. 5815 ICAR(S) Permit No 6037

T C No 055-358-22

Map Date 9/22/71

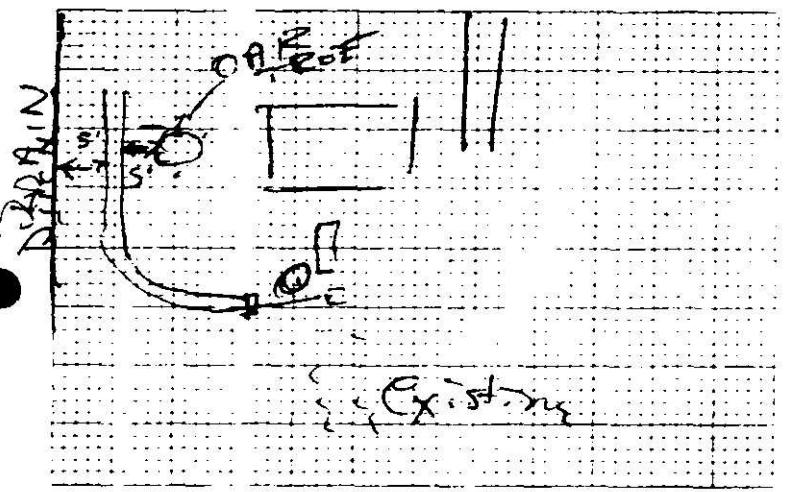
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, X Alter or Repair the individual septic tank waste water treatment system with subsurface, soil absorption, effluent discharge as specified hereon at the described location. This permit is granted based upon the information supplied in application 6037, dated 4/17/73 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 8/31/74 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate R2 A/C

Liquid Capacity of Tank 1/

Tank Construction 1/

Absorption Area or Length of Trench Lines

Total Line Length 100

Number of Lines 2

Distance from House 18'±

Distance from Property Line 100'±

Distance from Well 100'±

NAME OF OWNER REID Q BLACK

LOCATION OF PROPERTY 9435 TUCKSEEGEE 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 REPAIR SUGGESTED IN PRIOR PERMIT (5/2/73)
① ADD REPAIR FROM EXISTING DIST. BOX
FEED 1/2" ABOVE EXISTING DRAINS.

Division or Section Head JA/LPB

Environmentalist LP Buchanan

* 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-5-9-1-72

HEALTH DEPARTMENT'S COPY

Serial No. 5151

C of A (s) No. 6037

Date Issued 8-21-74

T C No 055-358-22

Map Date 9-22-71

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Black, (LAST) Reid (FIRST) Q. (MIDDLE)

Location of Property 7435 Tuckaseegee Rd.

Application Number 6037 Permit Number 6037

Inspection Data:

Liquid Capacity of Tank Repair Tank Material Repair

Total Length of Drain Tile 100' Number of Lines ~~1~~ 2 (5'x50'x17")

Depth of Filter Material 12" Cover Depth 24" avg.

Water Supply Source Ind. well Distance from Water Source 100'

Excavation Inspected 8-21-74 (DATE) Tank Inspected ~~8-21-74~~ (DATE)

Nitrification Field Inspected 8-21-74 (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 issued 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 Robert Brigman (Contractor)

W. J. Uttenbach
Environmentalist

FORM NO. E-8-9-1-72

HEALTH DEPARTMENT'S COPY