A

SEE INSTRUCTIONS ON BACK

Date Received 12-13-72

5372 11/14

ICAR(S) Application No [redacted]

T. C. No 167-021-30

Map Date _____

10000 sf
300 1/1

MECKLENBURG COUNTY HEALTH DEPARTMENT

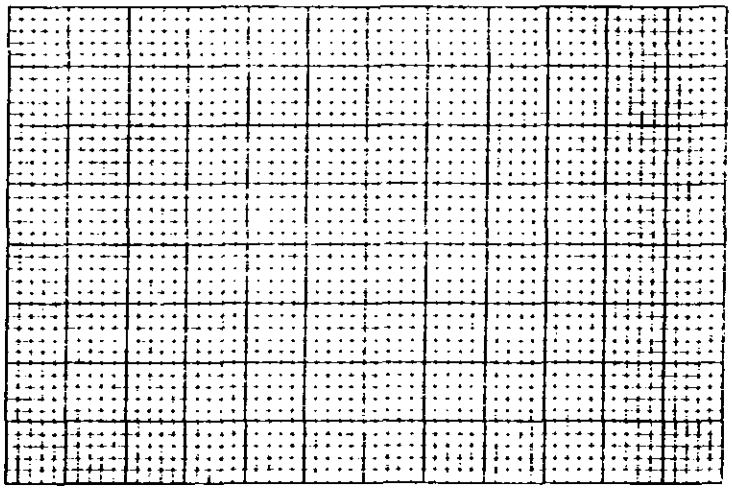
ENVIRONMENTAL HEALTH DIVISION

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.

Adding New Auditorium



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms NA

5) Business Use — Max No Employees 30

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 _____

12) VA Case No. _____

13) NAME OF OWNER Charlotte (LAST) Church of Christ (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 5327 York Rd. Charlotte, N.C. 28210

15) PHONE NO. Home _____ Office 525-5655

16) LOCATION OF SYSTEM 5327 York Road (STREET OR COUNTY ROAD)

17) SUBDIVISION _____ Lot No. _____ Block No. _____

Map Book No. _____ Page No. _____

18) DEED REFERENCE — DEED BOOK 2679 AT PAGE 230

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.

_____ Charlotte Church of Christ
DATE OF APPLICATION OWNER

FORM NO. E-4-4-1-71 Trustees: Rudy Cribb, James E. White, Dillard N. Davis

HEALTH DEPARTMENT'S COPY Don E Hankins

5372

LA No. N/A

Serial No. 2390

Date Issued December 13, 1972

T. C. No. _____

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 Charlotte Church of Christ
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER 5327 York Road ZIP _____

LOCATION OF LOT 5327 York 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 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.

* May use present system.

John R Atkinson
Environmentalist

John Gibson
Director, Environmental Health Division or Authorized Section Head

FORM NO. E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 19 December 1972 Serial No. 2942 ICAR(S) Permit No 5322

T C No 167-021-30

Map Date

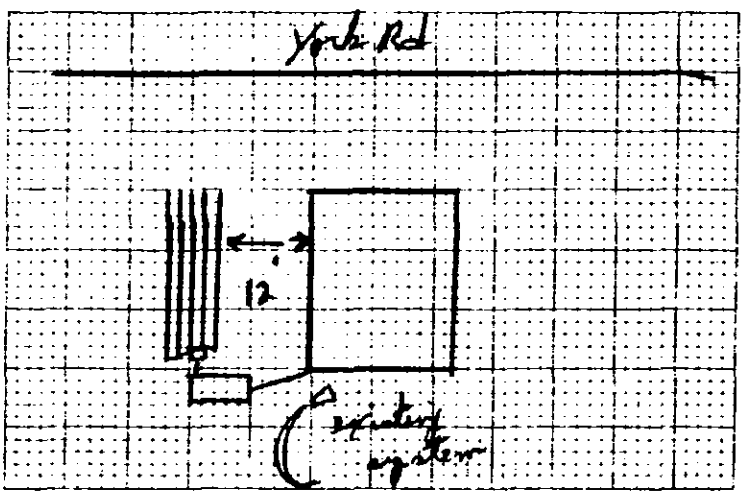
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 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 12-13-72 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 19 Jan 1973 after which date this permit shall be null and void



PLOT OF SYSTEM

Percolation Rate

Liquid Capacity of Tank 1000 gal

Tank Construction precast concrete

Absorption and/or Nitrification Lines:

Total Line Lenght 300 q/ft

Number of Lines 5

Distance from House 12

Distance from Property Line 10' +

Distance from Well NA

NAME OF OWNER Charlotte Church of Christ

LOCATION OF PROPERTY 5322 York Rd, Charlotte, N.C.

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 20 December '72 Serial No. 2726

C of A (s) No. 5372

T C. No. 167-021-30

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 Charlotte Church of Christ (LAST / FIRST / MIDDLE)

Location of Property 5327 York Rd, Charlotte, N.C.

Application Number 5372 Permit Number 5372

Inspection Data:

Liquid Capacity of Tank 1500 gal Tank Material precast concrete

Total Length of Drain Tile 300 Number of Lines 5 12 1/2 x 60

Depth of Filter Material 17" Cover Depth 24"

Water Supply Source N/A Distance from Water Source —

Excavation Inspected (DATE) 20 Dec 1972 Tank Inspected (DATE) 20 Dec 1972

Nitrification Field Inspected (DATE) 20 Dec 1972

Washing Machine Line Inspected, If Applicable (DATE) 20 Dec 1972

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