SEE INSTRUCTIONS ON BACK

Date Received 9-21-22

ICAR (S) Application No. 12807

T C No 134-231-02

Map Date 4/11/21

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

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 Department of Environmental Health 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)

Mobile Home Yes ___ No
Residence 2 Yes ___ No
4 No. of Bedrooms ___
5 Excess Use - Max No Employees ___
6 Washing Machine ___ Yes ___ No
7 Garbage Disposal ___ Yes ___ No
8 Dishwasher ___ Yes ___ No
9 Water Supply
A Individual Well X
B Governmental System ___
C Community System
1 Well source ___
2 Governmental source ___
10 Sewage System
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes ___ No
11 FHA Case No ___
12 VA Case No ___

13) NAME OF OWNER Clear Creek Baptist Church Trustees
LAST FIRST MIDDLE

14) ADDRESS OF OWNER 12[illegible] Ferguson Rd

15) PHONE NO Home ___ Office ___

16) LOCATION OF SYSTEM [illegible] Ferguson Rd
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 SOIL INVESTIGATION 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.

DATE OF APPLICATION ___

OWNER [signature] Trustee Building Committee

EHD-5-76

[illegible] Health Department's Copy

Serial No. 1194

LA No. [illegible]

Date Issued September 21, 1977

T C. No. 139-231-02

Map Date 4-19-77

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Clear Creek Baptist Church
LAST FIRST MIDDLE

ADDRESS OF OWNER 9512 Ferguson Road, Charlotte, NC ZIP

LOCATION OF LOT 9512 Ferguson 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 Department of Environmental Health for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the soil investigation, 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 12807. 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 soil investigation 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

** Add one bath to Parsonage - use existing system.

Environmentalist

John R Addisson
Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy

LOCATION Brookhill Circle OWNER Godley Const Co WHITE _____ COLORED _____

ADDRESS _____ OCCUPANT _____ WHITE _____ COLORED _____

PRIVY:

Type _____ wood _____ concrete

Number _____

New _____ _____ date

Repaired _____ _____ date

WATER SUPPLY:

Source municipal

If well, type

_____ (Bored)

_____ (Drilled)

_____ (Dug)

Distance from nearest pollution _____ ft.

SEPTIC TANK:

Material Pre Cast

Dimensions 1000 gal

Volume 1000 gal

Type secondary treatment 300' nitrification line

No. of bedrooms unknown

Permit Number 7577

Approved J. H. Anderson

Approved by

Contractor or Plumber Stegall Distributor

Address Charlotte, N. C

Remarks Perc Rate < 60

FHA CASE NUMBER _____

VA CASE NUMBER _____

10' X 75' plus 10' X 5' X 2' stone filter used

Date 8/3/70

Date _____

H & S Grading

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9 58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

