Date Received 2YFEB 71

ICAR (S) Application No 7559

T C No 047-191-05

Map Date 1 Sept 70

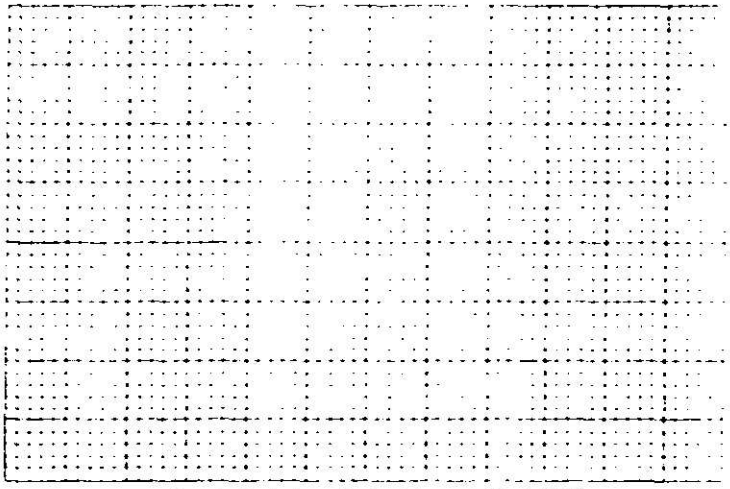
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 or the party 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



2

Emp

No

No

No

3) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Spivey, Jack
LAST FIRST MIDDLE

14) ADDRESS OF OWNER

15) PHONE NO Home Office

16) LOCATION OF SYSTEM Paradise Valley Golf Club US. 29 N
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 hereunder shall be void and of no effect if any of the above facts are not true

DATE OF APPLICATION

OWNER Jack Spivey

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 28 FEB 71

Serial No. 4849

ICAR(S) Permit No. 7557

P.O T C No. 047-191-05

Map Date 1 Sept 70

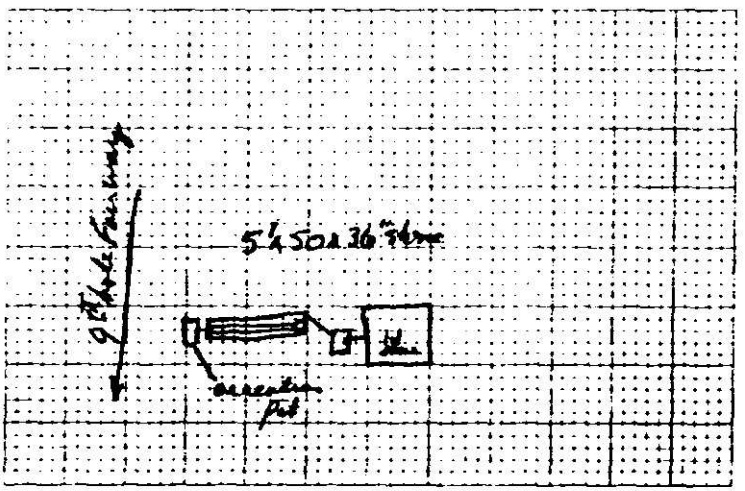
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 _____, 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 _____

Liquid Capacity of Tank Repair

Tank Construction _____

Absorption and/or Nitrification Lines

Total Line Lenght 200'

Number of Lines 2(5'x50'x36" Stone)

Distance from House 10'+

Distance from Property Line 10'+

Distance from Well 100'+

NAME OF OWNER Jack Spivey

LOCATION OF PROPERTY Paradise Valley Golf Course Hwy. 29 No. 4h

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: aeration pit 2½'x7'x4' Stone

_____
Division or Section Head

Richard Eberhardt
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

Serial 4491

C of A (s) No. 7559

Date Issued 1 Mar 74

S.O T C No 047-191-05

Map Date 1 Apr 76

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Paradise Valley Golf Course (Jack Spivey)
LAST FIRST MIDDLE

Location of Property Hwy 29-N

Application Number 7559 Permit Number 7559

Inspection Date:

Liquid Capacity of Tank _____ Tank Material Plastic

Total Length of Drain Tile 200' Number of Lines 2 (3'x50'x36")

Depth of Filter Material 36" Cover Depth 18-24"

Water Supply Source Dug well Distance from Water Source 100'

Excavation Inspected 1 Mar 74 DATE Tank Inspected _____ DATE

Nitrification Field Inspected 1 Mar 74 DATE

Washing Machine Line Inspected, If Applicable N/A 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: James Stewart (Cont.)

M. A. Kirby for Richard Stewart
Environmentalist

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

HEALTH DEPARTMENT'S COPY