CHARLOTTE-MECKLENBURG COUNTY
HEALTH DEPARTMENT

APT 6499

CERTIFICATE OF APPROVAL OF INSTALLATION (REPAIR) OF AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Nº 7226 Approval No. 7226

Owner Jordan Business Farms Date 12/12/69

Location of Building 2-61 Pineville Rd

Contractor or Plumber Hagin Jr. Address Charlotte N.C.

Percolation Rate 4 6 6 No. Bedrooms Unfurnished (120 empty bedrooms)

Washing Machine Yes ☐ No ☐ Garbage disposal Yes ☐ No ☐

Liquid capacity of tank 750 gal Tank material Concrete

Total length of drain tile 2-100' 1-50' Size or trench 24" wide 17"x208'

Type filter material Pea Rock Depth filter material 24"

Distance from house 30' Distance from property line 15 ft

Source of water supply well

Distance water supply from nearest pollution 100 ft +

F.H.A. case Yes ☐ No ☐ F.H.A. case No.

Inspection of excavation 12/12/69

Inspection of tank 12/12/69

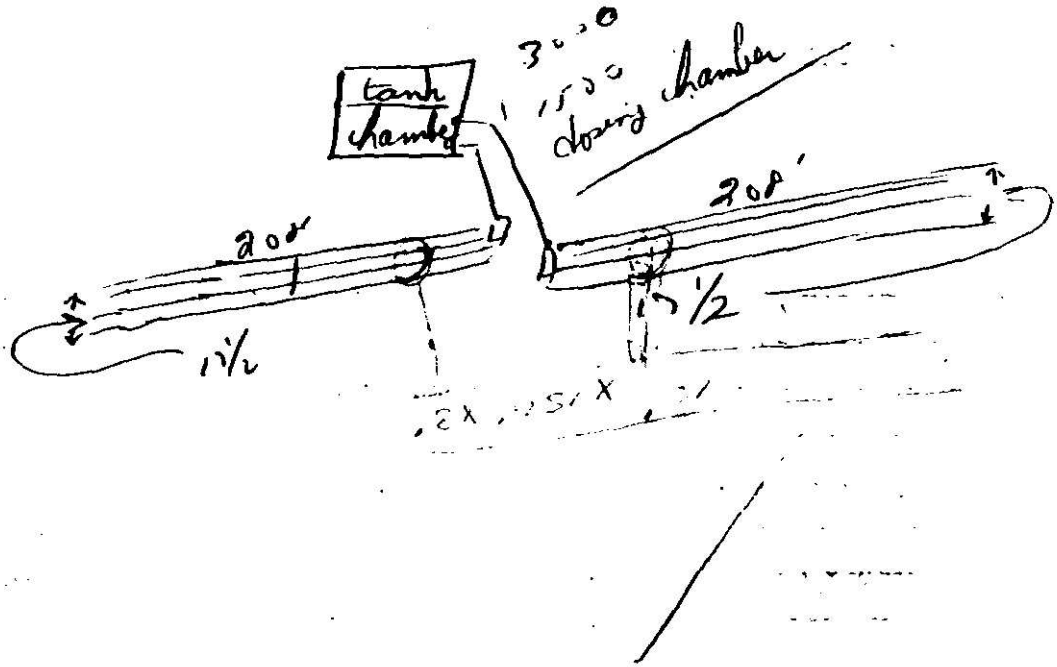
Inspection of nitrification field 12/12/69

Remarks

Approved by:
John R. Atkinson
Representative Charlotte-Mecklenburg Health Department

IMPORTANT:

Make neat sketch on back of installation showing location of house, septic tanks, privies, water supplies, etc, with all dimensions.


tank
chamber
dosing chamber
200'
200'
1½
1½

b

SEE INSTRUCTIONS ON BACK

Date Received 6-18-73

ICAR(S) Application No 6499

T C No

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge

Manufacture & business forms.

4) No of Bedrooms 0

5) Business Use Max No Employees 110

6) Washing Machine Yes X No

7) Garbage Disposal Yes X No

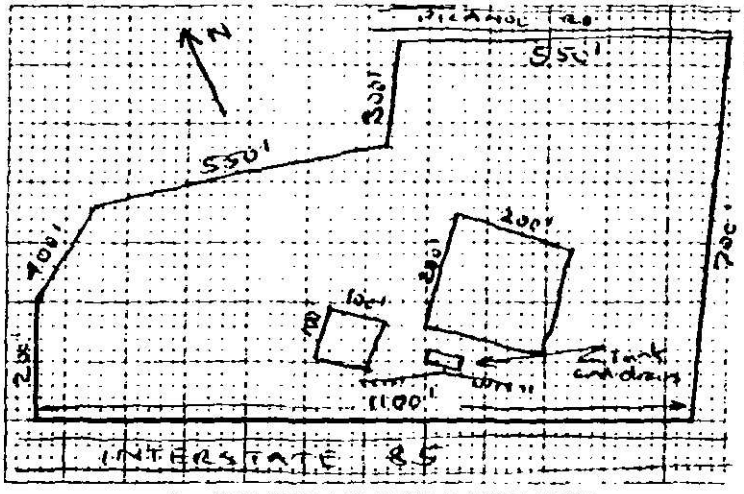
8) Dishwasher Yes X No

9) Water Supply
A) Individual Well X
B) Government System
C) Community System
1) Well
2) Government

Sewage System
Nearest Public Sewer Yes X No
House located ± 200 feet ±
Community Sewer Yes X No

11) FHA Case No

12) VA Case No



31) PLOT PLAN (ACCURATELY DIMENSIONED)

13) NAME OF OWNER Jordan Business Forms, Inc.
LAST FIRST MIDDLE

14) ADDRESS OF OWNER P.O. Box 8306 Charlotte, N.C. 28208

15) PHONE NO Home Office 394-2121 Larry J. Wertz

16) LOCATION OF SYSTEM Dicanol Drive
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? UNKNOWN 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.

6/14/73
DATE OF APPLICATION

Larry J. Hurt
OWNER

REVISED E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 6/20/23 Serial No. 3906 ICAR(S) Permit No. 6499

T. C. No. _____

Map Date _____

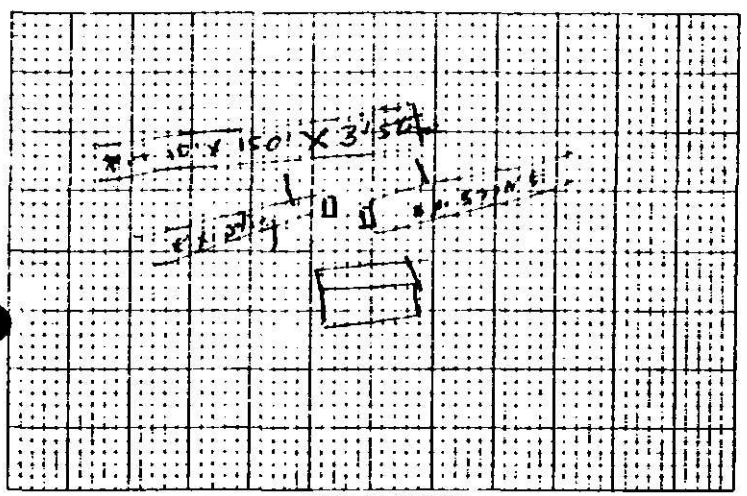
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, 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 6499, 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 July 5, 23, after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate REPAIR

Liquid Capacity of Tank → 3000 gal

Tank Construction ?

Absorption and/or Nitrification Lines:

Total Line Lenght 120' of doubledepth

Number of Lines 4

Distance from House 40'

Distance from Property Line 10' min

Distance from Well _____

NAME OF OWNER JORDAN BUSINESS FORMS

LOCATION OF PROPERTY Ficanol 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: Bottom of Pit Dug on Level Grade Lengthwise - Slight Slope To High Side of Ground Slope Widthwise

K. Hill 6/20/23

Division or Section Head* Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or 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 S-4-1-71

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 10 June 1974

ICAR (S) Application No 6499

T C No

Map Date

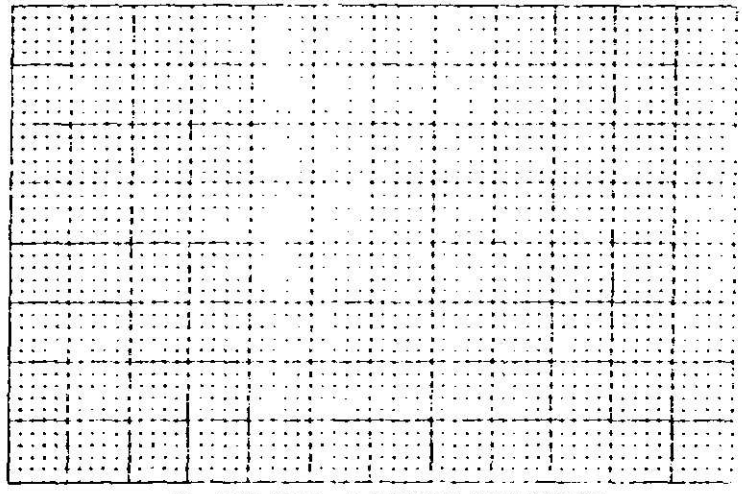
MECKLENBURG COUNTY HEALTH DEPARTMENT

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) X Alter or Repair an individual septic tank wastewater treatment system with a subsurface soil absorption, effluent discharge



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) [illegible]

5) Persons Using System — Maximum Employees 110

6) Washing Machine — Yes X No

7) Garbage Disposal — Yes X No

8) Dishwasher — Yes X No

9) Water Supply
   A) Individual Well X
   B) Government Main System
   C) Community System
      1. Well
      2. Government Main

10) Sewage System
   House sewer line within 2 feet of public sewer — Yes X No
   House sewer within 2 feet of community sewer — Yes X No

11) FHA Case No N/A

12) VA Case No N/A

13) NAME OF OWNER JORDAN (LAST) BUSINESS FORMS, INC. (FIRST) (MIDDLE)

14) ADDRESS OF OWNER P.O. BOX 8306 CHARLOTTE, N.C. 28208

15) PHONE NO Home ___ Office GARY J. HURT 394-2121

16) LOCATION OF SYSTEM PICANOL DRIVE (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? UNKNOWN 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.

6/10/74
DATE OF APPLICATION

Gary J. Hurt
OWNER Vice President

FORM NO E-4-9-1-72

HEALTH DEPARTMENT'S COPY

Date Issued 19 June 1974 Serial No. 5458 ICAR(S) Permit No. 6499

T C No

Map Date

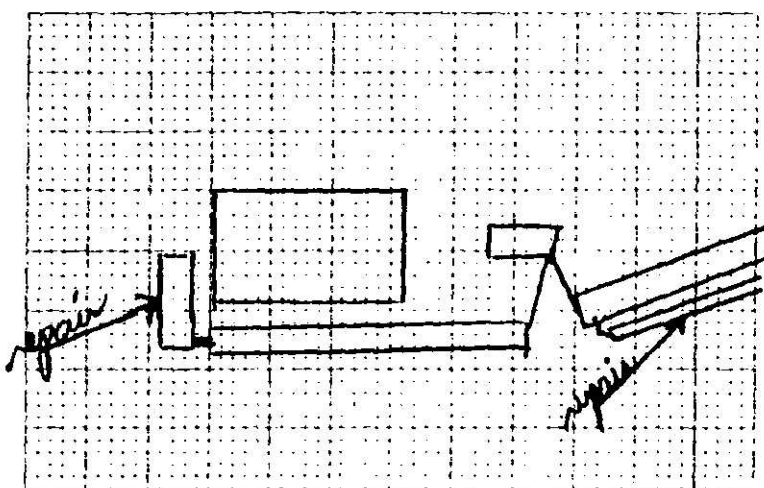
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 ___ 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

Tank Construction

Absorption and/or Nitrification Lines 400 sq ft

Total Line Length 800 each bed

Number of Lines 2 (5 x 50 x 34") 4 (10 x 50 x 3")

Distance from House 10'

Distance from Property Line 10'

Distance from Well 100'

NAME OF OWNER Jordan Business Forms Inc

LOCATION OF PROPERTY Pineval 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 pump tank as necessary - replace siphons which have been removed - add drain field as indicated - spread excess gravel on area

John R Addison

Division or Section Head — Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or 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 E-5-9-1-72

Date Issued 24 June 1974 Serial No. 4993 C of A Isl No 6499

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 Jordan Business Forms Inc (LAST, FIRST, MIDDLE)

Location of Property Pisonial Road

Application Number 6499 Permit Number 6499

Revised Date:

Liquid Capacity of Tank — Tank Material —

Total Length of Drain Tile 800' Number of Lines —

Depth of Filter Material 34" Cover Depth 24"

Water Supply Source well Distance from Water Source 100'

Excavation Inspected 6-19-74 (DATE) Tank Inspected 6-21-74 (DATE)

Nitrification Field Inspected 6-21-74 (DATE)

Washing Machine Line Inspected, If Applicable NA (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 is not a guarantee that the system will operate properly or relieve any person owning or installing such system of the duty of keeping such system from any liability resulting from the failure thereof to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit and 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 septons replaced - recommend tank be checked and cleaned annually if necessary. septons must remain in place in order for system to operate properly

John R Adkisson
Environmentalist

FORM NO E-6-9-1-72

... HEALTH DEPARTMENT, S. CO...

Date Issued 6-12-74

Serial No. 4175

LA No 6499

T C No 053-132-03

Map Date 12-21-73

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 Jordan Business Forms, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P.O. Box 8306, Charlotte, N.C. ZIP 28208

LOCATION OF LOT Picanol Drive
(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 6499 _____. 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.

Environmentalist

John A Atkisson

Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-9-1-72

HEALTH DEPARTMENT'S COPY

SEE INSTRUCTIONS ON BACK

Date Received 3/7/77

ICAR(S) Application No 6499

T C. No.

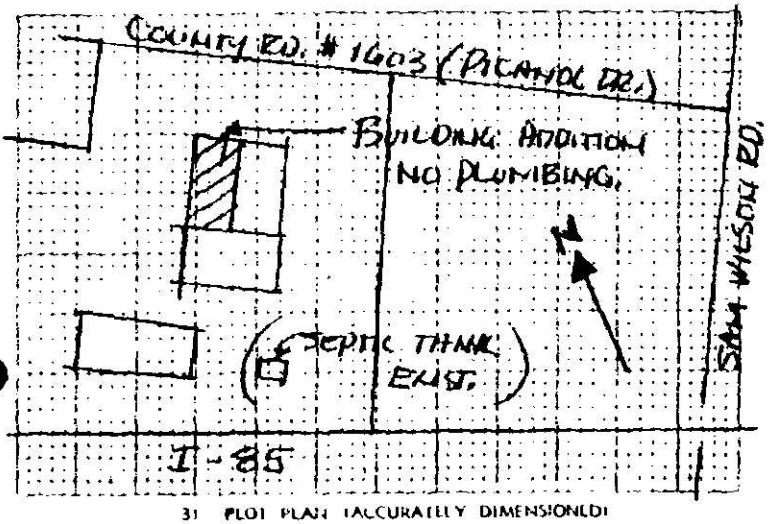
Map Date

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH

Application for an (WAREHOUSE ADDITION)
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 X No
Residence Yes X No
4) No. of Bedrooms HOME
5) Business Use - Max No. Employees
6) Washing Machine Yes X No
7) Garbage Disposal Yes X No
8) Dishwasher Yes X 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 ROWICK (LAST) (FIRST) (MIDDLE) CORPORATION

14) ADDRESS OF OWNER 2560 JEFFERSON FIRST UNION PLAZA

15) PHONE NO Home Office 372-5904

16) LOCATION OF SYSTEM 4001 PICANOL DRIVE (JORDAN BUSINESS FOCUS)
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.

3/7/77
DATE OF APPLICATION

Kenneth B. Foard AGENT FOR OWNER
FOARCO CONSTRUCTION CO.

EHD-5-76

Environmental Health Department's Copy

Date Issued 3/8/77

Serial No. 0542

LA No. 6499

T. C. No. 053-132-03

Map Date 12-21-73

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 Jordan Business Forms, Inc.
(LAST / FIRST / MIDDLE)

ADDRESS OF OWNER P. O. Box 8306, Charlotte, N. C. ZIP 28208

LOCATION OF LOT Picanol Drive
(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 6499 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

*No additional plumbing to be installed

John R Atkisson
Environmentalist

Environmental Health Director, or Authorized Section Head

EHD-5-76

Environmental Health Department's Copy