SEE INSTRUCTIONS ON BACK

Date Received 4 25 73

ICAR (S) Application No 6097

T C No III 25 1E

Map Date 3-4-70

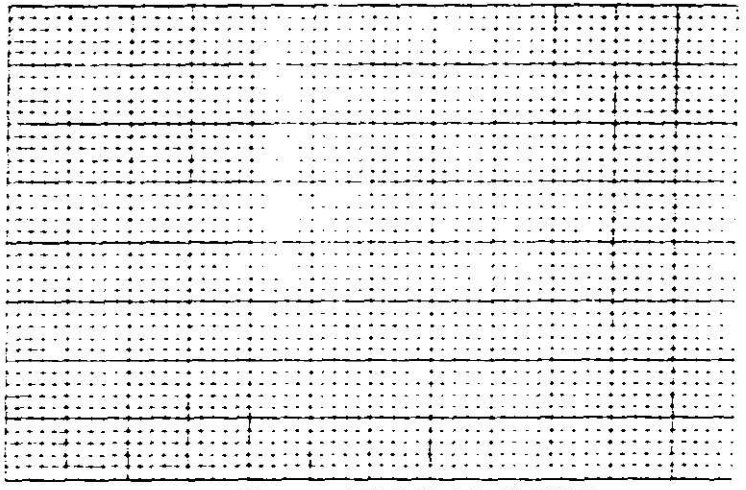
MECKLENBURG COUNTY HEALTH DEPARTMENT

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 of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to

1) X 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)

4) No of Bedrooms 3

5) Business Use — Max No Employees ___

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes ___ No

8) Dishwasher X Yes ___ No

9) Water Supply
A) Individual Well X
B) Community System ___
C) Community System ___
Well ___
D) Government ___

10) Sewage System
Public Sewer ___ Yes X No
Public Sewer ___ Yes ___
Community System ___ Yes X No

11) EHA Case No ___

12) VA Case No ___

13) NAME OF OWNER Tucker (LAST) Dale (FIRST) Davis (MIDDLE)

14) ADDRESS OF OWNER Route 1 Box 364 Stanfield, N.C. 28163

15) PHONE NO Home 888-5339 Office 588-2660

16) LOCATION OF SYSTEM Hwy. # 27 East toward Albemarle (STREET OR COUNTY ROAD)

17) SUBDIVISION ___ Lot No ___ Block No ___

Map Book No ___ Page No. ___

18) DEED REFERENCE — DEED BOOK 3560 AT PAGE 384

19) HAS A PERCOLATION TEST BEEN RUN? See note 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.

4-24-73
DATE OF APPLICATION

Dale Davis Tucker
OWNER

FORM NO E-4-8-1-72

HEALTH DEPARTMENT'S COPY

Date Issued April 27, 1973 Serial No. 2822

LA No. 6097
P.O.
T C No 111-251-18

Map Date 10-20-70

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 Tucker (LAST) Dale (FIRST) Davis (MIDDLE)

ADDRESS OF OWNER Route 1, Xox 364, Stanfield, N.C. ZIP 28163

LOCATION OF LOT Highway #27 (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 6097. 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

* Less than 60 min/in.

R. M. Reynolds
Environmentalist

John R. Adkisson
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 19 Nov 73 Serial No. 4662 ICAR(S) Permit No. 6097

T C. No.

Map Date

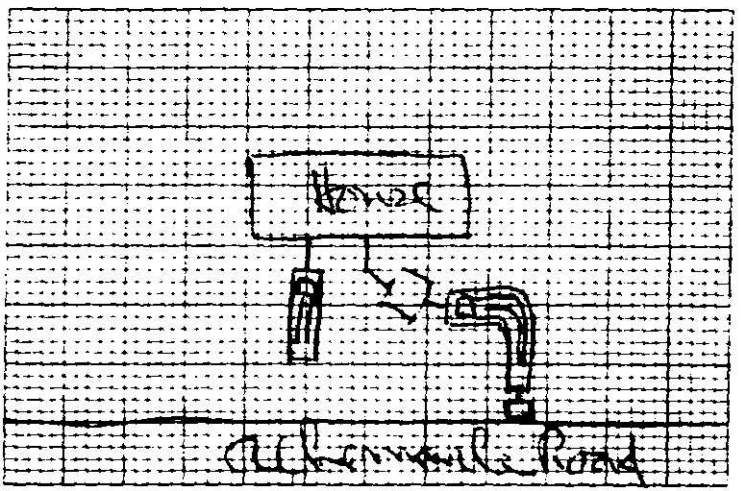
MECKLENBURG COUNTY HEALTH DEPARTMENT

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, ____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 6097 dated 9-24-73 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 1-1 Dec 73 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate ✓

Liquid Capacity of Tank 1500 gal

Tank Construction Precast Concrete

Absorption and/or Nitrification Lines

Total Line Lenght 4C2' @ 15C'

Number of Lines (5) 125' x 13'

Distance from House 10'

Distance from Property Line 10' +

Distance from Well 100'

NAME OF OWNER Tucker, Dale D.

LOCATION OF PROPERTY Albemarle Rd - About 3RD Lot from CABARRAS CT., LINC

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: trench 7½ x 50'

aeration pit 2½ x 7' x 4' stone

Division or Section Head

E M Reynolds
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 19 Nov-73 **Serial 4232**

C of A (s) No. 6097

T C No 11-251-18

Map Date

John R Adkisson

CERTIFICATE OF COMPLETION

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

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

Name of Owner Tucker, Dale D (LAST, FIRST, MIDDLE)

Location of Property Albemarle Rd

Application Number 6097 Permit Number 6097

Inspection Date:

Liquid Capacity of Tank 1500 gal Tank Material Precast Concrete

Total Length of Drain Tile 600' & 150' Number of Lines 5 12½' x 15C'

Depth of Filter Material 17" Cover Depth 18"

Water Supply Source well Distance from Water Source 102' +

Excavation Inspected 19 Nov-73 (DATE) Tank Inspected 19 Nov-73 (DATE)

Nitrification Field Inspected 19 Nov-73 (DATE)

Washing Machine Line Inspected, If Applicable 19 Nov-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, _____ 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: Aeration pit O.K

J M. Reynolds

Environmentalist

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

HEALTH DEPARTMENT'S COPY